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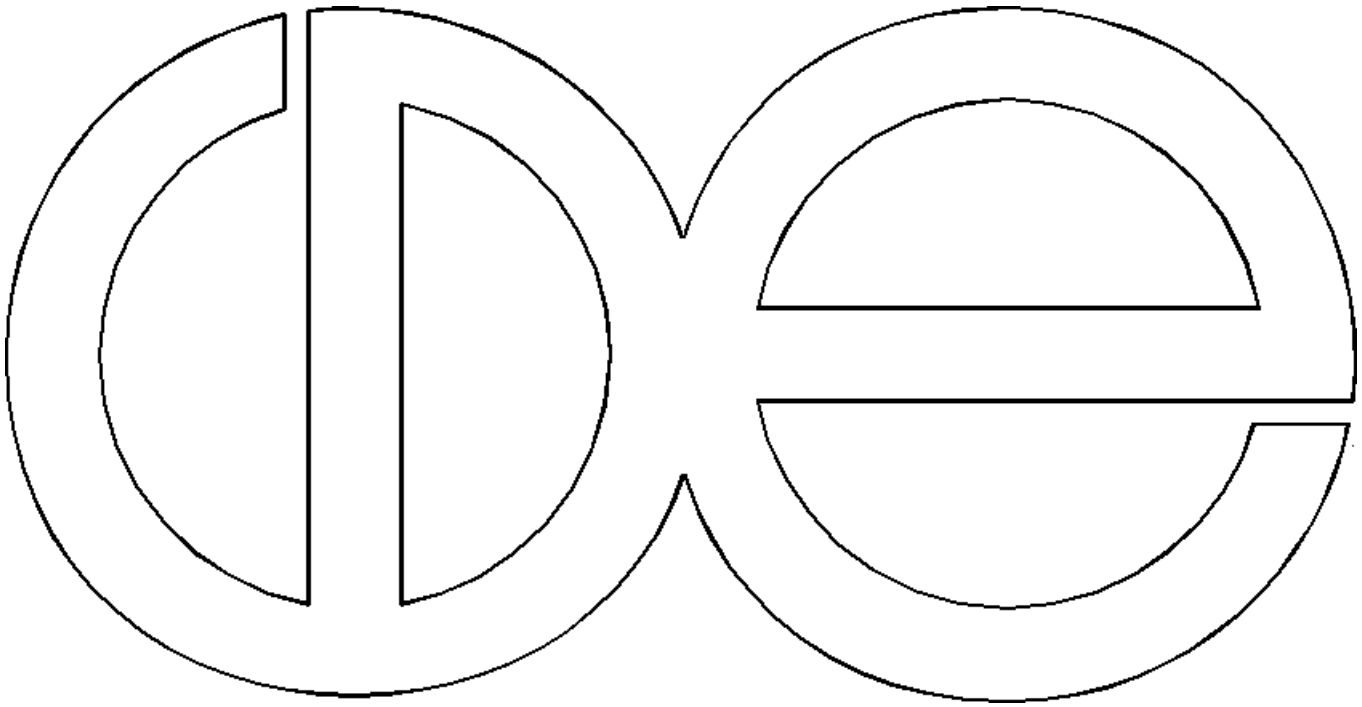

The Fulfillment of Career Dreams at Midlife: Does it Matter for Women's Mental Health?

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ABSTRACT

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. Based on data for 3,052 female respondents to the Wisconsin Longitudinal Study (WLS), the analysis assesses whether a discrepancy between the socioeconomic status of the occupation to which a woman aspired at age 35 and her actual accomplishments at age 53 affects her mental health at age 53. Three dimensions of mental health are considered: depression, psychological well-being and purpose in life. Results indicate that women who fall short of their career goals suffer from lower levels of psychological well-being and purpose in life, higher levels of depression, and are significantly less likely to report that they are "very successful" in their worklives. The harmful effect of falling short of one's goal lessens when one's self-assessment of success at work is controlled. Surprisingly, surpassing one's goal does not provide any benefits to one's mental health; moreover, women who surpassed their early career aspiration by a great distance are significantly *less* likely to describe themselves as "very successful" in their worklives. Women who, at age 35, "did not know" what they hoped to be doing in the future evidenced significantly lower levels of well-being and purpose in life at age 53 in the baseline "aspiration-attainment gap" models, yet this effect is no longer statistically significant after prior depression is controlled.

American fiction, exemplified by Arthur Miller's *Death of a Salesman*, has perpetuated the image of a man at midlife, depressed and regretful because his dreams of career success were never realized. Seldom, however, do lay observers or social scientists consider what the mental health consequences are for women whose career goals are—or are not—attained. Rather, most studies of the psychological effects of work for women have focused on three broad areas: comparing the mental health of homemakers and working women (Pearlin 1975; Rosenfield 1980; Kessler and McCrae 1982; Cleary and Mechanic 1983); assessing the impact of competing work and family demands on mental health (Barnett and Baruch 1985; Eckenrode and Gore 1990; Lennon and Rosenfield 1992); and examining the effect of work conditions such as autonomy and time pressures on well-being (Lennon 1994; Link et al. 1993; Loscocco and Spitze 1990).

Although numerous studies have documented that paid employment is associated with lower levels of distress and depression, as well as greater life satisfaction and higher self-esteem for both men and women (Anashensel, Fredericks, and Clark 1981; Menaghan 1989; Thoits 1986), few studies have examined the importance of career accomplishments for women's mental health at midlife. Admittedly, women's work careers are more fragmented than men's, and typically include interspersed spells of homemaking and jobs which may be unrelated to the woman's educational level or prior work experience (Moen 1985; Salvo 1984). Despite this, life course researchers have maintained that accomplishments in the work domain may be particularly important to the well-being of midlife women. Neugarten (1968) described midlife as a point in the life course marked by "introspection and stocktaking...[and] conscious reappraisal of self." Mayer (1969), similarly, noted that occupational achievement may be essential for maintaining an overall sense of achievement and self-worth among middle-aged women.

Thus, 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. The analysis uses data from the Wisconsin Longitudinal Study, a long-term study of a sample of men and women who graduated from Wisconsin high schools in 1957. Survey data were collected from the original respondents in 1957, 1975 and 1992/1993. The fulfillment of women's career aspirations is measured in terms of the distance between the occupational status to which a woman aspired in 1975 and the occupational status of the position that she held in 1992. Certainly, it is possible that midlife women do *not* define achievement and personal fulfillment in terms of the extrinsic benefits of work such as occupational status or earnings. Rather, the experience of performing challenging and fulfilling work—whether paid work, volunteer work, or housework—may be an important source of mental health at midlife. The present analysis, however, will focus solely on aspiration-achievement gaps based on traditional dimensions of status attainment.

BACKGROUND

The pervasiveness of the Protestant work ethic has inspired American men—and women, to a lesser degree—to believe that with hard work, structural barriers can be overcome and one's dreams of occupational and financial success can be achieved. Yet the belief that success is within the grasp of all may be neither adaptive nor realistic, argued Seligman (1990), who noted that in individualist societies such as the United States, failures "are interpreted as catastrophic...A society that exalts the individual to the extent that ours does will be ridden with depression."

