

Is There a Downside to Shooting for the Stars? Unrealized Educational Expectations and Symptoms of Depression

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Abstract

Despite decades of research on the benefits of educational expectations, researchers have failed to show that unrealized plans are consequential for mental health, as self-discrepancy and other social psychological theories would predict. This article uses two national longitudinal studies of youth to test whether unrealized educational expectations are associated with depression in adulthood. Negative binomial regression analyses show that unmet expectations are associated with a greater risk of depression among young adults who share similar educational expectations. The apparent consequences of aiming high and falling short result, however, from lower attainment, not the gap between plans and attainment. Results indicate almost no long-term emotional costs of “shooting for the stars” rather than planning for the probable, once educational attainment is taken into account. This lack of association also holds after accounting for early mental health, the magnitude of the shortfall, the stability of expectations, and college-related resources, and it is robust across two distinct cohorts of high school students. We develop a theory of “adaptive resilience” to account for these findings and, because aiming high and failing are not consequential for mental health, conclude that society should not dissuade unpromising students from dreams of college.

Keywords

ambition, educational expectations, mental health, social psychology

With no attempt there can be no failure;
with no failure no humiliation.

William James (1890:310–11)

A defining feature of youth culture in the United States today is the high level of ambition held by a wide range of teenagers and young adults. Reflecting the view that upward mobility is both possible and likely in one’s own lifetime, most youth in the United States expect to attend college, earn a four-year degree, and work in a professional occupation (Schneider and Stevenson 1999). Such

widespread optimism is laudable if these expectations lead to greater future achievements. Yet, the extent to which teenagers’ achievement expectations are out of line with what they actually attain may also be

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on the rise. Reynolds and colleagues (2006) examine high school seniors' plans over a 25-year period and compare them with young adults' attainments in the same years. They find that the gap between the percent of seniors expecting to obtain a bachelor's degree and the percent of young adults with a four-year degree doubled between 1976 and 2000. In other words, increases in high school students' college expectations outpaced increases in young adults' achievements, a result they interpret as "ambition inflation."

What do such trends in unrealistic achievement expectations portend for the young adults who do not accomplish what they anticipate? The most common prognosis is that unrealized educational plans will lead to depression, frustration, anxiety, and self-doubt. Dannefer (2000), for example, recognizes the heightened risk of negative emotional consequences for students in the United States, where stratification is masked by an "open contest" educational ideology, as compared with Germany's "apprenticeship" model of education. He notes that U.S. students have less "understanding about the real constraints on their opportunities, which can lead to a sense of powerlessness and self-blame when expectations for a reasonably prosperous future go unmet" (p. 284). Many social psychological theories also predict that students whose educational plans are never realized will experience psychological distress. While scholars have debated the possible meanings of the relationship between ambition and achievement for decades (e.g., Alexander and Cook 1979; Morgan 2004), the literature is essentially silent as to whether young adults might experience lasting psychological fallout from *unmet* plans.

An alternative possibility is that young adults successfully adapt to the unexpected, focusing on the positive aspects of their transition to adulthood rather than dwelling on plans that have fallen through or have been put on hold indefinitely. Life course studies

show that young adults are impressively resilient to opportunity shifts and the caprices of early adulthood (Elder 1999; Mortimer et al. 2002), a phenomenon we label "adaptive resilience." In fact, negative mental health effects attributed to failed plans might actually be due to lower educational attainment. By definition, failing to obtain a desired degree indicates fewer years of school completed. Because education is one of the strongest predictors of health in adults (Ross and Wu 1995), it is important to disentangle mental health differences stemming from unrealized plans from the broader education-based gradient in health. Young adults who fail to meet their expectations may be at greater risk for poor mental health because of the gap between their plans and attainments, their lower educational attainment, or both.

This article asks whether failing to complete as much education as one expected is associated with symptoms of depression in early/middle adulthood. To date, no nationally representative study has examined the mental health consequences of failing to meet educational expectations. We conduct longitudinal analyses of two national samples to assess whether failing to achieve one's educational expectations is associated with higher levels of depression relative to individuals who met or surpassed their educational expectations. The results do not support theoretical propositions that predict failed ambitions lead to negative emotional consequences. Instead, young adults who planned for a college degree and failed are no worse off than those who never expected to go to college, lending support to the adaptive resilience perspective.

BACKGROUND

Scholarly interest in ambition, aspirations, and expectations¹ traces back more than a half century to early social psychological studies of human motivation and goal-directed behavior (e.g., Lewin et al. 1944). In this early work, level of aspiration referred

to one's expected level of task performance in light of past successes and failures at comparable tasks, and it was typically studied in the context of laboratory experiments. Mobility studies and status attainment research in the 1960s and 1970s brought the concept of aspirations out of the laboratory and introduced it into theories of social stratification. The Wisconsin model of status attainment, in particular, attempted "to clarify the process by which status aspirations are formed and the manner in which they influence subsequent attainment-oriented behavior" (Haller and Portes 1973:68). According to this model, aspirations play a fundamental role by linking self-reflection and feedback to educational and occupational success. Later research questioned whether aspirations or expectations actually tapped motivation (e.g., Alexander and Cook 1979), and scholars today continue to explore the causal role that expectations play in social stratification dynamics (Morgan 2004).²

Achievement expectations are worthy of sociologists' attention because they contribute to the reproduction of social inequality. Economically advantaged youth benefit from having higher expectations, on average, and from the fact that their expectations are more strongly linked to their future attainments than is the case for disadvantaged youth (Alexander, Entwisle, and Bedinger 1994; Hanson 1994). The bulk of sociological attention to educational expectations addresses the extent to which they predict subsequent attainments and mediate family background or past performance. This focus on "attained" expectations does not answer the question of whether *unmet* achievement expectations have psychological downsides, such as symptoms of depression. Answering this question is important to the study of social stratification because thwarted achievement expectations may contribute to socioeconomic differences in mental health. Research on the consequences of unrealized expectations is also needed to judge the

scope of the problem of unrealistic achievement expectations among today's adolescents (Reynolds et al. 2006).

Theories Predicting that Unrealized Expectations Will Increase Symptoms of Depression

Sociologists and social psychologists have long been concerned with the potential downsides of unrealized ambitions. Three theoretical perspectives, in particular, predict that unrealized expectations will negatively affect mental health. The gap between expectations and attainment is conceptualized variously as (1) a discrepancy between actual and ideal selves, (2) a deprivation of a reward or a status to which one feels entitled, and (3) a non-event stressor. Although these three perspectives originate in different academic disciplines, they share the premise that unmet expectations lead to psychological distress.

