The NSLY79 Cohort Turns Forty:

Predictors of Continuity and Change

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DRAFT MANUSCRIPT—PLEASE DO NOT QUOTE OR CITE

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Abstract. As the late baby boom respondents of the NLSY79 turn forty, over twenty years of data permit a more comprehensive look at how cognitive and psychosocial resources present in late adolescence and early adulthood, as well as characteristics of families of origin, combine with family experiences in adulthood to shape emotional well-being in maturity. I focus on the subset of 5,400 NLSY respondents who had turned forty by 2002 and completed the 40-and-older module in 1998, 2000, or 2002. I examine linkages among early cognitive skills, mastery, and self-esteem reported in 1979 and 1980, subsequent sense of depressive symptoms assessed in 1992, and depressive symptoms around age 40, as well as union and fertility patterns by the outcome year. Most predictors of levels of depressive symptoms were similar in 1992 and at age 40, being lower for those with greater psycho-social resources and for those in stable first marriages and higher for those whose first births had been non-marital. By age 40, but not in 1992, never-married adults in informal unions resembled those in first marriages in levels of depression. Examining changes in depression between 1992 and age 40, remaining in the same marriage or moving into a new marriage was associated with the greatest decreases in depressive symptoms, followed by remaining or beginning an informal union, relative to those remaining or becoming single. These findings suggest that by midlife the psychological benefits of marriage may increasingly be obtained in informal unions as well.

Life course approaches emphasize both continuity and change as individuals grow older and move in and out of different social positions, including various family arrangements. As the late baby boom respondents of the National Longitudinal Survey of Youth-79 (NLSY-79) turn forty, over twenty years of longitudinal data permit a more comprehensive look at how cognitive and psychosocial resources present in late adolescence and early adulthood, as well as characteristics of the families of origin, are linked to family patterns in adulthood as well as emotional well-being in maturity.

Conceptual Background. I draw on both life course and social stress perspectives in examining linkages between social and psychological resources earlier in life and unfolding adult trajectories. As noted, life course approaches have identified processes tending to maintain continuity over time, as well as circumstances that may weaken the predictive power of early resources and vulnerabilities. Glen Elder, for example, has emphasized how processes of both cumulative continuity and evocative continuity encourages persistence of characteristics and circumstances over time, but he has also noted how social contexts may amplify the importance of some resources and dampen the effects of others (Elder 2004). John Hagan and others have also called attention to turning points and disruptions in trajectories, including those associated with entry into marriage. Other scholars, including Arland Thornton and colleagues, have considered how unexpected changes, such as marital disruption, may alter both emotional well-being and attitudes toward family arrangements; these in turn may shape subsequent family choices which further influence one's sense of mastery and feelings of discouragement and depression.

Many studies find that those married have higher emotional well-being than the unmarried, although the extent to which this may reflect selection processes into and out of marriage are unclear (Wade & Pevalin 2004). Several studies have looked explicitly at cumulating marital and non-marital experiences and their linkages to later well-being. Both Anne Barrett (2000) and Lawrence Kurdek (1991) using data from the 1980s find that benefits of marriage appear lower for higher-order marriages than for first marriages, suggesting that prior marital disruptions may have lingering adverse effects even after a new partner is found. They also suggest that among those divorced, those who have experienced more than one divorce have lower well-being than those who have experienced a single divorce. These studies suggest the importance of considering not simply current status but also marital history.

As informal unions have become more common and more accepted, studies have also begun to examine whether they may provide benefits similar to marriage. Using NSFH data from the late 1980s, however, Brown (2000) finds that on average those in informal unions have higher depressive symptoms than those in first marriages, in part because they perceive their relationships to be less likely to persist. Whether the effect of being in informal unions varies depending on marital history is an increasingly important question as greater proportions of cohabitors are formerly rather than never-married (Seltzer 2000).

Fertility trajectories may also shape depressive symptoms over time. Prior research has focused particular attention on the timing and circumstances of first births, in part because they tend to have strong influences on subsequent fertility (Wu 2000). Kalil and Kunz (2002) have used NLSY data to re-visit the question of the conditions

under which early births are linked to more negative well-being for women in later years; they conclude that it is having a first non-marital birth, at any age, that predicts lower well-being. They also find, however, that much of this association is accounted for by the differing family of origin characteristics and psycho-social resources that characterize non-marital child-bearers. Like most studies of early and non-marital childbearing, Kalil and Kunz focus on impacts for women. In one of the few studies of their male counterparts, however, Steven Nock (1998) suggests that even when they do not reside with their children, men's experience of non-marital fertility has associations with more negative outcomes for them as well. As Kalil and Kunz also caution, Nock finds that some of these associations reflect selection effects, but others appear to operate through lower entry into first marriage and greater entry into informal unions.