Seligman's claim is loosely supported by empirical studies which find a positive relationship between socioeconomic status and men's psychological well-being, life satisfaction, and self-esteem, and an inverse relationship between socioeconomic status and depression (Luck and Heiss 1972; Palmore and Luikart 1972; Alston, Lowe, and Wrigley 1972; Andrews, 1990; Reitzes, Mutran and Fernandez 1994). Various explanations for the relationship between socioeconomic status and mental health have been posited, including work conditions (Karasek 1979; Kohn and Schooler, 1982; Link,

Lennon and Dohrenwend 1993); differential susceptibility and exposure to stressful life events and conditions (Dohrenwend 1973; McLeod and Kessler 1990); and coping behavior (Pearlin and Schooler 1978; Mirowsky and Ross 1986).

An alternate hypothesis is that the relationship between socioeconomic status and mental health can be explained by the concordance between one's actual socioeconomic status and the status to which a person aspired earlier in life. However, this proposition has attracted little empirical research, however. Several studies have suggested that a concordance between one's expectancies and one's occupational attainment mediates the relationship between social class and well-being. In these studies, however, "expectancies" were not directly measured. Rather, educational attainment was used as a proxy for a high level of occupational aspiration (Palmore and Luikart 1972; Alston et al. 1974).

Perhaps the most influential work on the relationship between goal attainment and mental health has been conducted by developmental psychologist Daniel Levinson who argued that holding a "Dream"—or a central life goal—is a critical component of positive psychological functioning (Levinson et al. 1978). Drawing from Levinson's framework, Drebing and colleagues (1991, 1995) examined the relationship between goal attainment and mental health at midlife, yet the researchers obtained measures of the respondents' mental health at the same time that they asked respondents whether or not they had achieved their dreams in life. For men, retrospective reports of having had no goal earlier in life was a significant predictor of low purpose in life scores. Similarly, men who reported that they had not achieved their goals in life had significantly higher levels of depression (Drebing and Gooden 1991). For women, reports that one had failed to achieve her "dream" also were associated with poorer mental health (Drebing and Gooden 1991). However, neither study considered whether the respondents' mental health influenced their assessment of goal fulfillment, and neither study had obtained objective indicators of goal attainment. Likewise, neither considered that

respondents might have engaged in a behavior that Conway and Ross (1984) call "getting what you want, by revising what you had." Conway and Ross (1984) have suggested that people tend to recall their past behaviors and attitudes in ways that exaggerate their consistency with current conditions, and in ways that enhance one's self image.

As Drebing's (1991, 1995) studies illustrate, the relationship between aspirations, attainments and mental health is complex, and a variety of competing hypotheses must be addressed in order to assess whether career goal fulfillment causes higher levels of mental health. Specifically, researchers must consider whether mental health influences career aspirations, or vice-versa; whether mental health influences occupational attainment, or occupational attainment influences mental health; whether the relationship between goal fulfillment and mental health is spurious (i.e. both are influenced by a common set of characteristics); and whether goal fulfillment simply reflects a stable, long-term career.

First, it is possible that the relationship between aspirations and mental health is endogenous; that is, poor mental health may cause a person to have no or very low aspirations. Several social psychologists have argued that depression is associated with holding no goals, or very modest goals. Consequently, unfulfilled aspirations may not necessarily affect mental health (Alloy et al. 1990; Abramson et al. 1988). Rather, high aspirations—regardless of whether they are realized—are considered a characteristic of optimistic and mentally healthy individuals. The terms "depressive realism" and "nondepressive optimism" have been coined to describe the phenomenon whereby persons with high well-being succumb to optimistic, often unrealistic, illusions (Abramson et al. 1988; Taylor and Brown 1988), while mildly depressed people and those with low self-esteem entertain more balanced assessments of their likely future circumstances (see Ruehlman et al. 1985 for a review).

Second, it is possible that the relationship between occupational attainment and mental health

is endogenous; that is, poor mental or physical health may "select" a person into a low status occupation. The "selection-causation" debate is a central issue in the study of the relationship between socioeconomic status and both mental and physical health. The social selection hypothesis postulates that persons who suffer from mental or physical illness are selected into lower socioeconomic categories, or may not work at all. Due to their health limitations or genetic predispositions, these persons may complete fewer years of schooling, and therefore may be relegated to low-prestige occupations (Dohrenwend et al. 1992). The social causation hypothesis, alternatively, argues that socioeconomic position (defined in terms of educational attainment, income or occupation) affects one's mental health; the implication is that money brings a higher quality of life and less exposure to stressful life events, and that education is associated with optimal coping and development (Dohrenwend et al. 1992).

Because the WLS obtained information on the ages at which respondents experienced their first, worst, and most recent spells of depression, my analysis controls for both "selection" into lower socioeconomic status due to prior poor mental health, and the possibility that women's aspirations are influenced by prior mental health. This analysis includes two dichotomous variables indicating prior depression: one signifies depression experienced at or before the time that respondents stated their aspirations during the WLS 1975 interview; the second signifies depression experienced at any time between 1975 and 1992. A control for contemporaneous (i.e., 1992-93) health status is also included in the model. Because the WLS assesses physical health in the 1992 survey only, however, it is not possible to control physical health status over the life course.

Third, it is possible that the relationship between aspirations and mental health, or attainments and mental health is spurious; that is, these outcomes could share a common source—family and social background characteristics. A significant body of research on status attainment has documented the effect of socioeconomic background on high school boys' occupational aspirations and

subsequent achievements (for example, Sewell and Hauser 1975; Hauser 1971; Marini and Greenberger 1978; Hout and Morgan 1975). Although a much smaller number of studies have assessed the effect of socioeconomic background on girls' occupational aspirations and achievements, generally similar findings have emerged (Hauser 1971; Hout and Morgan 1975). Likewise, family background characteristics—especially parental socioeconomic status—have been found to influence adult mental health (see Brown and Harris 1978 for a review). Accordingly, a detailed set of family background and human capital characteristics, based on the Wisconsin model of status attainment (Sewell and Hauser 1975), has been selected for inclusion in the multivariate analysis. These background characteristics include mother's education; father's education; father's occupational status in 1957; whether the respondent lived in an intact family in 1957; income of the respondent's family when growing up; farm background; number of siblings; own educational attainment; IQ; and high school class rank.

Fourth, it is possible that a woman's occupational aspiration at age 35 simply reflects her past or current work experience. Consequently, in the WLS data, a "match" between a woman's 1975 (age 35) aspiration and 1992 (age 53) occupational attainment may confound issues including goal attainment, high levels of satisfaction with her 1975 occupation, and—in the case that the 1975 aspiration, 1975 occupation, and 1992 occupation are one and the same—career stability. Therefore, the status of women's 1975 occupations will be controlled in the analysis. This issue will be further elaborated in the Methods section.