Self-discrepancy theory, developed by Higgins (1987, 1989), explains the complex mental health consequences that result from the discrepancies individuals experience between their actual and ideal selves. The theory predicts that individuals experience dejection-related emotions, such as disappointment, sadness, dissatisfaction, and depression, when confronting a gap between their actual self-states (i.e., individuals' views of who they truly are) and their ideal self-guides (i.e., individuals' hopes and aspirations, as well as the characteristics they envision themselves possessing in the future). Self-discrepancy theory claims that the larger the gap between the ideal and the actual selves, the greater the risk of dejection-related feelings (see also Michalos 1985).

Higher levels of depression, dissatisfaction, and disappointment resulting from a discrepancy between one's actual self-concept and one's ideal self-guide are well documented in the social psychology literature

(e.g., Higgins et al. 1986; Higgins, Klein, and Strauman 1985; Scott and O'Hara 1993; Strauman 1989). Experimental studies confirm that the size of the gap between how people currently see themselves and what they hoped to be is a significant predictor of depression and anxiety symptoms (Higgins 1987; Michalos 1985). Applied to the present study, expectations for future achievements indicates the ideal self, and the actual self reflects educational attainment by early/middle adulthood. While self-discrepancy theory also explains other types of discrepancies, the one between actual and ideal selves fits best with our focus on unrealized educational ambition.³

Relative deprivation is the second social psychological theory that predicts a relationship among expectations, attainments, and mental health. It claims that individuals experience cognitive and affective dimensions of deprivation—such as mental distress—when denied a reward, status, or experience to which they feel entitled (Walker and Pettigrew 1984). The critical emphasis is that deprivation's impact is determined by how much a status or state falls short of anticipations. The theory differentiates between “egoistic/personal” deprivation, which results when personal status is at odds with what was expected, and “fraternal/group” deprivation, which is caused by the gap between the average status of one's in-group relative to what was expected or attained by other groups (Smith and Ortiz 2001; Walker 1999; Walker and Pettigrew 1984). Psychological distress resulting from aiming high and falling short, as conceptualized in this study, is closest to what Walker and others label egoistic or personal deprivation: being deprived of the education one anticipates. Teenagers' achievement expectations are related to their sense of entitlement (Moore and Aweiss 2003), and relative deprivation theory predicts that when young adults fail to achieve the level of education to which they feel entitled, they are likely to respond with anxiety or depression.

The third social psychological theory, social stress theory, also presumes that failing to achieve an expected status is a source of distress. According to this perspective, unrealized expectations are a non-event stressor, and like traumatic events or chronic strains, they provoke a psychological adjustment. Wheaton (1994:89) describes examples of stressful non-events, such as “an anticipated promotion that does not occur, or not being married by age 35 when you want to be,” and notes that a non-event can also be the absence of a hoped for state or the ongoing presence of an undesirable situation. Researchers working in the life course tradition have found an association between career non-events—specifically, failing to meet one's earlier career ambitions—and psychological distress (Carr 1997; Drebing and Gooden 1991; Levinson et al. 1978; Nurmi and Salmela-Aro 2002). The same logic applies to the case of unrealized educational plans if young adults continue to have an educational level lower than the one they anticipated.

In summary, self-discrepancy, relative deprivation, and social stress theories all predict that young adults who fall short of their expectations will report higher levels of psychological distress than will individuals who achieve what they anticipated.

Contingent Consequences of Unrealized Plans: Magnitude, Adaptability, and External Attributions

To provide more psychological nuance to the analysis of unmet expectations, we employ the concepts of magnitude, adaptability, and external attribution. *Magnitude* refers to the size of the gap between a person's expectations and attainments. Individuals are likely to better accept unrealized goals if their attainments are “near misses,” as opposed to “extreme gaps,” relative to their expectations (Higgins 1987:323). In her study of

women's fulfillment of occupational aspirations, Carr (1997) finds that only women whose attainments fall short of their aspirations by a "large distance" report higher depression levels when compared with women who meet their original goals.

Adaptability refers to students' capacity to change their expectations in light of new information and life experiences. Some experimental evidence suggests that students who drop unrealistic goals have better mental health than do those who continue clinging to them (Wrosch, Bauer, and Scheier 2005; Wrosch et al. 2007). Therefore, we suspect that people who adapt to reality by lowering their expectations over time tend to experience better mental health than do people who maintain unmet expectations.

External attribution occurs when young adults can point to external factors, rather than aspects of character (e.g., personal effort or ability), as accounting for their inability to meet their goals; individuals who make such attributions will be least affected by falling short of their plans (Reyna 2000; van Laar 2000). In this article, we define "external factors" as college-related resources, such as college-educated parents and high family income.⁴ Attribution theory predicts that young adults with more structural resources to pursue higher education will be more negatively affected by failure than will those with fewer external resources. Many structurally disadvantaged students are first-generation college attendees whose college pursuits are compromised because they are also attending to the needs of families and friends (Charles, Dinwiddie, and Massey 2004; Deil-Amen 2007). Disadvantaged students unable to achieve the level of education they hoped for may take comfort in the fact that they gave it their best effort despite external constraints (Deil-Amen 2007).

In short, the negative mental health consequences of unrealized educational plans may be greater for young adults whose attainments fall short of their expectations by a large distance, those whose expectations

did not diminish over time, and those who report more structural advantages in the form of college-educated parents or high family incomes.

Reasons to Predict No Consequences: Adaptive Resilience and the Salutary Effects of Education

There are both theoretical and methodological reasons for predicting the lack of a relationship between unrealized educational expectations and subsequent mental health. The theoretical reason, which we label "adaptive resilience," derives from social psychology, child development, and life course research. It emphasizes how individuals often (1) successfully problem-solve when faced with unplanned situations, (2) benefit from experiences that seem objectively undesirable, and (3) filter input from the environment so as to stress the positive. The adaptive resilience perspective claims that the obstacles and challenges individuals encounter over the life course may "constrain future life options, but also create opportunities for development" (McLeod and Almazan 2003:400; Shanahan and Mortimer 1996). Young adults whose plans fall through do not automatically flounder or despair; instead, they often become psychological advocates on their own behalf who "actively try to solve problems which may threaten . . . aspects of self-conception" (Thoits 1994:144). Young adults also tend to focus on what is possible and the best-case scenario, while downplaying negative feedback, a cognitive predisposition that Cerulo (2006) labels "positive asymmetry." Although we are unable to test empirically the various social psychological mechanisms that undergird the adaptive resilience perspective, we offer it as a plausible rationale for the null hypothesis.