Taken together, these studies suggest that both the history of marriage and fertility as well as current statuses need to be taken into account in investigating current emotional well-being among adults. They also suggest the importance of controls for potential selection processes. One set of potential selection factors lies in the family of origin: family composition as well as educational resources may shape both marital and fertility trajectories, and also be linked to well-being. These family-of-origin characteristics may also be linked to the attitudes and skills that young people accrue, which may also shape both family patterns and well-being. While it seems unlikely that experiences in intimate unions and the births of children have no independent impact on well-being, it is possible that much of their apparent impact reflects temporally prior characteristics that select individuals into differing pathways. Thus, taking into account characteristics of families of origin as well as characteristics and attitudes already present

by late adolescence and early adulthood is critical to gaining a better understanding of the extent to which marital and fertility patterns are causally linked to well-being. In this analysis, I focus in particular on family formation and dissolution patterns. I ask how characteristics of families of origin as well as early psychosocial resources are linked over time to depressive symptoms in adulthood, and the extent to which marital and fertility patterns are implicated in these linkages.

Method

Study Population

This analysis uses data from the National Longitudinal Surveys of Youth 1979 (NLSY79) (Center for Human Resource Research, 2004). The NLSY79 was begun in 1979 as a panel study of 12,686 14 - 21 year old youth living in the United States. The study population was chosen to be nationally representative, and also included an overrepresentation of Black and Hispanic youth to permit researchers to analyze the experiences of members of different racial and ethnic groups. It initially also included over-samples of military and economically disadvantaged whites, but these over-samples were dropped in subsequent years. Respondents have been interviewed annually through 1994, and biennially since. In 1992, the interview survey asked all respondents about their sense of personal mastery and depressive symptoms. Beginning in 1998, the NLSY-79 has included a special module administered to those who had reached age 40, and this module has been repeated in subsequent years for all those who had reached 40 since the last interview. This module includes extensive information about the health and survival of the respondents' biological parents, their own physical activity, exercise

habits, and diagnosed major physical health problems, and a short form of the Center for Epidemiological Studies-Depression scale (CES-D), a standard measure of depressive symptoms developed by Lenore Radloff (Radloff 1997).

Because the original NLSY79 cohort was drawn from respondents age 14-21 in 1979 and born 1957-1964, by 2002 the leading sixty percent of the cohort, 5,589 respondents, have reached age forty and completed the module in 1998, 2000, or 2002. I focus here on the subset of 5,400 respondents who also completed assessments in 1992. These respondents are about half male (48%) and half female (52%) and include substantial numbers of race-ethnic minorities: the sample is approximately 20 percent Hispanic, 30 percent African American, and 50 percent non-Black non-Hispanic.

This late baby boom cohort (born 1957-1962) is a strategic choice to better understand linkages between family experiences and well-being for several reasons. This is a cohort for whom educational attainment has become an increasingly critical divide as economic returns from higher education have increased and as real earnings for men with less than a college degree have declined, and as the marital and fertility patterns of college-educated women have increasingly diverged from those of less-educated women (McLanahan 2004). This cohort has experienced relatively higher marital disruption, more non-marital unions, and higher non-marital fertility rates than previous cohorts; the consequences of these differing marital trajectories and pathways to parenthood may accumulate over succeeding decades.

Dependent Variables

The major dependent variable considered is depressive symptoms at age 40 and in 1992, six to ten years earlier. Depressive symptoms were assessed at each time point using a

seven-item scale taken from the longer Center for Epidemiological Studies- Depression scale (CES-D) (Radloff 1997); Cronbach's α is .82 and .80 for female and male respondents respectively. Because depressive symptoms are strongly right-skewed, the measure is logged before multivariate analyses.

Characteristics of the Family of Origin

I focus on family composition patterns in childhood and adolescence, educational attainment of both parents, and the number of siblings with whom respondents would share resources. Family composition during childhood and adolescence is drawn from 1979 reports and 1988 retrospective questions, and distinguishes respondents who reports living with their two biological parents from birth through age 18 from all others. The measure of parents' educational attainment, reported in 1979, distinguishes parents who did not complete high school, those with high school diplomas, those with some college, and those with a Bachelor's degree or higher. Where both mothers' and fathers' education is reported, these are averaged. Dummy variables identify those with missing data on mothers' or fathers' education. Number of siblings is taken from 1979 reports; the few cases reporting more than twelve siblings are top-coded at twelve.