The analyses will also include indicators of contemporaneous correlates of mental health, including current marital status, and number of children. Family characteristics, especially the number and ages of one's children, constrain women's work force prospects (Sweet 1973; Presser and Baldwin 1980; Stolzenberg and Waite 1984) and influence women's occupational goals (Gerson

1985). Although the 53-year-old women of the WLS have completed their childrearing years[2], their careers and mobility prospects at midlife may likely have been influenced by the family responsibilities they held during their 30s and 40s. Moreover, marital status and social support have been found to influence women's mental health (Gove and Geerken 1977; Pearlin and Johnson 1977; House 1981; Gove, Hughes and Style 1983).

Finally, a dichotomous variable indicating that a woman describes herself as "very successful" at work will be included in the final set of models predicting depression, psychological well-being, and purpose in life. It is possible that one's degree of goal attainment affects one's perception of success, which in turn affects mental health.

In sum, the effect of failed—or attained—aspirations on women's mental health has received little attention, and few definitive conclusions have been drawn. This paper will examine the effects of the aspiration-attainment gap on mental health, where the gap is defined as the distance between the socioeconomic status score of the occupation which the respondent holds in 1992, and the socioeconomic status score of the occupation to which the respondent aspired in 1975. The central hypothesis is that women who fall short of their earlier career aspiration will have poorer mental health, and they will be less likely to rate their worklives as "very successful" at midlife than women who meet or surpass their goal. I expect that the effect of goal attainment will persist even after controlling for human capital and family background characteristics, prior depression, physical health, and current family characteristics.

DATA AND METHODS

Data

Analyses are based on data from the Wisconsin Longitudinal Study (WLS). The WLS is a

[2] As of 1992-93, nearly all of the children of the WLS women were between the ages of 24 and 37 years old (Hauser et al. 1996).

long-term study of a random sample of 10,317 men and women who graduated from Wisconsin high schools in 1957[3]. The respondents were first surveyed during their senior year in high school, when they were 17-18 years old. Survey data have since been collected from the original respondents in 1975, when they were 35-36 years old, and in 1992-93, when the respondents were in their early 50s. The 1992-93 wave of data collection included a one-hour long telephone interview as well as a 20-page self-administered questionnaire. These data provide a full record of social background, career aspirations, schooling, family formation, labor market experiences, and social participation. The most recent wave of surveys also obtained extensive data on physical and mental health.

The present analysis focuses on the 3,052 women who completed the 1975 interview, 1992 phone survey, and the psychological well-being and depression questions asked on the 1992 mail questionnaire. The WLS data are particularly well-suited for examining the relationship between aspirations, occupational attainment and mental health. The WLS obtained information on respondents' career aspirations at age 18 (when they were graduating high school), and at age 35. Occupational data were collected on each respondent's first job after completing his or her highest level of education, jobs held in 1970, 1974, 1975, and a complete history of all positions held between 1975 and 1992. Thus, it is possible to determine objectively whether sample members held the job that they aspired to years earlier. Whereas Drebing (1991, 1995) operationalized "goal attainment" as one's belief or self-report that his/her goal had been attained, the WLS provides objective measures, rather than the respondent's perception of success.

Moreover, the women of the WLS sample comprise a particularly appropriate group for

[3] In 1975, 9138 of the original 10,317 respondents were interviewed. Excluding the 5.3% of the sample who died between 1957 and 1992, telephone interviews were completed with 8020 (90% of 1975 respondents) and completed mail questionnaires were received from 6535 (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 is no difference with respect to educational attainment or occupational status (Hauser et al. 1993).

examining the effects of career goal attainment on mental health. Although the WLS women graduated from high school in 1957—in an era of limited career opportunities for women—this cohort may be particularly "well-situated to reap the harvest of increasingly hospitable professional environments" in the post-women's liberation era of the 1970s (Bardwick 1980). It is possible that the WLS women—many of whom raised children and subsequently re-entered the labor force in their late 30s—found more challenging and rewarding work options in the late 1970s than they would have found decades earlier.

The WLS sample is not representative of the American population at large, however; everyone in the sample graduated from high school, and racial and ethnic minorities are not well-represented. Rather, the sample is representative of white American men and women who have completed at least a high school education.[4] Due to this upward bias in terms of education, the results cannot be generalized to the 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

The dependent variables in this analysis are based on two series of mental health questions: psychological well-being (Ryff 1989) and depression (Radloff 1977); and a single-item measure of self-assessed success at work. Psychological well-being (α=.931) is assessed with the Ryff (1989) scale of psychological well-being, in which the respondent is asked to indicate her degree of agreement with 42 self-descriptive statements. Response categories are based on a six-point Likert scale, ranging from "Strongly Disagree" to "Strongly Agree." The scale includes six sub-dimensions:

[4] Among American women and men aged 50 to 54 in 1990 and 1991, approximately 66 percent are whites of non-Hispanic background who completed at least 12 years of schooling (Kominski and Adams 1992).

autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance. Possible scores on each of the sub-dimensions, as well as overall psychological well-being, range from 7 to 42 where higher scores indicate higher levels of well-being. Because the scores were so highly skewed, however, scores lower than 22 (i.e., bottom 2 percent of total scores) were recoded to equal 22 [See Appendix A for complete question wordings and subscale properties].

The Ryff scale signifies an improvement over other widely used scales of well-being and satisfaction because the items are directly derived from psychological and developmental theories of positive psychological functioning (Ryff 1989). Positive psychological functioning has been discussed in an extensive—and often disparate—body of theoretical literature. Maslow's (1968) conception of self-actualization, Rogers' (1961) view of the fully functioning person, Jung's (1933) formulation of individuation, and Allport's conception of maturity (1961): each captures dimensions of the human experience that are central to psychological well-being. An additional body of theory for defining psychological well-being comes from life-span developmental perspectives, which emphasize the differing challenges confronted at various phases of the life cycle. Included here are Erickson's (1959) psychosocial stage model, Buhler's (1964) basic life tendencies that work toward the fulfillment of life and Neugarten's (1968, 1978) descriptions of personality change in adulthood and old age. Jahoda's (1958) positive criteria of mental health, generated to replace definitions of well-being as the absence of illness, also offers extensive descriptions of what it means to be in good psychological health.

The multivariate analysis will include as dependent variables both overall psychological well-being, and one subscale, "purpose in life." The "purpose in life" construct is the one dimension of psychological well-being which is most likely influenced by one's level of goal attainment (Drebing 1991, 1995). Ryff (1989) described a person with high scores on this dimension as "having goals in life and a sense of directedness, feels there is meaning to present and past life, holds beliefs that give

life purpose, and has aims and objectives for living."[5]

Because mental health comprises both positive and negative dimensions (Jahoda 1958), the analysis will focus on depression as well as well-being. Depression is generally conceptualized as having four types of symptoms: affective or emotional aspects, such as dejected mood or apathy; cognitive aspects, including low self-evaluation and negative expectations about the future; motivational aspects, such as an inability to mobilize oneself to action; and behavioral manifestations, including appetite loss and sleep disturbance (Beck and Greenberg 1974).