Adaptive resilience in the present context might include an appreciation of (or a defensive emphasis on) the experiences young

adults cultivate in lieu of schooling; another possibility is that young adults emotionally dodge dealing with failed plans by extending plans forward in time as achievements still to come. Mortimer and colleagues' (2002) analysis of the follow-up interviews of young adults in the Youth Development Study provides evidence of young adults' adaptive resilience to failed plans. Interviewed at around age 27, respondents were asked, "Have things worked out the way you thought they would since high school?" Despite the fact that many respondents answered no, "none of the interviews was characterized by fatalism, resignation, or even notable distress due to delay" (p. 461). Instead, many interviewees had adjusted to the way life had turned out, with some acknowledging that deferred plans gave them time to clarify their occupational goals. In summary, the adaptive resilience model posits that, due to both positive asymmetry and the unanticipated benefits of unexpected life events, unrealized educational expectations will not be associated with depression in young adulthood.

Education's well-established positive effect on health suggests an alternative explanation for any mental health consequences of unrealized plans. That is, differences in mental health between those who meet versus those who fall short of their educational expectations may be due to the various salutary effects of educational attainment, rather than the gap between what was expected and what came to be.⁵ It is well established that more-educated individuals report better mental health, physical functioning, and perceived physical health, on average (Marmot et al. 1998; Reynolds and Ross 1998; Ross and Wu 1995). Not only do more-educated people benefit from more rewarding and stable working conditions than do those with less education, but they also have more emotional resources, on average, such as a sense of control over their lives and greater levels of social support (Marmot et al. 1998; Ross and Wu 1995). Concerning the study of unrealized expectations, this suggests that any empirical test must account for

mental health differences caused by educational attainment.

DATA AND METHODS

Main Sample

The data for the main analyses come from the National Longitudinal Survey of Youth (NLSY), a multistage, stratified probability sample of noninstitutionalized young men and women living in the United States who were ages 14 to 22 in 1979. These individuals were interviewed annually from 1979 to 1994 and biennially from 1996 to the present. The NLSY oversampled Hispanics, non-Hispanic blacks, economically disadvantaged youth, and active duty members of the military. We use data from the 1979 to 1992 waves to contrast educational expectations in high school with educational attainments and mental health in early/middle adulthood. The initial NLSY interviews were conducted between late January and mid-August in 1979. The 1979 sample size was 12,686 and fell to 9,016 in 1992, for a retention rate of 71 percent. Our analyses are limited to the 5,257 respondents who were enrolled in the 9th through 12th grades in 1979 and reported their educational expectations (16 high school students did not report their expectations). We were able to determine the highest degree attained for 4,892 of these respondents and have information on all study measures for 4,328.

Measures

Symptoms of depression. The measure of mental health in early/middle adulthood is *depressive symptoms*, captured in 1992 with a shortened version of the Center for Epidemiologic Studies Depression Scale (CES-D) (Radloff 1977). Respondents were asked how often in the past week they did not feel like eating, felt they could not shake the blues, had trouble keeping their mind on what they were doing, felt depressed, felt

Table 1. Educational Expectations of High School Students in 1979 and Highest Degree by 1992 (NLSY 1979)

	Expected (original)		Expected (recoded)		Highest Degree (original)	
	N	wtd %	N	wtd %	N	wtd %
Less than High School			144	2.0	407	7.3
8th grade	3	.0				
9th grade	16	.2				
10th grade	44	.7				
11th grade	81	1.1				
High School or GED			2,404	42.1	3,236	61.2
12th grade	2,318	40.3				
1st year of college	86	1.8				
Associate's Degree			718	14.2	316	6.8
2nd year of college (associate's degree)	625	12.6				
3rd year of college	93	1.7				
Bachelor's Degree			1,502	31.0	779	20.4
4th year of college (bachelor's degree)	1,502	31.0				
Graduate/Professional Degree			489	10.7	154	4.4
5th year of college (master's degree)	212	4.5				
More than Five Years of College (law degree, PhD, MD, LLD, DDS, JD)	277	6.2				
N	5,257		5,257		4,892	

everything was an effort, were restless, felt lonely, felt sad, and could not get going. Response options were "Rarely/None of the time/1 Day" (0), "Some/A little of the time/1–2 Days" (1), "Occasionally/Moderate amount of the time/3–4 Days" (2), and "Most/All of the time/5–7 Days" (3). The dependent variable is a count of symptoms weighted from 0 to 3 based on the number of times that symptom was experienced in the past week. For simplicity, the results section refers to the dependent variable as the count or number of depressive symptoms, although it is actually a weighted count. The depressive symptom scale has a mean of 4.89, a standard deviation of 4.92, and ranges from 0 to 27. The alpha reliability for this scale is .83.

Educational expectations, attainments, and unrealized plans. In both 1979 and

1982, educational expectations were measured by the question, "As things now stand, what is the highest grade or year you think you will actually complete?" The original response options allowed respondents to report either a year or a grade/degree level. We recoded these into five degree levels: less than a high school degree, high school degree, two-year degree, four-year degree, and graduate or professional degree (see Table 1). The NLSY also tracks respondents' educational progress in each year by asking the highest educational degree they had ever received. We used these educational history data to create the measure of highest degree attained as of 1992. The regression analyses compare young adults with unrealized expectations for specific degrees with those who met or surpassed expectations, based on comparisons of 1979 expectations and degrees obtained by 1992. When controlling for the association between

educational attainment and depression in the regression analyses, we use years of schooling as of 1992 and years squared to account for a parabolic relationship.⁶

Testing for contingencies in the relationship between unrealized plans and depression requires measures of the magnitude of failed expectations and of the change in expectations over time (i.e., adaptability). College-related resources (parents' income and education) that may curb external attributions are discussed below. The magnitude of the gap between expectations and attainment equals the number of categories on the ordinal scale between what one expected versus what one attained. For example, high school dropouts who failed to realize plans for a high school diploma have a gap magnitude of 1, whereas high school dropouts who failed to get an associate's degree have a gap of 2. Likewise, a person with an associate's degree who planned to get an advanced degree has a gap between plans and expectations of 2. Measuring the gap in years instead of categories on the ordinal scale had no impact on results. In this article, we focus on adaptability in the form of lowered expectations. We created a dummy variable for lowered expectations that equals 1 if respondents' expectations in 1982 (the last year the NLSY asked about educational expectations) were lower than their expectations in 1979; we coded this measure as 0 if expectations held steady or increased by 1982.

