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Age Cohort Variation in Drinking among People with Physical Impairments: Politically-oriented Coping in the Wake of the Great Recession

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Abstract

People with physical impairments are at greater risk for economic hardship and more alcohol-related problems compared to the general population. We address age cohort differences in modes of coping with economic adversity and the extent to which modes of coping explain the relationships between age cohort membership and drinking outcomes among people with physical impairments. 176 respondents with physical impairments derived from a national sample completed a mail survey. Using SEM, we demonstrate that members of the Generation X age cohort manifest higher levels of alcohol consumption and problem-related drinking compared to baby boomers due to their lesser tendency to engage in politically-oriented coping to deal with economic adversity. Within the context of social movements contesting the disadvantaged social status of people with disabilities, the Generation X age cohort manifests both more limited political engagement and higher levels of alcohol consumption and problem-related drinking among people with physical impairments.

Introduction

Contemporary American society is currently challenged by the aging of the population and a concomitant increase in the prevalence of Americans with physical impairments (Albrecht & Verbrugge, 2000; Turner, et al., 2006). A physical impairment – broadly defined as a condition that “substantially limits one or more major life activities” (Americans With Disabilities Act of 1990, 1991) is often associated with high levels of stress, great material hardship and socio-economic disadvantage (National Council on Disability, 2008; Kavanagh et al., 2015). Research has also demonstrated that physical impairment is accompanied by higher levels of alcohol use and alcohol-related disorders (Brown, 2015; Brown et al., 2014; Corrigan & Bogner, 2007; Ebener & Smedema, 2011; Turner et al., 2006).

This paper addresses alcohol consumption and alcohol-related problems among people with physical impairments within the context of the recent Great Recession, which has been

depicted as the most severe economic crisis in the U.S. since the Great Depression (Arouba & Diebold, 2010; Cochrane, 2011). Economic insecurity and financial stressors are linked with numerous drinking-related outcomes, including overall consumption and problematic drinking patterns (Brown & Richman, 2012; Richman et al., 2012; Ruhm & Black, 2002). Economic insecurity appears to be an issue of particular relevance to many people with physical impairments, who are more likely to be unemployed, earn less when they are employed, and experience higher levels of financial stress and greater material hardship than their non-disabled peers, on average (Iezzoni et al., 2001; National Council on Disability, 2008; Weil et al., 2002). Moreover, the increased risk for alcohol-related problems associated with physical impairment (Brown, 2015) is further associated with a host of negative consequences associated with comorbid physical health and alcohol-related problems, including greater poverty, the loss of self-care abilities, and an increase in medical complications (Bombardier & Rimmele, 1998; Heinemann & Hawkins, 1995; Tate et al., 2004).

Based upon these observations, we draw upon self-medication and stress and coping perspectives on alcohol consumption to explore variation in alcohol use among people with physical impairments associated with economic stress. We apply a broad definition of economy-related strain that includes diminished quality of and compensation from employment (e.g., decreased hours, furloughs, lack of merit raises, increased responsibilities at work resulting from the layoffs of other workers, and not obtaining jobs congruent with one's education and skill level), home ownership problems and undesirable living conditions, lack of access to or inability to afford health care, social role constraints, unemployment, and underemployment. The self-medication perspective on alcohol consumption we draw upon, congruent with prior alcohol-related research on the Great Depression, maintains that alcohol is often used to cope with distressing life experiences (Richman et al., 1997, 2002; Steele and Josephs, 1990). While this perspective generally supports an expectation that greater economic strain will be associated with more deleterious drinking outcomes among those included in this sample, it also draws attention to the potential benefit of coping techniques. A stress and coping perspective further emphasizes that individuals differ importantly in how effectively they deal with life stressors because of the coping strategies that are available to them (Lazarus & Folkman, 1984).