Depression is measured here using the Center for Epidemiologic Studies Depression Scale (CES-D Scale), a short self-report scale designed to measure current level of depressive symptomatology in the general population, with an emphasis on the affective component of depression (see Radloff 1977 and Weissman et al. 1977 for construct reliability and validity analyses). Respondents were asked "On how many days (0 through 7) during the past week did you experience" each of 20 symptoms. The possible range of scores is 0 to 140, where higher scores signify poorer mental health. Because the scale is so highly skewed, the scores above 67 (i.e., top 2 percent of respondents) were recoded to a top score of 67 [See Appendix A for complete question wordings].

The final dependent variable is a dichotomous variable measuring the respondent's self-assessment of occupational success. This variable was selected in order to address the possibility that

[5] The analyses presented in this paper also have 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. In a model including controls for family and human capital characteristics, prior depression, health, and self-assessed work success (i.e., Model 6, as depicted in Tables 2 through 5), the aspiration-attainment gap was not a significant predictor of autonomy or self-acceptance. However, surpassing one's goal was a significant positive predictor of personal growth, and falling short of one's goals was a significant negative predictor of environmental mastery. The complete set of analyses would be too lengthy to include in this paper, although all results are available from the author.

women's career goal attainment affects only their self-evaluations in the specific domain of work—rather than their overall mental health. The variable is coded as 1 if the respondent answers "very successful" to the question "How successful have you been in work ?" (Response categories include: Very successful, somewhat successful, not very successful and not at all successful.)

Independent Variables

The independent variables considered in this analysis are aspiration and attainment characteristics, human capital characteristics, family background characteristics, prior depression, contemporaneous sources of mental health, and an indicator of a woman's self-assessment of success in terms of her work.

Socioeconomic attainment variables. The socioeconomic status of a woman's 1992 occupation is measured using the Stevens-Featherman (1981) TSEI2 scale. For the 21.5 percent of respondents who were not working at the time of the 1992-93 interview, the sample-specific average TSEI2 score of 40.94 was imputed. Additionally, a dummy variable denoting that the respondent was not working in 1992 was included in the analysis.[6]

The TSEI2 scale is a contemporary revision of Duncan's Socioeconomic Index (SEI), a widely used indicator of occupational ranking. The updated Stevens-Featherman TSEI2 is a weighted

[6] Slightly more than 21 percent of women (n=753) in the total sample (n=3,052) were not currently employed at the time of the 1992-93 interview. The 753 women include 248 who had never worked between 1975 and 1992, and 505 women who—although not employed at the time of the 1992-93 interview—had worked at some point between 1975 and 1992. Therefore, in an effort to minimize the number of women considered "not working," an earlier version of this paper defined a woman's 1992 occupation as the job she held in 1992 or her most recent job since 1975. The size, direction, and significance levels of the occupational status and gap variables were generally the same as the results shown in the present paper. A possible explanation for the similarity of results is that for the 505 women for whom "1992 or most recent job" describes a job held prior to the time of the 1992-93 interview, more than 60% of these women held their "most recent job" within the six years prior to interview. My final decision was to define women's work in terms of 1992-93 employment because I thought that the effects of current employment would be a more accurate predictor of contemporaneous mental health.

average of occupation-specific education and income among all job holders in the 1970 Census, where the weights were chosen to predict ratings of occupational prestige during the 1960s (Stevens and Featherman 1981). The TSEI2 scale ranges from 13.88 to 90.45, where a higher score represents a higher status occupation. Occupations are defined according to the 1970 Census three-digit occupational titles. For example, a law school professor is ranked at the top end of the scale (90.45), along with occupations such as doctor and dentist. Towards the bottom end of the scale are occupations such as loom fixers, bootblacks, and domestic servants (TSEI2 <15.0).

The socioeconomic status score of a woman's 1975 job (or her job held most recently as of 1975) is also measured using the TSEI2 scale.[7] For the 2.1 percent of respondents who had never held a job as of the 1975 interview, the sample-specific TSEI2 score of 35.93 was imputed. Additionally, a dummy variable denoting that the respondent had never held a job as of 1975 was included in the analysis. The status of a woman's 1975 or most recent job is included in the analysis for two reasons. First, it is possible that a woman's 1975 aspiration simply reflects the occupation she was holding in 1975, or—for women who were not working in 1975—the position they last held. A sizeable minority of women in the 1975 interviews (25.9 percent) named their current (or most recent) occupation as their occupational aspiration. Second, it is also possible that for women with very continuous or stable careers, the 1975 aspiration, 1975 occupation, and 1992 occupation are one and the same. Thus, an aspiration-attainment "match" for such women may confound two issues: fulfilling an earlier goal, and having a stable career. Thus, it is crucial to control for the exact status of the occupations held in 1975 and 1992, and the aspiration set forth in 1975.

It is possible to use TSEI2 score as a proxy for the precise occupational aspiration, 1975

[7] A full 98 percent of women had ever held a job as of 1975. Of the 3,429 who had held a job as of 1975, 74 percent were currently working in 1975, while the remainder had worked at some time since completing their highest level of education.

occupation, and 1992 occupation. More than 90 percent of the TSEI2 scores are occupation-specific; that is, each such TSEI2 score corresponds to one, unique occupational title. Twenty-one TSEI2 scores are not unique however; each of these 21 scores are "shared" by two or three occupational titles. For instance, the TSEI2 score 24.62 has been assigned to both glaziers, and billing clerks. Not one of the occupational aspirations mentioned by the WLS women in 1975 is one of the 40 occupations that "shares" its TSEI score with another occupation. Thus, a control for the status of a woman's 1975 occupation allows us to address the possibility that a woman's 1975 aspiration, and 1975 occupation are one and the same. Likewise, a control for the status of a woman's 1975 occupation allows us to address the possibility that a woman's 1975 and 1992 occupation are one and the same, thus depicting a "stable" career.

Aspiration variable. A woman's 1975 occupational aspiration is also measured in terms of its TSEI2 score. In 1975, each WLS respondent was asked "If you were free to choose, what kind of work would you like to be doing 10 years from now?" The responses were assigned three-digit 1970 Census occupational codes, and were later assigned the occupation-specific Stevens-Featherman TSEI2 score. Occupational aspirations were provided by 75 percent of female respondents. For the 25 percent of female respondents who did not list an occupational aspiration in 1975, the average aspiration TSEI2 score of 44.40 was imputed. Additionally, two mutually exclusive dummy variables were included in the analysis: one denoted that an occupational aspiration was missing because the respondent said that she "did not know" or did not have a career goal (9 percent of respondents); a second dummy variable denoted that an occupational aspiration was missing because the respondent reported that she hoped to be a "housewife" or "not working" ten years in the future (16 percent of respondents).

The WLS also obtained measures of men's and women's career aspirations at age 18 (i.e., at the time of high school graduation), yet this analysis will limit its focus to aspirations held by women

at age 35. Aspirations and expectations may adjust to circumstances over time, and aspirations at age 35 likely reflect a more mature and realistic understanding of both one's own abilities and training, as well as market demand for various professions (Jacobs et al. 1991; Brim 1976).