Early Psycho-Social Resources

Models also control for respondents' early sense of mastery and self-esteem and early cognitive skills. Early sense of mastery is measured by four items from the Rotter locus of control measure, administered in 1979 (Rotter, 1966). Self-esteem is taken from the ten-item Rosenberg self-esteem measure completed in 1980 (Rosenberg, 1965). The measure of cognitive skills is the Armed Forces Qualifying Test, a subset of the Armed Services Vocational Aptitude Battery administered to all NLSY79 respondents in 1980.

Marital and Fertility Patterns

Parallel measures of marital history are constructed for 1992 and at age 40. Dummy variables distinguish those never married, never married but in an informal union, currently in first marriage, currently in second or later marriage, currently divorced after first marriage, currently divorced after second or later marriage, and currently divorced but in an informal union.

Stability and change measures from 1992 to age 40 are constructed to distinguish those remaining never married and not partnered; those moving from never married to first marriage or first informal union; those remaining in their 1992 marriage; those exiting that marriage and entering a new marriage or a new informal union; those remaining in their 1992 divorced status; those moving from divorce to a new marriage or a new union; or other changes ending with the person married, partnered, or alone and unpartnered.

Parallel measures of fertility are constructed for 1992 and at age 40. Dummy variables distinguish those still childless and those who had a first birth that was non-marital. A dummy variable captures the few cases for which the timing of the first birth relative to marriage could not be established. Continuous variables capture the number of children ever born by each time point.

Changes in fertility between 1992 and the age 40 year identify those who reported the birth of a first child, and those who were parents in 1992 and had additional births between 1992 and age 40.

Control Variables

Race and ethnicity dummy variables distinguish Hispanic and African American non-Hispanic from other, predominantly white, respondents. Respondent sex is captured with a dummy variable. Respondents education is measured in 1992 and again at age 40; the two measures are correlated .95, reflecting how few cases gained additional education after 1992. Parallel to the measure of parental education, these measures distinguish respondents who did not complete high school, those with high school diplomas, those with some college, and those with a Bachelor's degree or higher. For ease of interpretation, all continuous variables are standardized to zero means and unit variance before regression analyses and construction of interaction terms (Aiken & West, 1991).

Overview of Analyses

I first describe marital and fertility patterns in 1992 and at age 40, as well as overall continuities in well-being. I construct parallel models predicting depressive symptoms as a function of parental characteristics, early psychosocial resources, and marital and fertility histories up to that point for depressive symptoms in 1992 and depressive symptoms at age 40. A final set of models focuses on changes in depressive symptoms as a function of patterns of stability and change in unions and in fertility between 1992 and age 40. These models model change in depressive symptoms by including 1992 depressive symptoms as a predictor.

Results

Table 1 (in preparation) provides descriptive statistics for the major variables used in the analysis for male and female respondents. Here I highlight some of these patterns.

Descriptions of Life-Course Patterns of Marriage and Fertility. By 1992, approximately 23 percent had never married, 56 percent were in a first or later marriage,

and 21 percent were currently divorced. By age 40, 17 percent had never married, 57 percent were in a first or later marriage, and 26 percent were currently divorced. About 18 percent of the never-married and 17 percent of the divorced were living in informal unions in 1992; parallel percentages at age 40 were 12 percent and 15 percent.

Between 1992 and age 40, a third of the respondents experienced a change in marital and/or union status from their 1992 category. Those in informal unions were least stable, with 75 percent in a different classification at age 40; 23 percent of those married, 34 percent of those never-married, and 46 percent of those divorced in 1992 experienced a change in their living arrangements between 1992 and age 40.

Even by age 40, multiple marriages and divorces were relatively rare. Of those married at age 40, 22% were in second marriages and four percent (n=118) were in third marriages. Among the divorced, 21 percent had exited two marriages, and 5 percent (n=62) had exited three marriages.

At the baseline in 1979, nine percent of the men and 23 percent of the women had already had at least one birth. By 1992, 66 percent of the men and 77 percent of the women had had at least one birth. By age 40, 75 percent of the men and 83 percent of the women reported that they had had at least one child. Overall, nine percent became parents for the first time between 1992 and age 40, and 19 percent who were already parents had one or more additional births. Including all who had become parents by 1992, their first birth was non-marital for 32 percent of the men and 32 percent of the women. Of those who first became parents between 1992 and age 40, the first birth was classified as non-marital for 14 percent of the new fathers and 11 percent of the new mothers.