Recent study concerning the effectiveness of alternative modes of coping with stressors derived from macro-level social forces such as those involving the economy has questioned whether individual modes of coping outside of the political realm emphasized in the overall coping literature are most efficacious. One analysis of alternative strategies for coping with the fallout from the Great Recession showed that politically-oriented coping rather than individual-level active coping outside of the political realm was protective against problem-related drinking (Richman, Brown & Rospenda, 2014). We have a similar focus here, on the potential benefits of politically-oriented coping, which includes engagement in political activism or activities that support political campaigns or economic policies aimed at reducing economic hardship (Richman, Brown, & Rospenda, 2014).

This approach is also consistent with research concerning social movements by people with disabilities, which emphasizes political engagement as a means through which people with

disabilities challenge their disadvantaged social status and promote personal efficacy (Davis, 1999; Richman et al., 2014; Shapiro, 1994). Based upon this literature, our general thesis is that political-oriented coping may be particularly relevant to people with physical impairments because it taps into a number of active coping techniques that are sometimes unavailable to them. For example, political-oriented coping is characterized by increased awareness of an issue, support seeking, and problem solving – and all of these strategies are found to be protective against problem drinking and other negative health outcomes in general populations (Brown et al., 2015; Richman et al., 2014).

At the same time, research in the general population demonstrates that baby boomers compared to younger age cohorts are (1) more likely to engage in political activities which challenge the status quo (Caren et al., 2011; Jennings, 1987), and (2) less likely to consume alcohol in response stressful circumstances (Aseltine & Gore, 2000; Brown et al., 2015; Ruhm & Black, 2002). First, the baby boomers came of age in the late 1960s and 1970s, within the context of active civil rights, women's, anti-war and countercultural social movements. Perhaps this socialization to collective coping efforts was retained by the baby boomers as they aged (Browne, 1998; Hutchinson & Wexler, 2007). In addition, there is consistent evidence that older age cohorts, compared to their younger counterparts, use avoidant coping strategies less frequently (Aldwin, 1991). Maladaptive coping strategies such as avoidant rather than active coping have been linked to problematic drinking behavior (Hasking et al., 2011). Diehl et al. (1996) suggest that these differences may reflect older adults' accumulated life experiences, which may have led to the understanding that certain negative life experiences cannot be altered but rather need to be accepted as given. These findings are congruent with research that shows more problematic drinking patterns in younger compared to older age groups (Kerr et al., 2009).

It is plausible to conjecture that, among those with physical impairments, similar generational cohort effects exist with regard to the propensity to cope with economically-based stressors through the use of political engagement, and the extent to which political engagement is protective against deleterious drinking outcomes. Utilizing the age cohort cut-points articulated by Strauss and Howe (1997), particular attention is paid in this analysis to the potential for economic stressors to differently impact political engagement and alcohol consumption trends for members of different age cohorts. Our analysis assesses patterns among members of the baby boomer (defined as those born between 1943 and 1960) and Generation X (defined as those born between 1961 and 1981) age cohorts.

Below, we test four hypotheses related to age cohort membership, drinking outcomes and coping with economic adversity during the Great Recession among people with physical impairments:

1. Hypothesis 1: Higher levels of political engagement will be associated with lower levels of alcohol consumption and problem-related drinking.
2. Hypothesis 2: Baby boomers, in comparison to the Generation X age cohort, will be more likely to manifest political engagement as a mode of coping.
3. Hypothesis 3: Political engagement will mediate the relationship between age cohort membership and drinking outcomes. More specifically, Generation X will

manifest higher levels of alcohol consumption and problem-related drinking due to a lesser tendency to choose political engagement as a mode of coping with economic adversity.

4. Hypothesis 4: The mediating effects of political engagement in relation to age cohort membership and drinking will be amplified by level of economic strain. More specifically, the lesser propensity for political engagement in the face of economic strain will partly explain the greater tendency of members of Generation X to drink more and more problematically compared to baby boomers.