Aspiration-Attainment Gap Variables. The main purpose of this paper is to assess the effect of the aspiration-attainment gap *above and beyond* the direct effect of 1992 occupation and 1975 occupational aspiration. In order to provide an accurate and theoretically sound estimation of the effect of the aspiration-attainment gap on mental health, both the direction and size of the gap were considered (i.e., Did the respondent surpass, meet or fall short of her goal? Did she fall short by a large margin?). Although the size of the gap is of theoretical interest, a model which includes measures for the main effects of aspiration and occupation and a linear variable representing the gap between the two occupational status scores would be underidentified (Blalock 1966; Duncan 1966; House 1976; Hendrickx et al. 1993): That is, the coefficients in the following model would not be identified:

$$Y = \alpha + \beta_1 1992\ TSEI2 + \beta_2 1975\ TSEI2\ goal + \beta_3(1992\ TSEI2 - 1975\ TSEI2\ goal)$$

Therefore, to capture the main effects of aspiration and attainment, as well as the effect of a gap between the two statuses, a series of dummy variables was created. The categories represented by these dummy variables are a "match" (reference group); those who surpassed their goal by a short distance; those who surpassed their goal by a large distance; those who fell short of their goal by a short distance; and those who fell short of their goal by a large distance. A "match" is defined as holding the exact occupation in 1992 that one aspired to in 1975. For instance, a woman who, in 1975, aspired to be a nurse and who held the job of nurse in 1992 would be classified as a precise match. For these women, the three-digit 1970 Census occupation code (and therefore Stevens-Featherman TSEI score) assigned to their 1975 occupational aspiration and 1992 occupation are the same.

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. On average, the occupational status of the job which a woman held in 1992 was 3.07 points lower than the status of the occupation to which she aspired in 1975. The gaps ranged from -68.9 to 67.26 points. Of those women who held both an occupational aspiration in 1975 and an occupation in 1992, 21 percent fell short by a short distance (i.e., a negative gap no larger than 12 TSEI points); 23 percent fell short by a large distance (i.e., a negative gap of at least 12 TSEI points); 18 percent surpassed by a short distance (i.e., a positive gap no larger than 12 TSEI points); and 17 percent surpassed by a large distance (i.e., a positive gap of at least 12 TSEI points).

Human capital and social background variables. Several indicators of social and economic background characteristics are included in the multivariate analysis. It is possible that both the respondent's aspiration and attainment, as well as mental health, are influenced by human capital and family background characteristics. Therefore, the multivariate analyses include three indicators of human capital: educational attainment (12 years (reference group), 13-15 years, 16 years, 17+ years of schooling); mental ability; and high school academic performance. The respondent's mental ability was measured using the Henmon-Nelson intelligence test, which was administered to all high school juniors in Wisconsin. Scores range from 0 through 99 because raw scores were converted to percentiles among Wisconsin students on whom the test had been normed. High school academic performance is measured as the student's class rank (expressed as a percentile), based on her course grades in high school.

Seven indicators of early family background resources are also included in the analysis. Although the list of family background characteristics is lengthy, it is concordant with a large and established literature on socioeconomic attainment (Hauser 1971; Sewell and Hauser 1975). Indicators include: number of siblings (top coded at 6+ siblings); mother's years of completed

education; father's years of completed education; father's (or householder's) occupational status (Duncan SEI score) in 1957; family income at the time that the respondent graduated from high school; family structure in 1957; and farm background. Farm background is a dummy variable, set equal to 1 if the respondent's father was a farmer. Family income at the time the respondent graduated from high school is determined by the adjusted gross income reported on federal tax forms by the respondent's parents for the years 1957 to 1960, the years during which the respondents were most likely to have attended post-secondary school. The information is ascertained from Wisconsin State income tax files, which include copies of the federal tax forms. In this analysis, only the average income across the four years is considered. Family structure is represented by a dummy variable, set equal to 1 if the respondent lived in a non-intact (i.e., single parent family) for most of the time up to her senior year in high school.

Prior depression. In order to address the possibility that low (or no) aspirations are due to poor mental health or "depressive realism" (Alloy et al. 1990), as well as the possibility that depressed women are "selected" into low status occupations, two dichotomous variables are included to represent prior depression. In the 1992-93 WLS survey, an 80 percent random subsample was asked to recall whether and at what ages they experienced their first, worst, and longest spells of depression lasting two weeks or longer, based on questions from the National Institute of Mental Health (NIMH) Diagnostic Interview Schedule (DIS) (Robins et al. 1981). Two dichotomous variables signify prior depression (where 1 equals prior depression); one signifies depression at or prior to the time of the 1975 interview; the other signifies depression at any point following the 1975 interview, up through the present (i.e., the 1992-93 interview). Because only 80 percent of respondents were asked questions about their depression history, the analytic sample size drops to 2,728 women.

Contemporaneous characteristics. A series of variables are included to represent other sources of midlife mental health, including marital status (coded 1=currently married) and parental

status (a series of dummy variables representing no children; 3-4 children; or 5+ children; with having 1-2 children as the reference group). Physical health is measured as a dummy variable, set equal to 1 if the respondent indicates that her health is "fair" or worse, based on the question "how would you rate your health at the present time?" (Response categories include very poor, poor, fair, good, excellent).

Finally, an indicator of self-assessed success at work is included in the analysis. Although self-assessed success at work is also used as a dependent variable elsewhere in this paper, separate models will be run to assess whether the effect of goal attainment on mental health (i.e., psychological well-being, depression, and purpose in life) attenuates when perceptions of success are introduced into the model. The variable is coded as 1 if the respondent answers "very successful" to the question "How successful have you been in work?" (Response categories include: Very successful, somewhat successful, not very successful and not at all successful). Descriptive statistics for all variables in the analysis are presented in Table 1.

FINDINGS

The analysis has three parts; descriptive, bivariate, and multivariate analyses. First, Table 1 displays descriptive statistics and frequencies for all variables used in the analysis. Next, Figure 1 shows the relationship between 1992 occupational status and each of the dependent variables. Finally, Tables 2 through 5 show results from the multivariate (ordinary least squares and logistic regression) analyses.

Before further 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 (shown in Appendix B). The occupations listed are based on 1970 Census three-digit occupational codes. Although more than 400 occupational titles are included in the 1970 Census taxonomy, just 50 different occupations accounted for more than 83% of the women's 1975 aspirations. 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 1994:51-55). Numerous studies of young adult samples have found that school-age girls and college-aged women aspire to a small number of female-dominated occupations (Marini and Greenberger 1978; Jacobs 1987; Levine and Zimmerman 1995), yet little is known about the career aspirations of adult women. Of the 2,627 sample members who named specific occupational aspirations in 1975, roughly 15% named teacher, teacher's aide, or school administrator as their aspiration; 15% aspired to positions as nurses, nurse's aides, or health service workers, and more than 20% named clerical or secretarial occupations.

Although the occupational aspirations named were often traditionally female jobs, most of the occupations named require specific training. Among the ten most frequently named aspirations, six require at least some formal education beyond high school: registered nurse, elementary school teacher, bookkeeper, social worker, secondary school teacher, and practical nurse. Moreover, the average occupational status score to which women aspired in 1975 is slightly higher than the average occupational score of the jobs that they actually held in 1992 (i.e., 44.4 vs. 40.9, respectively), and is substantially higher than the average occupational status score of jobs held by employed women in 1975 (TSEI2=36.71).