Multivariate Analyses

I construct parallel models predicting depressive symptoms as a function of parental characteristics, early psychosocial resources, and marital and fertility histories up to that point for depressive symptoms in 1992 and depressive symptoms at age 40. These models yield generally similar results (Table 2, in preparation). I estimate four models: fist, considering only demographic variables of sex and race-ethnicity; second, adding family of origin characteristics; third, adding psycho-social resources; fourth, adding education, marital/union histories, and fertility patterns. (I also examine variants of the fourth model that include fertility but not marriage patterns and the converse.) In all models, women report higher depressive symptoms. Black and Hispanic respondents report higher average symptoms in initial models, but these differences become progressively smaller as other sets of variables are taken into account. At both time points, characteristics of the family of origin—higher parental education, fewer siblings, and stable two parent family—predict lower depressive symptoms, but these differences become smaller when respondent psycho-social resources and educational attainment are taken into account. Self-esteem, mastery, and cognitive skills are all associated with lower depressive symptoms, and these effects are maintained across subsequent models.

Finally, at both time points and controlling for demographic characteristics, family of origin, and resources, nearly all marital status/ histories are associated with higher depressive symptoms relative to the comparison group of those in a first marriage. In both 1992 and at age 40, those in second or higher marriages are somewhat more depressed than those in first marriages; these differences are statistically significant, but relatively small. Those divorced are more depressed than those in first marriages, but

there is no evidence that multiple divorces are more adverse than a single divorce experience. And at both time points, those who are never-married and not in informal unions have higher average depressive symptoms than those in first marriages, and are similar to the divorced.

The one difference over time observed is in the average depressive symptoms of those in informal unions. In 1992, those in informal unions are also more depressed than those in first marriages, and their level of increased depression is similar to the formerly married. By age 40, however, those in *first* informal unions (not preceded by marriage and divorce) do not differ from those in first marriages, although those in informal unions preceded by divorce continue to have elevated symptoms relative to the first-married. These cross-sectional models suggest that the relationships between union histories and depressive symptoms are fairly stable over time, except for the greater apparent benefits accruing to those in first informal unions at age 40.

Fertility histories are not strongly linked to depressive symptoms at either time point. The childless do not differ significantly from those who have had at least one child. Greater numbers of births are associated with more depressive symptoms in 1992, but not at age 40. Finally, having had a non-marital first birth is associated with higher symptoms in 1992 and also at age 40, although the association is weaker at age 40.

Given the similar coefficients for many of the marital/union variables, collapsed models simply contrast those in first marriages with all others to predict 1992 depressive symptoms, and those in first marriages or first informal unions with all others to predict depressive symptoms at age 40. These more parsimonious models account for virtually the same proportion of variance as the full set of dummy variables. Using these simpler

models, I also test whether effects vary by educational attainment, psycho-social resources, race-ethnicity, and gender. Relatively few interactions are significant. In particular, there is no evidence that having a non-marital birth has differing effects for men and women. I do find that both in 1992 and at age 40, education interacts with first marriage/union, suggesting that benefits of being in a first marriage/union are larger for those with less education, and less critical for those with more education.

A final set of models focuses on changes in depressive symptoms as a function of patterns of stability and change in unions and in fertility between 1992 and age 40. These models model change in depressive symptoms by including 1992 depressive symptoms as a predictor. With 1992 depressive symptoms taken into account, the effects of the other time-invariant variables should be taken into account; alternative models that nevertheless include these variables as well do not alter the findings.

Regarding changes in fertility, having a first child between 1992 and age 40 was associated with decreased depression symptoms (P < .07). Having additional children was not significant.

In alternative specifications, change patterns were contrasted with those remaining in the same marriage, those remaining never-married and un-partnered, and those remaining divorced and un-partnered. (Both of the latter experienced a greater increase in depressive symptoms than those who remained married to their1992 spouse. Among those remaining with their 1992 spouse, remaining in a first marriage was associated with lower, but not significantly lower, depressive symptoms than remaining in a higher-order marriage.) Compared to those remaining in the same marriage, those who exited marriage and remained alone had increased depressive symptoms; but those

who divorced and re-married, as well as those who divorced and entered a new informal union, were no different from those who remained with their 1992 spouse. Compared to those remaining never-married and un-partnered, those who entered a first marriage had lower depressive symptoms. Compared to those who remained divorced, those who re-married had lower symptoms; but so did those who did not re-marry but were in an informal union at age 40. This pattern of findings (Table 3, in preparation) suggests that the key distinction is between those who keep or gain a spouse *or* an informal partner, relative to those who remain or become single. Those remaining never-married or remaining divorced are quite similar to those who exited unions and became single. Similarly, those who entered first or higher-order marriages, remained in the same marriage, or replaced one spouse or partner with another, are all similar to one another.