Methods

This analysis uses information from a survey we conducted in the United States between June, 2010 and January, 2011 in order to understand life change consequences of the Great Recession. Respondents were selected by a Random Digit Dial (RDD) phone survey of the continental United States, and those who consented to participate in the study were mailed questionnaires. The phone screener was conducted using Computerized Assisted Telephone Interview (CATI) software. Eligibility criteria involved being aged 18 or older and English-speaking. Eligible respondents were selected from the households using the Trolldahl-Carter-Bryant method of respondent selection which involves the means to randomly select a respondent from all eligible household members (Lavrakas, 1993). Respondents were told during the phone screen that a \$50 American Express gift card would be sent to the eligible respondent if he or she completed the questionnaire. Respondents were mailed an initial survey, a postcard reminder to nonresponders, and a second questionnaire if they still had not responded.

A total of 1,424 households were identified as eligible during the screening telephone calls. Of these, 1,006 agreed to have the questionnaire mailed to them, and 663 returned completed questionnaires. The cooperation rate to the telephone screening calls was 25.5%. That is, 25.5% of the eligible and assumed eligible households in the sample agreed to have the questionnaire mailed to them. Of these, 65.9% (n=663) subsequently completed and returned the questionnaire. The telephone screening cooperation rate and the mail survey response rate were each calculated using the conservative AAPOR response rate formula 3 (AAPOR, 2011). The overall survey response rate is the product of the phone screening cooperation rate (25.5%) and the mail questionnaire return response rate (65.9%), or 16.8%. We acknowledge that this response rate is less than ideal and further address this issue in the discussion of study limitations as well as note other indicators of the representativeness of the final sample.

The final sample obtained was weighted in two ways. Selection weights were calculated for each of the cases to weight for the different probability of selection for each case. Post-stratification weights were calculated for the dataset to ensure that the distribution of sample cases on important demographic variables (age, race/ethnicity and gender) conformed to the distribution of these variables in the Census Bureau's 2008 United States Population Estimates.

The working sample for the present study includes the 176 respondents who reported the presence of a long-term physical impairment when completing the survey. It should be noted that the respondents included in this sample reported an overall higher level of education than the general population based on 2008 Census estimates. Analysis of variance revealed no significant variation by education in either of the outcomes or politically-oriented coping. Nonetheless, education is included as a control variable in all of the analyses presented.

Measures

Summary statistics for all study variables are found in Table 1. Two outcomes are considered: past-month drinking patterns and problematic drinking patterns. Predictor variables are economy-related stressors, politically-oriented coping, and age cohort. The sociodemographic characteristics of gender, education and race/ethnicity are controlled in all analyses.

Past-month drinking patterns—To assess past-month drinking patterns, we use the Quantity-Frequency-Variability Index (QFV) (Cahalan et al., 1969). Frequency of drinking is measured as the number of days alcoholic drinks were consumed in the past 30 days, and quantity of drinking is measured as the number of drinks usually consumed on those days. Variability is calculated by the greatest number of drinks consumed on any one day in the past 30 days. Scores are calculated as the average of responses to the quantity, frequency, and variability questions ($\alpha = .87$).

Problem drinking—Our measure of problematic drinking is the 10-item Brief Michigan Alcohol Screening Test (BMAST) ($\alpha = .74$). The questions that comprise the BMAST consider respondents' perceptions of their current drinking patterns and their perceived consequences over the past year. The BMAST is a shortened version of the Michigan Alcohol Screening Test; however, it correlates strongly with the full-length measure (Pokorny et al., 1972). Because of consistent evidence of its reliability among both clinical and nonclinical samples, it is widely used as a screening tool for alcohol dependence and problems among current drinkers (Maisto et al., 1995).