Bivariate Analysis

The positive relationship between mental health and socioeconomic status that has been widely documented among men (Luck and Heiss 1972; Palmore and Luikart 1972; Alston et al. 1974; Andrews 1990; Reitzes et al. 1994) also holds true for the women of the WLS, as shown in Figure 1. 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 quartiles). As occupational status increases, women's scores on the psychological well-being and purpose in life scales increase monotonically, while their scores on the depression scale decrease. Women who are in the highest status (top 25%) occupations have an average depression score of 14.34, yet women at the lowest end of the occupational hierarchy have an average depression score of 19.29. For each dependent variable, between-group means are significantly different, based on analysis of variance (ANOVA). F-ratios range from 10.662 (with 4 degrees of freedom) for the depression scale, to 37.924 for the purpose in life scale.

[Figure 1 about here]

Interestingly, women who were not employed in 1992-93 do *not* report the poorest mental health scores. Rather, on each of the three mental health dimensions, 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. As expected, women who were not employed in 1992 are least likely to label themselves as "very successful" at work, however; only 41% responded as such. For employed women, the proportion reporting that they have been "very successful" in their worklives increases as occupational status increases. While less than half (46 percent) of women whose occupational status scores are in the bottom half of the WLS sample describe themselves as "very successful," two-thirds of women in the top quartiles of TSEI2 scores describe themselves as very successful. The bivariate analysis offers a preliminary view of the relationship between socioeconomic status and mental health, however; this relationship will be further elaborated in the multivariate analysis.

Multivariate Analysis

Tables 2 through 5 display regression results for six different models, each of which is estimated for four dependent variables: depression (Table 2), psychological well-being (Table 3), purpose in life (Table 4), and self-assessed success in one's work life (Table 5). Two asterisks denote

that a coefficient is significant at the $p \leq .01$ level; and one asterisk signifies that a coefficient is significant at the $p \leq .05$ level.

Model 1 is the basic aspiration-attainment gap model, which tests the effects of 1992 occupational status, 1975 occupational aspiration, 1992 employment status, and the effects of falling short of one's goal, surpassing one's goal, having no goal, and aspiring to the housewife position—relative to "matching" one's goal. Model 2 incorporates 1975 employment status and 1975 occupational status, Model 3 considers the additional effects of social background and human capital characteristics, Model 4 adds indicators of prior depression, and Model 5 contains indicators of family and health factors. Model 6—estimated only for the dependent variables of psychological well-being, depression, and purpose in life—further incorporates an indicator of self-assessed success at work. That is,

Model 1: $\alpha = \beta_0 + \beta_1 \text{TSEI92} + \beta_2 \text{NOTWK92} + \beta_3 \text{TSEI75ASP} + \beta_4 \text{DKGOAL} + \beta_5 \text{HWGOAL} + \beta_6 \text{SHORT\_FAR} + \beta_7 \text{SHORT\_NEAR} + \beta_8 \text{PASS\_FAR} + \beta_9 \text{PASS\_NEAR}$

Model 2: Model 1 $+ \beta_{10} \text{TSEI75} + \beta_{11} \text{NOTWK75}$

Model 3: Model 2 $+ \beta_{12} \text{EDUC} + \beta_{13} \text{SIBS} + \beta_{14} \text{MAED} + \beta_{15} \text{PAED} + \beta_{16} \text{FARM} + \beta_{17} \text{PASEI} + \beta_{18} \text{PINC5760} + \beta_{19} \text{HSRANK} + \beta_{20} \text{IQ} + \beta_{21} \text{NOINTACT}$

Model 4: Model 3 $+ \beta_{22} \text{DEPR39\_75} + \beta_{23} \text{DEPR75\_92}$

Model 5: Model 4 $+ \beta_{24} \text{MARSTAT} + \beta_{25} \text{HEALTH} + \beta_{26} \text{KIDVARS}$

Model 6: Model 5 $+ \beta_{27} \text{WORKSCS}$

[Tables 2 through 5 about here]

Depression. The paper's central hypothesis: that failure to achieve one's career goals is associated with poorer mental health for women, is confirmed by the data. Falling short of one's career goal significantly raises a woman's depression level at midlife, and the effect of falling short of one's goal persists despite the fact that the direct effect of 1992 occupational status is controlled

in all models (see Table 2). Falling short of one's career goal by a great distance significantly raises one's level of depression—by more than 3.0 points—across Models 1 through 5. Even after controlling for one's self-assessment of success, the effect of falling short of one's goals by a great distance remains large and significant. Because the coefficient decreased somewhat—from 3.48 to 3.04—once self-assessed success was assessed, we can argue that the effect of falling short affects one's mental health—in part—via one's assessment of success. Similarly, falling short of one's career goal by a short distance also raises one's level of depression—by more than 2 points—although the effect attenuates once self-assessment of career success is controlled.

Thus, the relationship between occupational status and contemporaneous levels of depression may be explained, in part, by the degree to which a woman's occupational status compares with a woman's earlier aspirations. Although the bivariate analysis shows that women in higher status occupations have lower levels of depression, the effect of occupational status on depression is not significant in any of the models shown in Table 2. At first inspection, it might appear that the goal attainment "gap" variables are essentially capturing the main effects of current occupational status, yet this is not the case. First, analyses were previously run where only two "gap" variables—surpass and fell short, regardless of distance size—were included. In these analyses, the effect of current occupational status on depression levels was not significant in any of the regression models. Moreover, in Table 5, we can see that both the "gap" variables and the variable measuring current occupational status are significant (at the $p \leq .006$ level) predictors of one's self-assessment of career success in all models.

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

at age 35, or who hoped to be a housewife at that time do not have significantly higher levels of depression at age 53. Although Levinson et al. (1978) have argued that simply possessing a dream or a goal is an important source of adult mental health, my results suggest that lack of a career goal is not a significant predictor of subsequent depression. Similarly, Alloy and colleagues (1990; Abramson et al. 1990) have argued that optimistic, high aspirations are characteristic of the non-depressed, yet my analysis provides little support for this assertion. Although Model 1 shows that high aspirations are associated with reduced levels of depression (i.e., each one point increase in the occupational status of one's 1975 aspiration is accompanied by declines of .05 to .08 in depression levels), this effect is no longer significant at the $p \leq .05$ level once human capital and social background characteristics are controlled.

Although failure to attain one's career goals is a large and significant predictor of depression at midlife, goal attainment tells only one small part of the story of adult women's depression. The adjusted R-squared for Model 1 was just .0168; this means that the basic aspiration-attainment gap model explains less than 2 percent of the variance in the WLS women's depression levels at midlife. It is only when current characteristics—especially physical health and current marital status (see Model 5)—are taken into consideration that a more sizeable share of the variance (16 percent) in women's depression levels is explained. Being married significantly reduces one's depression score, while being in poor physical health is a very large and significant predictor of depression. Not surprisingly, having experienced a two-week spell of depression between the ages of 35 and 53 is a large and significant correlate of depression experienced during the two weeks prior to the 1992-93 WLS interview.

