



## Forecasting life and career satisfaction in midlife from young adult depressive symptoms



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### ABSTRACT

This 14-year, six-wave longitudinal study of 583 university graduates examined whether trajectories of depressive symptoms from age 23 to 30 predicted life and career satisfaction outcomes at age 37, after controlling for (a) time-varying associations of marriage and unemployment with depressive symptoms, (b) sociodemographic characteristics (age, sex, parents' education), and (c) family and labor market experiences assessed at age 37 (marriage and divorce, raising children, income, spells of unemployment, occupational status). Net of the effects of all covariates, lower depressive symptoms at age 23 predicted higher life and career satisfaction at age 37, and steeper declines in depressive symptoms predicted higher life satisfaction. From age 23 to 30, being married was associated with fewer depressive symptoms, and more unemployment (in months) was associated with more depressive symptoms. The course of depressive symptoms through young adulthood carries over into midlife, showing continuity even after accounting for family and labor market experiences.

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Research on young adult mental health finds paradoxical results. The incidence and prevalence of mental health problems such as major depression increase during the 20s (Kessler et al., 2005; Statistics Canada, 2002; Tanner et al., 2007). At the same time, there is mounting evidence of improvement in mental health indicators, including depressive symptoms, anger, and self-esteem (Galambos, Barker, & Krahn, 2006; Galambos & Krahn, 2008; Lehnart, Neyer, & Eccles, 2010; Meadows, Brown, & Elder, 2006; Schulenberg, O'Malley, Bachman, & Johnston, 2005). These apparently contradictory trends suggest that there is substantial interindividual variability in the progression of mental health during the transition to adulthood.

From a developmental systems perspective (e.g., Lerner, 2006; Lerner, Lerner, De Stefanis, & Apfel, 2001), we expect relations between individuals' attributes (e.g., sex) and the contexts of their daily lives (e.g., interpersonal tensions) to influence the course of mental health symptoms and their long-term potential for successful functioning in family, work, and other domains of adult life (Schulenberg, Sameroff, & Cicchetti, 2004). Young people in their 20s face many transitions as they take on new social roles in work, school, peer, and family contexts (Shanahan, 2000). Continuity in depressive symptoms is expected as young people navigate the transition to adulthood, but new challenges such as negotiating marital life and obtaining lasting employment present opportunities for symptoms to improve and risks for symptoms to worsen. Challenges and obstacles encountered during the transition

to adulthood lead us to also expect diversity in mental health trajectories (Galambos & Krahn, 2008; Galambos et al., 2006). For young people whose mental health symptoms worsen during the transition to adulthood, the eventual impact of mental health trajectories through the 20s on midlife outcomes is of concern.

Moving into long-term adult relationships and finding satisfactory adult employment are two important challenges during the transition to adulthood. In recent decades, the sequence and timing of these and other events have become more variable and unpredictable (Cohen, Kasen, Chen, Hartmark, & Gordon, 2003; Goldscheider & Goldscheider, 1999; Shanahan, 2000), and their accomplishment has been postponed. Nevertheless, in a U.S. longitudinal study, by age 30 half of young adults were married (52% of women and 42% of men) and most were employed full-time (70% of women and 79% of men; Oesterle, Hawkins, Hill, & Bailey, 2010). Similarly, in Canada, 62% of women and 79% of men ages 25 to 34 years were employed full-time in 2012 (Statistics Canada, 2013), and the average age at first marriage was 29 for women and 31 for men in 2008 (Human Resources & Skills Development Canada, 2013). Most young people report that marriage is an important life goal, and those who anticipate getting married sooner report behaviors and attitudes more consistent with adult status, including less frequent substance use, less permissive attitudes toward extramarital sex, and attitudes supportive of family formation (Carroll et al., 2007). Unfortunately, the landscape of the contemporary workforce suggests that young people face more obstacles and greater instability in this domain of the transition to adulthood. Extended career transitions and unemployment have become more common, provision of health care benefits by employers has dropped dramatically, and

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most employees no longer can expect to work for the same employer through to retirement (Fouad & Bynner, 2008).

There is ample evidence from longitudinal studies that marriage and unemployment are associated with changes in mental health during and beyond the transition to adulthood (Fergusson, Horwood, & Woodward, 2001; Lehnart et al., 2010). However, almost no research has examined the implications of mental health trajectories during the transition to adulthood (i.e., the 20s) for successful functioning later in adulthood (see Howard, Galambos, & Krahn, 2010, for an exception). People who experience worsening depressive symptoms during the transition to adulthood may later report poorer outcomes in domains such as life and career satisfaction, but these outcomes may be just as much a function of failures in marriage and employment transitions as consequences of worsening depressive symptoms. In this study, we examine concurrent associations of depression with marriage and unemployment, and ask whether trajectories of depressive symptoms across the 20s predict life and career satisfaction in the late 30s.

#### *Turning points for depression during the transition to adulthood*

Marriage and successful employment transitions may act as turning points in trajectories of depressive symptoms, serving to shift the direction of individual paths at the time of the transition (Singer & Willett, 2003). For example, two studies showed that becoming married was associated with shifts toward declines in psychological distress (Strohschein, McDonough, Monette, & Shao, 2005) and depressive symptoms (Galambos & Krahn, 2008). In another study, more time spent unemployed was associated with shifts toward greater depressive symptoms (Galambos et al., 2006). With respect to general well-being, young people with the most consistently positive or improving trajectories were those who were succeeding in work (not unemployed; working full time at age 26) and relationships (married or engaged at age 26; Schulenberg, Bryant, & O'Malley, 2004). It is unclear, however, whether depressive symptoms experienced during the transition to adulthood uniquely contribute to less successful functioning in midlife after accounting for the role of key developmental challenges such as marriage and unemployment. If marriage and employment transitions do shift depressive symptoms upward or downward, successful functioning in midlife may hinge on these life events through their role in depression.