Early mental health. The NLSY lacks an early measure of depression, so to account for possible influences of early mental health, we standardized and averaged Rotter's locus of control scale ($\alpha = .38$) administered in the 1979 survey and Rosenberg's scale of self-esteem ($\alpha = .83$) collected in 1980. Self-esteem and sense of control are important social psychological resources that are associated with both depression and ambition (Marmot et al. 1998; Reynolds et al. 2007). Controlling for these characteristics should help remove the effect of early mental health on educational attainment from the measured

associations (Kessler et al. 1995; McLeod and Kaiser 2004). However, there are several shortcomings to these measures as they exist in the NLSY. The low alpha reliability of Rotter's scale indicates poor consistency, and the items tapping self-esteem were administered in 1980, not 1979. Yet, analyses that use educational expectations in 1982 (obviously reported after the 1980 measure of self-esteem) rather than in 1979 yield the same major findings and conclusions. One could also make the case that self-esteem and locus of control should not be averaged. We tested various approaches—using just Rotter's scale, using both as separate items, and generating imputed values of mental health—and found no change in the central findings. The reported results use the combined measure based on the assumption that controlling for early mental health with a flawed measure is better than no control. One strength of the dataset used in the replication analyses, described below, is that it contains a more satisfactory measure of early mental health.

Demographic and background characteristics. The analyses control for differences due to age, gender, race/ethnicity, parents' education, family income, and family structure (size and living arrangements). Controlling for age is important because the time available to have realized expectations varies across the 9th through 12th graders in the wave 1 sample, and students in more advanced grades are likely to have more concrete educational plans. We identify four racial/ethnic groups: non-Hispanic white, non-Hispanic black, Hispanic, and other. Parents' education equals the average years of education completed by both parents. If data are missing for one parent, we base the value on the other parent's information. We measure family income in thousands of dollars. Family size is the number of children under age 18 in the household in 1979. Living arrangement categories compare individuals living with both biological parents, those living with a divorced and remarried parent, and those living with a single mother

versus those in any other living arrangement (typically living with another relative).

Addressing Issues of Missing Data and Cohort Uniqueness

We used multiple imputation techniques to mitigate potential bias caused by item non-response. The reported regression estimates are the average coefficients from analyses of 10 different datasets with imputed values for item non-response on family income, parents' education, family living arrangement, and early mental health. The ICE and MICOMBINE commands in Stata generated the imputed datasets and the averaged coefficients reported in Tables 3 and 4 (Royston 2004). Respondents who met the inclusion criteria but did not complete the 1992 interview were more likely to report white race/ethnicity and come from lower SES families in 1979 than were 1992 respondents. To address the potential bias from sample attrition in the NLSY, we weighted the regression analyses using the 1992 NLSY sampling weight, which corrects for differential response rates (Frankel, McWilliams, and Spencer 1983). More detailed analyses by MaCurdy, Mroz, and Gritz (1998) provide further confidence that attrition is not problematic in the NLSY. We also weighted descriptive statistics to yield population estimates, using the 1979 cross-sectional weight when reporting expectations for different degrees and the 1992 sampling weight when reporting their subsequent attainments.

To determine whether the results are unique to the period and cohorts covered by the NLSY or its available measures, we conducted similar analyses using data from the more recent National Longitudinal Study of Adolescent Health (Add Health) (Udry 2003). We undertook this replication because the high school classes represented by the NLSY are distinct in several aspects and because of NLSY data limitations. NLSY participants are part of the baby boom generation and came of age after a decade of considerable turmoil. Teenagers' educational expectations are undoubtedly affected by their specific

historical context, creating the possibility that the results are unique to this period. Furthermore, the measure of expectations in the NLSY does not assess how much conviction lies behind an individual's expected schooling, and there is no early measure of depression. Add Health helps address these issues.

The Add Health study sampled 27,000 adolescents in the 7th through 12th grades across the United States, interviewing them in 1994 to 1995, 1996, and 2001 to 2002 (Harris et al. 2003). No other recent national study contains all the needed measures (educational expectations and symptoms of depression in high school, as well as attainments and depressive symptoms some number of years beyond high school). We restricted the analytic sample from Add Health to individuals ages 14 to 17 who were enrolled in high school in the first wave, and we compared their expectations about getting a college degree to whether they had attended any college or university by the third wave. Given the more limited time span covered by Add Health, we could not examine degree completion. Add Health has the advantage of containing identical measures of depression in the first and third waves, and the survey items tapping educational expectations ask how likely it is that a respondent will go to college and get a college degree, thus tapping the subjective probabilities assigned to specific educational goals rather than simply the expected level of education.

The 1994 to 1995 Add Health in-school survey asked, "On a [9-point] scale from 'No chance' to 'It will happen' what do you think are the chances you will graduate from college?" The in-home survey asked, "On a scale of 1 to 5, where 1 is low and 5 is high, how likely is it that you will go to college?" On both surveys, just over half responded they would go to college and get a degree with the highest level of conviction, "It will happen." Around 5 percent said "No chance" or it was not likely. We recoded both measures such that the lowest probability

Table 2. Educational Expectations of High School Students in 1979 by Highest Degree and Depression in 1992 (NLSY 1979)

Educational Expectations in 1979	Highest Degree as of 1992				
	<HS	HS or GED	AA	BA/BS	Grad. or Prof.
Less than High School Degree	51	57	1	1	0
<i>Wtd row pct</i>	<i>56.5%</i>	<i>41.0%</i>	<i>1.8%</i>	<i>.7%</i>	<i>.0%</i>
Mean depression, 1992	7.9	7.7			
High School Degree	284	1,767	81	70	6
<i>Wtd row pct</i>	<i>12.2%</i>	<i>79.3%</i>	<i>4.2%</i>	<i>3.9%</i>	<i>.4%</i>
Mean depression, 1992	6.2	5.3	4.4	4.2	
Associate's Degree	35	473	81	87	6
<i>Wtd row pct</i>	<i>3.7%</i>	<i>67.2%</i>	<i>12.5%</i>	<i>15.6%</i>	<i>1.1%</i>
Mean depression, 1992	6.7	5.1	3.9	3.7	
Bachelor's Degree	33	749	128	445	71
<i>Wtd row pct</i>	<i>1.3%</i>	<i>44.6%</i>	<i>8.9%</i>	<i>38.9%</i>	<i>6.2%</i>
Mean depression, 1992	4.6	5.0	4.9	3.3	3.6
Graduate/Professional Degree	4	190	25	176	71
<i>Wtd row pct</i>	<i>.5%</i>	<i>32.8%</i>	<i>4.3%</i>	<i>42.7%</i>	<i>19.6%</i>
Mean depression, 1992		4.0	4.5	3.2	3.8