Psychological Well-Being and Purpose in Life. The failure to achieve one's career goals significantly lowers a woman's level of psychological well-being and purpose in life, and these effects generally remain statistically significant—although the size of the effects declines—even after a

variety of human capital, social background, health, and contemporaneous characteristics are controlled. However, women who surpass their goals do not enjoy greater levels of well-being or purpose in life than do women who simply meet their early aspirations.

Goal attainment appears to be an important and enduring predictor of women's psychological well-being, yet the harmful effect of falling short of one's career goal decreases substantially once self-assessed success at work is controlled. The results of Models 1 through 5 in Table 3 show that women who fall short of their career goal by a great distance have well-being scores that are roughly .8 to 1.0 points lower than women who have met their aspirations, and this effect is significant at the $p \leq .01$ level. However, in Model 6, where self-assessment of work success is controlled, the effect of falling short of one's goals by a great distance drops to .75, and this coefficient is significant only at the $p \leq .05$ level. Women who fall short of their career goal by a short distance also have lower psychological well-being scores, yet the effect is much smaller (.4 to .5 points), and this effect is significant only at the $p \leq .10$ level. Moreover, once a control for self-assessment of success is added in Model 6, the effect of falling short by a small distance is no longer statistically significant.

Falling short of one's goals has a large and significant effect on purpose in life (see Table 4). Women who fall short of their goals by a large distance have purpose in life scores that are a full 1.5 points lower than women who match their aspirations. This effect declines by about 20 percent—to 1.12 points—once self-assessed work success is held constant. However, the effect of falling short by a great difference remains significant at the $p \leq .01$ level across each of the models assessing purpose in life scores (Table 4). The effect of falling short by a small distance behaves similarly; falling short by a short distance lessens women's levels of purpose in life by roughly 1.06 points across Models 1 through 4, yet this effect drops to .80 once self-assessed success is controlled.

Interestingly, women whose career accomplishments surpassed their earlier aspirations do not have significantly different scores on any of the three mental health dependent variables (i.e.,

depression, psychological well-being, and purpose in life), relative to women who matched their goals. This finding will be elaborated in the discussion section of the paper.

Although results in Table 2 showed that possessing high aspirations was not a significant predictor of depression, the results in Tables 3 and 4 show that holding lofty goals is a correlate of positive dimensions of psychological health. Consistent with the argument of Alloy et al. (1990), it appears that optimistic aspirations are characteristic of the mentally healthy. In the six regression models shown in Tables 3 and 4, each one-point increase in the occupational status to which a woman aspired in 1975 is accompanied by an increase of .03 to .04 points in psychological well-being and purpose in life scores.

Although possessing a goal in 1975 is a significant predictor of well-being in Models 1 through 3 (in Table 3), this effect is no longer significant once prior depression is controlled. Women who "did not know" what they hoped to be doing in the future have significantly lower levels of well-being and purpose in life in the initial three models, yet when prior depression is controlled in Models 4 through 6, the harmful effects of holding no goal are no longer statistically significant. Holding the aspiration of "housewife" at age 35 does not have a significant effect on levels of psychological well-being or purpose in life at age 53.

The well-documented relationship between current occupational status and mental health, shown in Figure 1, attenuates and is no longer statistically significant once additional background characteristics are controlled. Model 1 in Table 3 shows that each one point increase in occupational status is accompanied by a .014 point increase in psychological well-being scores ($p \leq .10$), yet this effect is gradually reduced as additional background characteristics are controlled. Similarly, while each one point increase in occupational status is accompanied by a .026 point increase in purpose in life scores ($p \leq .05$), this effect gradually lessens and is no longer statistically significant once education and family background characteristics are controlled.

Whether or not a woman is currently employed differentially influences different aspects of mental health. Results in Table 3 show that one's employment status does not significantly influence overall levels of well-being. However, current employment status is an important predictor of one's sense of purpose in life. Table 4 shows that women who did not work in 1992 had purpose in life scores that were roughly .8 to 1.0 points lower than women who were employed in 1992 ($p \leq .01$). It is possible that not holding a job influences women's assessments of how successful they are in terms of work, which, in turn, influences one's sense of purpose in life. After self-assessment of work success was added to the regression analysis (Model 6, Table 4), the effect of not working decreased from -1.0 to -.69. Thus, the relationship between women's work lives—both in terms of employment status and goal attainment—and mental health at midlife can be partially explained by a woman's assessment of how successful she has been.

As in the models predicting depression, social background characteristics, health, and current marital status are significant predictors of positive mental health. Past depression and poor physical health are significant negative predictors of mental health at age 53. Different aspects of human capital influence psychological well-being and purpose in life. Intelligence is a significant predictor of overall psychological well-being at midlife; each one percentile point increase in IQ is accompanied by roughly a .01 point increase in psychological well-being scores (see Models 3 through 6 in Table 3). However, one's academic performance in high school—rather than innate intelligence—is a significant predictor of purpose in life; each one percentile point increase in one's high school class rank is accompanied by roughly a .01 to .02 point increase in a woman's purpose in life score.

Self-Assessed Success At Work. The findings displayed in Tables 2 through 4 show that socioeconomic status, social background, and family characteristics influence women's midlife mental health. In contrast, women's self-assessments of their "success at work" are affected primarily by work-related variables: her own occupational and employment status in 1992, and the degree to

which her career aspiration has been fulfilled.

Results in Table 5 show that as a woman's occupational status increases, her propensity to describe herself as "very successful at work" increases; each one point increase in the TSEI2 score of her 1992 occupation raises the odds that she'll describe herself as "very successful" by roughly 1.5 to 2 percent. Women who were not working in 1992 are only 57 to 59 percent as likely as employed women to describe themselves as "very successful."

Consistent with the findings revealed in Tables 2 through 4, women who fell short of their goals fare worse than those who attained their goals. Women who fell short of their 1975 career goal by a great distance were only 53 to 56 percent as likely as those who matched their goals to label themselves as "very successful at work." Those who fell short of their goals by a small distance fared slightly better; they were about three-quarters as likely as those who met their goals to describe themselves as "very successful" in their worklives.

Surpassing her 1975 aspirations does not heighten the likelihood that a woman will describe herself as "very successful." In fact, women who surpassed their 1975 career goals are less likely than those who met their goals to describe themselves as "very successful." The effect of surpassing one's goal was significant in Models 4 and 5; women who surpassed their goals by a great distance were about two-thirds as likely as those who met their goals to view themselves as very successful.

In sum, the multivariate analyses show that falling short of one's career aspirations has harmful effects for a woman's psychological adjustment at midlife. Although social scientists and lay observers alike have argued that men at midlife suffer from depression and low self-esteem when they recognize that their earlier aspirations have not been achieved (Brim 1976; Levinson et al. 1978, Drebing and Gooden 1991), my analysis has shown 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 current working conditions such as job stress, and the pressures of

blending work and family demands have been shown to impact women's mental health (Miller et al. 1989; Barnett et al. 1985), paid work may also represent a sense of accomplishment and achievement for women, thereby providing a source of positive mental health at midlife.