#### *Depression and marriage*

Marriage is known to be associated with depression. Although bidirectional effects explaining this association are plausible, the prevailing evidence suggests that marriage improves mental health (Horwitz, White, & Howell-White, 1996; Kim & McKenry, 2002; Marks & Lambert, 1998; Simon, 2002; Strohschein et al., 2005), due in part to the economic advantages of higher income and the emotional benefits of social support (Koball, Moiduddin, Henderson, Goesling, & Besculides, 2010; Wu, Penning, Pollard, & Hart, 2003). The boost that marriage gives to mental health is highest when both married partners are employed (Soons & Kalmijn, 2009). There is evidence that marriage is better for mental health than is cohabitation (which, in turn, is healthier than being never married or divorced), but the cohabitation–marriage gap decreases or vanishes once selection (e.g., partners with fewer material resources are more likely to cohabit than marry) and other factors (e.g., having a previous divorce, level of social support) are controlled (Soons & Kalmijn, 2009; Wu et al., 2003). There is little evidence for greater selection into marriage by people with better mental health (Johnson & Wu, 2002; Lucas, Clark, Georgellis, & Diener, 2003). Overall, longitudinal research shows that staying married or making the transition from single to married is associated with fewer depressive symptoms (Galambos & Krahn, 2008; Horwitz et al., 1996; Kim & McKenry, 2002; Strohschein et al., 2005) and to declining trajectories of depressive symptoms (Lehnart et al., 2010). Over time, then, we expect depressive symptoms to be lower in relation to concurrent

marital status, and we expect consistently married people to report the lowest levels of depression year-to-year.

#### *Depression and unemployment*

Depressive symptoms tend to be associated with unemployment, both as a consequence of unemployment and as a predictor of future unemployment. Becoming unemployed or underemployed is associated with increases in depression (Dooley, Prause, & Ham-Rowbottom, 2000; Goldsmith, Veum, & Darity, 1996; Mossakowski, 2009), and people who are employed full time report fewer depressive symptoms (Aseltine & Gore, 2005). The association between unemployment and depressive symptoms was stronger for the highly educated in one study, possibly reflecting a stronger link between employment and self-worth among people in wealthier social classes (Dooley et al., 2000). In another study, frequent reductions in income—suggesting repeated job loss and demotion—were also related to higher depression (Prause, Dooley, & Huh, 2009). Selection may also play a role whereby depressed people tend to experience more unemployment (Hamilton, Hoffman, Broman, & Rauma, 1993). For example, a longitudinal study showed that long-term unemployment did not predict increases in depression after controlling for prior depression (Fergusson et al., 2001). The ability to remain persistent in searching for and succeeding in finding employment may depend on mental health (Wanberg, Glomb, Song, & Sorenson, 2005). Over time, then, we expect depressive symptoms to be elevated in relation to concurrent unemployment, and we expect more frequently unemployed people to report higher levels of depression year-to-year.

#### *Pathways to life and career satisfaction in midlife*

Thus far, it is clear that pathways of improving or deteriorating mental health can stretch into adulthood, and that depressive symptoms can fluctuate in relation to marriage and unemployment experiences during the transition to adulthood. Hence we arrive at an underexplored question: How do trajectories of depressive symptoms across the transition to adulthood, shaped by changes in relationships and employment, relate to successful functioning later in adulthood (Burt, Obradović, Long, & Masten, 2008; Schulenberg & Zarett, 2006)? Depressive symptoms exhibit continuity across the lifespan, and symptoms present in adolescence tend to resurface later (Kovacs, 1996; Offer, Kaiz, Howard, & Bennett, 1998). Consequently, we expect to find a link between trajectories of depressive symptoms through the 20s and perceptions of two midlife domains of well-being—life and career satisfaction—at age 37.

The first midlife outcome we consider in the present study is *life satisfaction*. Life satisfaction is a global, cognitive evaluation of one's quality of life, an important component of subjective well-being, and a marker of self-perceived success (Pavot & Diener, 2008). Higher levels of life satisfaction are strongly correlated with fewer depressive symptoms (Koivumaa-Honkanen, Kaprio, Honkanen, Viinamäki, & Koskenvuo, 2004; Schimmack, Oishi, Furr, & Funder, 2004), and poorer trajectories of depressive symptoms in one study of high school graduates observed from age 18 to 25 predicted lower life satisfaction at age 32 (Howard et al., 2010). Life satisfaction as a measure of functioning in adulthood is informative because it provides insights into how individuals evaluate their own successes as they move into midlife.

The second midlife outcome we consider in the present study is *career satisfaction*. Our interest in career satisfaction follows directly from the link between depression and unemployment. In general, people who report better mental health tend to report more positive work-related outcomes. For example, Gelissen and de Graaf (2006) found emotional stability (e.g., low anxiety) was related to higher incomes. Higher self-esteem was associated with higher career satisfaction at age 37, and increases in self-esteem from ages 20 to 27 predicted a greater sense of accomplishment in work and higher work engagement at age 37 in a university student sample (Salmela-Aro & Nurmi, 2007). In contrast, another study found that expressed

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