Note: N = 4,892. Means of depression not reported for cells with fewer than 10 respondents.

equals 0. In wave 3, educational history items identified respondents who had ever attended a college or university since high school. Similar to the NLSY, Add Health measured depression with items from the CES-D scale, such as how often in the past week respondents could not shake the blues, had trouble keeping their minds on what they were doing, had a poor appetite, or felt sad, bothered by things, depressed, or too tired to do things. Response options included never or rarely (0), sometimes (1), a lot of the time (2), and most/all of the time (3). Depressive symptoms equal the sum of responses across items and range from 0 to 24 (Cronbach's α in wave 1 = .79, α in wave 3 = .81). Where possible, we operationalized control variables the same as in the NLSY.

RESULTS

Descriptive Patterns of Expectations, Attainments, and Depression in the NLSY

How did high school students in the NLSY fare by early/middle adulthood in terms of

meeting their educational expectations? Table 2 presents a cross-tabulation of 1979 educational expectations and 1992 attainments for 1979 high school students. Respondents on the diagonal met their educational expectations, those above the diagonal went further than expected, and those below fell short of their plans. Each cell reports the number of respondents and the weighted row percentage (in italics). The cells also include the mean values for depression in 1992 for groups of young adults defined by combinations of plans and attainments, except for six cells that contain fewer than 10 respondents.

The diagonal of Table 2 shows that the accuracy of expectations varies greatly across expected degrees. The expectation that one would finish schooling with a high school degree is an especially accurate predictor of future attainments. Almost 80 percent of students with this expectation in 1979 had a high school education and no postsecondary degree 13 years later. By contrast, only 39 percent met their expectations to earn a bachelor's degree. High school students who expected to stop their education after attaining an associate's degree were

the least likely to accomplish what they foresaw, with only 12 percent meeting expectations.

What general patterns are discernible in Table 2 regarding falling short versus meeting or exceeding expectations? First, summing the counts for cells below, on, and above the diagonal shows that by the 1992 follow-up interviews, 43 percent of respondents had fallen short of, 49 percent had met, and 8 percent had exceeded their expectations. In the three intermediate categories (high school, associate's degree, and bachelor's degree), falling short was more common than going further, especially for high school students who expected to eventually get an associate's degree. Two thirds of these students received a high school degree by 1992, and another 4 percent never finished high school. The highest and lowest expectations are constrained in that students who do not expect to finish high school cannot complete less schooling than expected, and those who expect to attain a graduate or professional degree cannot have attainments beyond their plans.

We obtained a preliminary assessment of the consequences of unmet educational expectations by comparing the mean depressive symptom counts of individuals along the diagonal with those below the diagonal within a given column. This precludes the far-right column because no one who had completed a graduate or professional degree by 1992 had fallen short of expectations, as defined here. Among the other categories of highest degree, the pattern runs counter to that predicted by discrepancy, relative deprivation, and social stress theories. None of the means for those who eventually received a high school degree but had planned to go further (5.1, 5.0, and 4.0) are greater than the mean for students who accurately predicted they would stop schooling after attaining a high school degree (5.3). The same is true for students who never completed high school or a GED and for those who ultimately attained a bachelor's degree. Aiming

high and falling short is not associated with greater depression among individuals with similar amounts of education, except among those with an associate's degree. Students who planned to get a bachelor's degree or more but had only received an associate's degree by 1992 had higher depression levels than did those who completed an associate's degree as predicted. Surprisingly, those who fall above the diagonal, meaning they eventually surpassed their educational expectations, mostly have higher depression scores than do individuals who met their expectations.

Restricting the comparison of groups to individuals who had the same level of education in 1992 is important because comparing average depressive symptom counts across degrees attained within expectation levels would generate very different results. Consistent with self-discrepancy, relative deprivation, and social stress theories' predictions, meeting a given level of educational expectations is associated with fewer depressive symptoms, compared with falling short of that expectation, except for the relatively rare expectation to get a graduate or professional degree. It appears, however, that the differences in depression for a given level of expectations reflect the mental health benefits of attaining more education rather than the consequences of meeting versus falling short of one's earlier expectations.

Unrealized Educational Expectations and Depression in the NLSY

Table 3 reports results from negative binomial regression analyses of depressive symptom counts. Poisson and negative binomial regression models are more appropriate for positively skewed count measures than is OLS regression, and negative binomial is preferable to Poisson regression when the variance of the count measure exceeds the mean, as is the case here. The reported coefficients equal the predicted change in

Table 3. Negative Binomial Regression of Depressive Symptoms on Unrealized Educational Expectations (1979 to 1992 NLSY)

	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
Unrealized Educational Expectations (vs. met or surpassed expectations)						
Unrealized plans for high school degree	.194* (.076)	-.018 (.084)	.022 (.097)	-.044 (.091)	.376 (.276)	.106 (.133)
Unrealized plans for associate's degree	.097+ (.061)	.055 (.061)	.104 (.084)	.103 (.077)	-.157 (.269)	-.049 (.127)
Unrealized plans for bachelor's degree	.067 (.052)	.071 (.054)	.158 (.123)	.183* (.073)	.014 (.216)	-.030 (.110)
Unrealized plans for advanced degree	-.109 (.070)	-.060 (.070)	.034 (.143)	.045 (.119)	-.473+ (.284)	-.055 (.143)
Educational Attainment						
Highest grade completed by 1992		-.339** (.084)	-.343** (.084)	-.361** (.084)	-.334** (.084)	-.344** (.084)
Highest grade completed squared		.010** (.003)	.010** (.003)	.011** (.003)	.010** (.003)	.010** (.003)
Magnitude						
Gap between expected and earned degrees (0 to 4)			-.048 (.057)			
Adaptability						
Expectations declined from 1979 to 1982				.013 (.150)		
Expectations declined × Unrealized plans for high school degree				.011 (.222)		
Expectations declined × Unrealized plans for associate's degree				-.125 (.187)		
Expectations declined × Unrealized plans for bachelor's degree				-.246 (.176)		
Expectations declined × Unrealized plans for advanced degree				-.188 (.202)		
External Attribution						
Parents' education × Unrealized plans for high school degree					-.040 (.028)	
Parents' education × Unrealized plans for associate's degree					.018 (.023)	
Parents' education × Unrealized plans for bachelor's degree					.005 (.018)	
Parents' education × Unrealized plans for advanced degree					.031 (.023)	
Family income × Unrealized plans for high school degree						-.009 (.008)
Family income × Unrealized plans for associate's degree						.005 (.006)