These findings suggest that the number of changes per se is not a key factor in understanding change in depressive symptoms over this time period. Nor is the legal status of the union a critical distinction, although those with spouses were slightly (but not significantly) less depressed than those in informal unions. Models simply distinguishing those with a spouse or partner at age 40 from those without capture the key differences and account for virtually the same amount of variance as more nuanced models. Using this simpler model, I again examine whether effects vary by educational attainment, psycho-social resources, race-ethnicity, and gender. Again, most interactions are not significant. The exception, however, echoes that found in the cross-sectional models; being alone has less negative consequences for those with higher educational attainment.

Discussion

In investigating the associations between marital and fertility histories and depressive symptoms, these analyses controlled for characteristics of families of origin and respondents' own early psycho-social resources.   These characteristics are linked to marital and fertility patterns, and also to depressive symptoms. However, even with these taken into account, intimate unions are linked to variations in depressive symptoms in adulthood.   At both time points, those who are married and have no history of divorce have the lowest depression symptoms. And at both time points, those who are never-married or divorced are similar to one another and higher in depressive symptoms than those in first marriages. Evidence is mixed, however, regarding the hypothesis of cumulative impact of disruptions. Consistent with this argument, those who are married following divorce are somewhat higher in depression (but still better off than those without a spouse) than those in first marriages. On the other hand, the never-married, divorced once, and divorced more than once are all similar to one another, despite these different histories, suggesting that in this case current status may trump history.

Particularly interesting is the complex set of findings regarding informal unions. In 1992, depressive symptoms of both those in informal unions and never-married and informal unions after divorce were similar to each other and similar to those in never-married and divorced statuses. By age 40, however, those in informal unions who had never married had no higher depressive symptoms than those in first marriages.   Only 110 cases fall into this category at age 40, and it is difficult to know how to evaluate this difference. Age 40 data was taken from 1998, 2000, or 2002 interviewing years, depending on when respondents reached age 40; while the earlier data was all collected in 1992, when the respondents were 29-34. It is possible that the increasing acceptance of

informal unions, even over this fairly short period, has increased the psychological benefits to be gained from them, making them more similar to first marriages. By age 40, the never-married in informal unions included roughly equal proportions of those who were already in informal unions in 1992 and those who began informal unions in the interim. It is possible that the more long-term cohabitors may be driving this finding. Despite small numbers, additional analyses may be able to examine this possibility.

It is also striking that while being in a first marriage appears optimal in terms of level of depressive symptoms observed in cross-section, the over-time analyses suggest that, taking into account initial levels of depressive symptoms, marriages of all orders as well as informal unions are protective against increasing symptoms. Again, there is the suggestion that distinctions between various histories and status of partnerships may be becoming more blurred in the most recent time period and at older ages. As the 2004 survey round adds additional cases with age 40 data, it should be possible to examine this more closely and with larger numbers of cases, particularly larger numbers of those in informal unions with varying histories. One strategy that may be useful is to directly compare the relationship quality that those in various marital and union arrangements report, and examine whether on average these reports are moving closer together in more recent survey rounds: NLSY data permit such comparisons over the period from 1998 to 2006.

Fertility histories in terms of number of children ever born were not closely linked to depressive symptoms, but having reported a first birth that was non-marital predicted higher depressive symptoms at each time point. In alternate models, this difference was still larger before adjusting for marital /union history, suggesting that part of this effect is

because those who have a first non-marital birth are less likely to later be in first marriages (data not shown). Even after adjusting for relationship history, however, this event is predictive of higher symptoms, and this does not differ for men and women, despite the likely different family patterns and direct parenting responsibilities of unmarried mothers and unmarried fathers.   Further research is needed to better understand how and under what conditions early non-marital births exert these effects. In particular, further examination of household residential patterns over time may help to clarify these differences.

Finally, these analyses suggest that the psychological benefits of marriage, and the advantages of not being a lone adult at age 40, may be largest for those who are least well-educated. Ironically, the least well educated are also least likely to be in these statuses; the proportion of NLSY respondents in first marriages at age 40 is lowest (30 percent) for those who have not completed high school but more than double that for those who have completed college; conversely, nearly half of those who have not completed high school are alone at age 40, compared to 26 percent of those with college degrees.   Further research is needed to confirm this interaction in other data sets and to investigate the extent to which it reflects the more secure economic situation of those with spouses and partners or may vary depending on employment and childrearing patterns. More broadly, fuller integrations of work and childrearing trajectories with relationships histories is needed to more fully capture the conditions under which depressive symptoms rise and fall over adulthood.

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