DISCUSSION AND CONCLUSION

This paper has shown that failure to attain one's career goals can have harmful effects on women's well-being and self-assessments of work success, yet the aspiration-attainment gap alone explains very little of the variance in women's mental health at midlife. Moreover, the results suggest that while midlife mental health is affected by current socioeconomic status, goal attainment over the life course, early background characteristics, and concurrent health and marital status, these variables differ in the degree to which they influence positive and negative dimensions of mental health. For instance, while the basic aspiration-attainment gap model (Model 1) explained only 1.7 percent of the variance in women's depression scores, the model accounted for more than 5 percent of the variance in women's well-being and purpose in life. Family and health characteristics, alternatively, appear to be stronger predictors of depression than of positive dimensions of mental health. In Model 5, which incorporates current health and family characteristics, 16 percent of the variance in depression scores was explained, yet only 11 to 12 percent of the variance in well-being and purpose in life scores. Future research on the pathways linking socioeconomic status to mental health may benefit from discerning different causal links for positive and negative aspects of mental health.

Perhaps one of the most perplexing findings is that surpassing one's goal—relative to meeting one's goal—does not further enhance one's mental health. At first glance, it may appear that women who meet—yet do not exceed their goals—simply are working at the exact occupation that they set out to hold 17 years earlier, and that those who surpass their goals are working at jobs other than those that 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. Tables 2 through 4 show that this is not the case. The coefficients for the two variables signifying "surpassing one's goal" were not significant in any of the models predicting mental health.

An even more surprising finding is that surpassing one's goal by a large distance significantly lessens the odds that a woman would describe herself as "very successful" in her work. This anomalous finding warrants some speculation. It is possible that women who achieve higher status occupations than they had earlier aspired to hold 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 a sense of satisfaction and success.

It may also be 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 less remarkable by comparison (Aspinwall and Taylor 1993; Wills 1981, 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 compared 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 analysis 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; Thoits 1995); for persons who compare themselves unfavorably to their peers or colleagues (Aspinwall and Taylor 1993; Wills 1981, 1991); for those who were most certain about and committed to their initial aspirations (Lewin et al. 1944); and for persons who rigidly adhere to their earlier career goals, and who lack the flexibility to adapt their aspirations to reflect the actual opportunities and circumstances facing them (Brandtstadter and Renner 1990).

Finally, although goal attainment—measured here in terms of traditional measures of status attainment (i.e., occupational status)—was found to influence women's mental health, it is very possible that goal fulfillment is not defined exclusively in terms of the 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, school principal) and who hold a teaching position later in life would be classified as a match. It is possible that women—and men—believe that they have achieved their goals when they are performing the tasks that they enjoy most—regardless of the status characteristics of that occupation.

APPENDIX A: DESCRIPTION OF MENTAL HEALTH VARIABLES

A. PSYCHOLOGICAL WELL-BEING (α=.931) is assessed with a 42-item scale, comprising six 7-item subscales. Standardized alphas for each subscale are shown below. Items are rated on a six-point Likert Scale. Possible scores ranged from 7-42, but because the scores were so highly skewed, scores lower than 22 were recoded to equal 22. [All variables are coded so a higher score indicates higher well-being. Italicized items are reverse coded].

"Please read the statements below and decide the extent to which each statement describes you (Strongly Agree, Moderately Agree, Slightly Agree, Slightly Disagree, Moderately Disagree, Strongly Disagree)."

1. Autonomy (α=.705)
-My decisions are not usually influenced by what everyone else is doing.
-I have confidence in my opinions even if they are contrary to the general consensus.
-I tend to worry about what other people think of me.
-I often change my mind about decisions if my friends or family disagree.
-I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.
-Being happy with myself is more important to me than having others approve of me.
-It's difficult for me to voice my opinions on controversial matters.

2. Environmental Mastery (α=.739)
-There is truth to the saying you can't teach an old dog new tricks.
-I have been able to create a lifestyle for myself that is much to my liking.
-I have difficulty arranging my life in a way that is satisfying to me.
-I am good at juggling my time so that I can fit everything in that needs to get done.
-I often feel overwhelmed by my responsibilities.
-I am quite good at managing the many responsibilities of my daily life.
-I do not fit very well with the people and community around me.

3. Positive Relations with Others (α=.785)
-I know I can trust my friends, and they know they can trust me.
-Most people see me as loving and affectionate.
-It seems to me that most other people have more friends than I do.
-I don't have many people who want to listen when I need to talk.
-I enjoy personal and mutual conversations with family members and friends.
-I often feel lonely because I have few close friends with whom to share my concerns.
-People would describe me as a giving person, willing to share my time with others.

4. Purpose in Life (α=.789)
-I used to set goals for myself, but that now seems like a waste of time.
-I am an active person in carrying out plans I set for myself.
-I enjoy making plans for the future and working to make them a reality.
-My daily activities often seem trivial and unimportant to me.
-I tend to focus on the present, because the future nearly always brings me problems.
-I don't have a good sense of what it is I'm trying to accomplish in life.
-I sometimes feel as if I've done all there is to do in life.

5. Self-Acceptance (α=.805)
-I feel like many of the people I know have gotten more out of life than I have.
-In general, I feel confident and positive about myself.
-When I compare myself to friends and acquaintances, it makes me feel good about who I am.
-My attitude about myself is probably not as positive as most people feel about themselves.
-I made some mistakes in the past, but I feel that all in all everything has worked out for the best.
-The past had its ups and downs, but in general, I wouldn't want to change it.
-In many ways, I feel disappointed about my achievements in life.

6. Personal Growth (α=.768)
-I am not interested in activities that will expand my horizons.
-I have the sense that I have developed a lot as a person over time.
-When I think about it, I haven't really improved much as a person over the years.
-I think it is important to have new experiences that challenge how I think about myself and the world.
-I do not enjoy being in new situations that require me to change my old familiar ways of doing things.
-I don't want to try new ways of doing things; my life is fine the way it is.
-There is truth to the saying you can't teach an old dog new tricks.

B. DEPRESSION is measured using a modified 20-item version of the CES-D depression scale (Radloff, 1977). Respondents were asked "On how many days during the past week did you" experience each of the following symptoms. Responses are coded from 0 to 7. (α=.896)

[Italicized items are reverse coded. The possible range of scores is 0-126. Because the scale is so highly skewed, the scores above 67 (i.e., top 2% of respondents) were recoded to a top score of 67.]

1. Feel you could not shake off the blues even with help from your family and friends.
2. Feel bothered by things that usually don't bother you.
3. Think your life had been a failure.
4. Feel happy.
5. Feel that people were unfriendly.
6. Feel lonely.
7. Enjoy life.
8. Have crying spells.
9. Feel that people disliked you.
10. Feel sad.
11. Feel depressed.
12. Have trouble keeping your mind on what you were doing.
13. Not feel like eating, your appetite was poor.
14. Feel you were just as good as other people.
15. Feel everything you did was an effort.
16. Feel hopeful about the future.
17. Feel fearful.
18. Sleep restlessly.
19. Talk less than usual.
20. Feel you could not "get going."

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