(continued)

Table 3. *Continued*

	Model 1	Model 2	Model 3	Model 4	Model 5	Model 6
Family income × Unrealized plans for bachelor's degree						.005 (.005)
Family income × Unrealized plans for advanced degree						-.000 (.005)
Controls						
Mental well-being, 1979	-.160** (.026)	-.135** (.027)	-.134** (.027)	-.135** (.027)	-.134** (.027)	-.133** (.027)
Age, 1979	.002 (.014)	.001 (.014)	.001 (.014)	.001 (.014)	.000 (.014)	.001 (.014)
Female (vs. male)	.230** (.037)	.250** (.037)	.251** (.037)	.255** (.037)	.250** (.037)	.253** (.037)
Black (vs. white)	.161** (.044)	.167** (.044)	.170** (.044)	.158** (.044)	.170** (.044)	.173** (.044)
Hispanic (vs. white)	.060 (.062)	.065 (.060)	.068 (.060)	.056 (.060)	.055 (.060)	.065 (.060)
Other race/ethnicity (vs. white)	.065 (.065)	.064 (.064)	.065 (.064)	.064 (.064)	.064 (.064)	.062 (.063)
Parent's education, 1979	-.016+ (.009)	-.003 (.009)	-.002 (.009)	-.004 (.009)	-.007 (.011)	-.003 (.009)
Family income in \$1,000s, 1979	.000 (.002)	.001 (.002)	.001 (.002)	.001 (.002)	.001 (.002)	.001 (.002)
Family size, 1979	-.005 (.011)	-.008 (.011)	-.008 (.011)	-.008 (.011)	-.008 (.011)	-.008 (.011)
Lived with biological parents (vs. other arr.)	-.048 (.078)	-.008 (.074)	-.008 (.074)	-.005 (.074)	-.008 (.074)	-.012 (.075)
Lived with single mother (vs. other arr.)	.102 (.086)	.140+ (.082)	.143+ (.082)	.144+ (.082)	.138+ (.082)	.135 (.083)
Lived with step-parent (vs. other arr.)	-.004 (.097)	-.001 (.094)	-.002 (.093)	-.006 (.093)	-.001 (.093)	-.002 (.094)
Constant	1.518	4.009	4.093	4.204	4.032	4.073
Nagelkerke R ²	.046	.058	.058	.060	.059	.059

Note: N = 4,328. Unstandardized slopes (standard errors).
+*p* < .10; **p* < .05; ***p* < .01 (two-tail tests).

the logged number of symptoms per week for a one-unit change in a given predictor. If exponentiated, the slope equals the predicted factor change in depressive symptoms per week for a one-unit change in the predictor.

The multivariate analysis of depressive symptoms using the NLSY sample measures the association between unmet expectations and depressive symptoms, while controlling for early mental health, age, gender, race/ethnicity, parents' education, family income, and family structure. Model 1 includes four dummy variables that compare

young adults who, by 1992, had not realized their 1979 expectations to get a high school diploma or associate's, bachelor's, or advanced degree, with young adults who had met or exceeded their expectations. (Preliminary analyses found no significant benefit of exceeding as compared to meeting expectations.) Model 2 accounts for differences in depressive symptoms associated with educational attainment. Models 3 through 6 test for the potential contingent influences of magnitude, adaptability, and external attribution.

In Model 1, unrealized educational expectations are associated with increased symptoms of depression for young adults who did not complete high school or obtain an associate's degree as expected, net of early mental health, age, gender, race/ethnicity, and family background. For example, the exponentiated slope for "fell short of plans to graduate high school" ($e^{1.94} = 1.21$) suggests that failing to receive a high school diploma as expected is associated with a 21 percent increase in symptoms of depression per week, as compared with those who met or exceeded their educational expectations. By contrast, young adults who expected but failed to obtain a four-year college degree or an advanced degree did not report significantly higher symptoms of depression. Model 1 thus provides partial support for the premise that unrealized educational expectations are detrimental to mental health, but only at the lowest levels of ambition.

Empirical evidence of the negative consequences associated with unmet expectations vanishes in Model 2, once differences in depressive symptoms associated with educational attainment are taken into account. None of the contrasts between young adults with failed plans and those who met or exceeded their plans are significant. This implies that the apparent consequences in Model 1 are not due to the gap between what individuals expected and what they eventually achieved, but instead are due to the lower average attainments of those who failed to complete high school or community college. As before, unmet expectations to obtain a bachelor's or advanced degree are not associated with depressive symptoms in young adulthood.

Before concluding that falling short of one's educational expectations matters little for depressive symptoms in young to middle adulthood, we assess three alternatives that might better specify the conditions under which falling short is consequential. These variations build on the concepts of magnitude, adaptability, and external attribution,

which provide more social psychological nuance to the analysis of expectation fulfillment. The third, external attribution, also represents our attempt to incorporate the structural constraints individuals face when they contemplate their future attainments or seek postsecondary schooling.

Model 3, which adds a simple measure of the attainment shortfall's size, assesses the potential influence of the magnitude of the gap between expectations and attainments. Young adults who met or exceeded their expectations were assigned a value of 0; respondents with unmet expectations were coded 1 to 4 based on the number of degrees that make up the space between what they expected in 1979 versus what they achieved by 1992 (i.e., the cells below the diagonal in Table 2). The estimated coefficient is not significant ($p = .74$). The results fail to support the claim that young adults who experience the greatest gap will suffer the most, or even at all.

Are unrealized expectations that diminish over time to better reflect reality less consequential than unmet expectations that are stable or on the rise? Between 1979 and 1982, about 22 percent of the NLSY respondents lowered their educational expectations. Model 4 adds a term identifying these respondents and also interacts that term with the four dummy variables that represent unmet expectations for various degrees. The regression results provide minimal support for the proposition that stable or rising expectations are consequential for depressive symptoms if unmet, while unmet expectations that become more modest over time have no effect. Specifically, the coefficient for unmet plans for a bachelor's degree is significant ($b = .183, p = .01$) and represents the predicted increase in depressive symptoms for young adults who did not lower their expectations for a college degree but had not accomplished that degree by 1992. However, given that the corresponding interaction term is *not* significant ($b = -.246, p = .16$), we do not put much faith in this finding.

Furthermore, Model 4 contains no other evidence to support the hypothesis that the consequences of unrealized plans are contingent on the adaptability of young adults' plans.

Finally, we tested the possibility that external resources might permit external rather than internal attributions for failure (thus leading to fewer symptoms of depression). Models 5 and 6 specify a contingent effect of the presence of advantageous structural resources: highly educated parents and high family income, respectively. To do this, we added interaction terms between unmet expectations and parents' education (Model 5) or family income (Model 6). In what is by this point a familiar story, external educational resources do not make young adults more or less affected if they fail to realize their educational expectations. For this sample of high school students coming of age in the 1980s, falling short of their educational expectations did not result in an elevated risk for depression, at least beyond that attributable to lower average attainments.

College Expectations, College Attendance, and Depression in Add Health

It is possible that predictions of self-discrepancy, relative deprivation, and social stress theories would be supported if tested with prospective data on another cohort of high school students. The Add Health analyses test for elevated depression levels among students who reported with great conviction that they would go to college or get a college degree in wave 1, but as of their mid-20s in wave 3 had not yet done so, relative to those who had weaker convictions about college. Contrasting students' wave 1 expectations to go to college and their wave 3 educational histories, the percentage of those never attending college or university after high school ranges from 80 percent of students who gave it no chance in high school to 31 percent of those who were certain it would happen.

The negative binomial regression results in Table 4 estimate the association between depressive symptomatology and the subjective probability of going to college (Model 1) or getting a college degree (Model 2). An interaction term between college attendance and subjective probability estimates the association between expectations and depression among those with the same history of college attendance (as measured here). Self-discrepancy, relative deprivation, and social stress theories predict that failing to attend university by one's mid-20s will lead to more symptoms of depression for those who as teenagers reported with strong conviction that they would go to college and get a degree. Conversely, according to these theories, "non-attenders" who had no college expectations will not be affected. We do not test for the modifying influences of magnitude, adaptability, and external attribution.

Consistent with the NLSY analysis, the results in Table 4 suggest no measurable consequence of having unrealized educational expectations—in this case, having a very strong conviction that one will attend a university and get a degree, but not having attended some five to seven years after high school. In both models, the main term for college expectations equals the coefficient for respondents who had completed no schooling beyond high school. Neither term is significant, indicating that expectations to go to college and get a college degree among those who had not yet attended college or university are not associated with depressive symptoms. Being self-assured about going to college and getting a degree appears to present no mental health risk for young adults who did not go to college or university shortly after high school. It is possible that Add Health's shorter time span misses the full psychological impact of unrealized expectations. The available data, however, provide little support for the view that unrealized educational expectations are a risk factor for poor mental health.

Table 4. Negative Binomial Regression of Depressive Symptoms on College Expectations and Attendance (1994 to 2001 Add Health Study)

	Model 1	Model 2
College Expectations and Attendance		
Attended college/university by wave 3	.016 (.074)	-.042 (.067)
Expects to go to college	.003 (.013)	
“Expects to go” × College attendance	-.051* (.022)	
Expects to get college degree		-.010 (.006)
“Expects to get degree” × College attendance		-.016 (.010)
Controls		
Depression, wave 1	.059** (.003)	.058** (.003)
Age	-.015+ (.008)	-.017* (.007)
Female (vs. male)	.144** (.021)	.149** (.021)
Black (vs. white)	.078** (.027)	.084** (.027)
Asian (vs. white)	.173** (.038)	.177** (.038)
Hispanic (vs. white)	.038 (.031)	.043 (.031)
American Indian (vs. white)	.046 (.062)	.051 (.062)
Other race/ethnicity (vs. white)	-.016 (.147)	-.015 (.147)
Parents' education	-.006 (.013)	-.002 (.013)
Family income in \$1,000s	-.295 (.229)	-.310 (.228)
Family size	.006 (.009)	.006 (.009)
Lived with biological parents (vs. other living arrangement)	-.022 (.043)	-.018 (.043)
Lived with single mother (vs. other living arrangement)	.060 (.046)	.063 (.046)
Lived with step-parent (vs. other living arrangement)	-.003 (.047)	.004 (.047)
Constant	1.288	1.380
Nagelkerke R ²	.103	.105

Note: N = 7,460. Unstandardized slopes (standard errors).

+ $p < .10$; * $p < .05$; ** $p < .01$ (two-tail tests).

DISCUSSION

This article's central goal is to determine whether emotional costs, particularly depression, stem from unrealized achievement expectations. Analyses overwhelmingly suggest there

are no such costs. The apparent differences in depressive symptoms between young adults who did and did not realize their expectations can be explained away by educational attainment itself, rather than by the gap between what individuals expected and what came to

be. This basic finding holds true generally and for those whose attainments fell the farthest from expectations, those whose expectations were more resistant to change, and those who had abundant, external college-related resources and thus had less recourse to external attributions.

What explains our failure to find empirical support for such a longstanding premise in the social psychology of achievement and the popular imagination? The lack of negative emotional consequences of unrealized expectations is in line with the adaptive resilience perspective, which highlights young adults' ability to problem solve, find offsetting benefits from challenging circumstances, and otherwise focus on the positive aspects of detours in the transition to adulthood. Perhaps, in a country that trumpets competition and the American Dream, ambitious individuals receive positive feedback that offsets the emotional costs of falling short. An exaltation of ambition accords with characterizations of contemporary teen culture as one of elevated self-worth with little material basis (Twenge and Campbell 2001), and with studies showing the mental health benefits of having goals regardless of their practicality (Alloy and Abramson 1988; Levinson et al. 1978). Popular stories in books, magazines, television shows, and movies laud individuals' attempts to succeed against all odds. Even a U.S. president has joked that C students can become president. Such pervasive cultural themes may encourage students who "battle the odds," while conveying to those with low expectations that they are quitters who cannot "go the distance." In addition, the consequences of unmet expectations may have a relatively short half-life, while the consequences of attainment are experienced and reinforced on a day-to-day basis.

This study's limitations include a lack of information on the organizational dynamics and other structural contexts that influence ambition, attainment, and the consequences of thwarted plans. Teenagers and young

adults do not pursue their educational ambitions in a vacuum but are constrained by features of their institutional settings. An understanding of young adults' resilience toward the anticipated fallout of unmet expectations requires knowledge of both individual resources and mental health as well as supportive features of broader organizational environments (Dannefer 1984; Elder 1999). For example, the organizational culture of community colleges may be distinct from that of four-year institutions. Clark (1960) describes a "cooling-out" process in community colleges where "agents of consolation" use a variety of organizational practices (e.g., student orientation and mandatory academic counseling) to gently reorient dubious four-year-degree aspirants to a terminal two-year degree. Community college faculty and staff attempt to bolster student self-esteem by using terms such as "developmental" to describe remedial courses (Deil-Amen and Rosenbaum 2002). On the other hand, unclear degree requirements, incorrect advice, and unavailable counselors may leave these students confused and frustrated (Krei and Rosenbaum 2001; Person, Rosenbaum, and Deil-Amen 2006).

Relatedly, the model of educational attainment used here is necessarily abbreviated; a more complete model would take into account details from individuals' educational biographies. Peer networks, support for academic search and retention, graduation rates, and the overlapping contexts of family, school, and community are fruitful targets for future research (Eder and McCabe 2004; Perna et al. 2008; Roderick et al. 2008), as are the shifting returns to completing postsecondary degrees (DiPrete and Buchmann 2005). Future research should also pay attention to potentially spurious influences, such as health problems or family troubles in young adulthood, that might affect the odds of completing an expected degree and levels of depression.

It may be that young adults who "shot for the stars" and fell short are no worse off than those who, in hindsight, "planned for

the probable,” because they continue to harbor plans to get a college degree. For an increasing proportion of young adults, their educational careers are far from over by their late 20s. Coincident with the rise in college expectations across cohorts of teenagers has been a dramatic increase in the number of older undergraduates (Fitzpatrick and Turner 2007). Young adults with college expectations may visualize having their entire lives to realize their educational plans. If so, self-discrepancy, relative deprivation, and social stress theories are not necessarily wrong, because the “rubber has yet to hit the road” and the mental health of the unrealistically ambitious is sustained through an indeterminate timeline for achievement. Put more generally, young adults may mitigate the consequences of unrealized dreams by framing their current situation as a temporary state—a clear possibility given the lengthening of the transition to adulthood (Arnett 2004).

A more profound issue concerns the question of whether young adults in the United States benefit or suffer from “American Optimism” and an educational ideology that emphasizes “college for all.” Would young/middle-age adults’ risk for depression be lessened if they had held more realistic orientations? Or, as Dannefer (2000:285) warns, might dampened expectations “entail a danger of abandoning the ideal of open opportunity?” Our results call into question the argument that institutions should “cool out” unpromising students. Contrary to self-discrepancy, relative deprivation, and social stress theories, teenagers who “shoot for the stars” in their educational goals and fail have levels of depression comparable to individuals of similar academic attainment who meet humbler expectations. Being overly ambitious presents no lasting mental health risk, at least for depression, among the cohorts we examined. Furthermore, higher expectations are associated with fewer symptoms of depression in adulthood (see Table 2).

The main findings in this article indicate that we should not be in a hurry to dissuade

“unpromising” students from planning to go to college. In fact, the only way to guarantee negative mental health outcomes is *not trying*. Aiming high and failing is not consequential for mental health, while trying may lead to higher achievements and its concomitant mental and material benefits. Alexander and colleagues’ (1994:297) conclusions about minority and lower-SES students’ overly high educational expectations are especially pertinent: “Some minority and low-SES children do succeed, after all, and high expectations, even if unreasonably high, may help children maintain a positive sense of self-esteem.” We show that this advice also holds true for teenagers and young adults.

These results lead to a compelling question: Why should society *not* aim to provide every young adult with a college education? The gap between individuals who expect to get postsecondary degrees and those who realize such expectations is no more inevitable than were the large social class disparities in primary and secondary education of the late 1800s or the racially segregated schools of the first half of the twentieth century. Stronger academic preparation, increased access to quality schooling, and better linkages between schooling and work will benefit young adults’ well-being much more than an improved correspondence between teenagers’ educational expectations and their likely future attainments.

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Notes

1. The meanings of these terms vary widely. Haller (1968) argues that aspirations should refer to an individual’s sense of potential future attainments, while

expectations should denote the aspirations others hold for that individual, and that both may vary in their realism or idealism. Other scholars treat aspirations as hoped-for attainments and expectations as probabilistic accounts of what is likely to happen (e.g., Hanson 1994). We adhere to the latter convention.

2. Morgan's (2004) analysis of racial differences in the link between educational expectations and attainments demonstrates convincingly how difficult it is to measure a causal effect of early expectations on later attainments. The same difficulty applies to our attempt to measure the association between unrealized expectations and later levels of depression. In this article, we seek to come closer to measuring a non-spurious association through prospective analyses of two national samples that control for baseline mental health, a common strategy in the sociology of mental health.
3. Because self-discrepancy theory conceives of the ideal self as the person one aspires to be, it is reasonable to question why this article focuses on the amount of expected education rather than the amount individuals desire. It is difficult to draw clear distinctions between expectations and aspirations, given how often youth report unrealistic expectations. Moreover, because expectations tend to be more modest than aspirations, it stands to reason that failing to achieve an expected level of education poses an even greater risk to mental health than would falling short of an educational preference. Analyses using the NLSY measure of aspirations yield the same conclusions as those presented here.
4. Young adults may also mitigate the emotional consequences of unmet expectations by attributing their situation to prejudice or discrimination (Major, Kaiser, and McCoy 2003), a possibility we were unable to assess in this article.
5. Similar issues complicate the study of status inconsistency, where researchers seek to understand the social psychological consequences of large gaps between types of status hierarchies, especially between educational and occupational attainments (e.g., Blalock 1966; Hornung 1977; Jackson and Curtis 1972; Lenski 1954).
6. In the NLSY sample, the association between years of education and depressive symptoms goes from negative to positive after 16 years of education.

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