Economy-related stressors—The measure of economy-related stressors is the Life Change Consequences of the Great Recession (LCCGR) instrument (Richman et al. 2012). This construct was developed on the basis of qualitative analyses of transcripts derived from focus groups involving both genders and diverse racial/ethnic groups. The final instrument was developed on the basis of confirmatory factor analysis. The alpha coefficients were .91 for women and .94 for men. The LCCGR has been shown to predict both drinking outcomes and psychological distress (Brown and Richman 2012). The items included in this inventory are published by Richman et al. (2012). The items fall into seven categories: Home ownership problems, such as difficulties with mortgage payments, difficulties paying property taxes, or a drop in credit rating; undesirable living situation, including having to live in a less desired location to save money or having gas, electricity or heat shut off due to an inability to pay bills; problematic employment situation, including a pay cut, furlough days, and increased feelings of competition with fellow employees; unemployment or underemployment; inadequate health insurance, including lack of medical or dental

coverage, decreased quality of coverage, and inability to obtain coverage; social role constraints, such as dissolution of spouse/partner relationship, decreased social life and increased social isolation due to finances; and inadequate sick time, including inadequate sick days and having to work despite poor health. Consistent with common practice for checklist-type instruments, each score for this measure is a straight count of the number of stressors reported.

Politically-oriented coping—The measure of politically-oriented coping is assessed by a four-item instrument ($\alpha = .79$) drawn from the summed responses (i.e., not at all, a little, some, quite a bit, a lot) to four statements asking how often respondents, in response to the economic recession, have been: (1) “engaging in political activities such as signing petitions, leading or participating in rallies or marches, or writing to political representatives;” (2) “organizing with others to challenge politicians currently in office;” (3) “voting in elections to support politicians who share your political beliefs;” and (4) “participating in groups trying to influence the policies of the government at the local, state, or national level.” The questions used to construct this index were derived from analyses of focus group transcripts (see Richman et al. 2012 for details about these focus groups). Confirmatory factor analysis reveals that these items load on a single factor, supporting their inclusion as one index.

Age cohorts—Two age cohorts are considered in the present investigation: Generation X and the baby boomer generation. We utilize the cohort cut-points articulated by Strauss and Howe (1997): Baby boomers are defined as those born between 1943 and 1960, and members of Generation X are defined as those born between 1961 and 1981. At the time of this survey, baby boomer respondents were between the ages of 46 and 66 and Generation X respondents were between the ages of 31 and 45. The sample also included members of the millennial age cohort, but there were too few with long term physical impairments to be included.

Sociodemographic control variables—*Gender* is coded 1 for females and 0 for males. *Education* is a categorical variable based on the educational attainment categories of (1) less than high school ($n=11$); (2) high school graduate ($n=106$); (3) college graduate ($n=16$); and (4) post-college training ($n=32$). *Race/ethnicity* is a dummy variable including non-Hispanic Whites ($n=133$), African Americans ($n=18$), Hispanics ($n=7$), Asians ($n=3$), and individuals who identify as an “other” race/ethnicity ($n=15$). In all analyses, non-Hispanic Whites serve as the reference category.

Data Analysis

After examining bivariate correlations in order to assess the basic patterns of correlation among key study variables, we performed SEM analysis using Mplus software (version 6.11) to first examine potential age cohort differences in the two drinking outcomes among this sample of people with physical impairments. We then assessed the extent to which political coping mediates observed age cohort effects, net of the sociodemographic control variables, using the formal mediation tests developed for Mplus software (Muthén & Muthén, 2010). We further assessed whether these mediation effects are amplified in the context of economic strain using moderated mediation tests.

Results

Table 2 presents the inter-correlations of major study variables. It is noteworthy that higher levels of political engagement are associated with lower levels of past-month drinking and problem-related drinking, consistent with Hypothesis 1. Stressors related to the economy, on the other hand, are associated with higher levels of each of the alcohol-related factors considered: Economy-related stressors are associated with more alcohol consumption and a greater incidence of problematic drinking. These findings also suggest age cohort differences in drinking outcomes. Members of Generation X exhibit greater alcohol consumption than baby boomers in the past month and are more likely to drink problematically. Additionally, economic stressors are found to be associated with age cohort such that members of the baby boomer generation report less economic strain compared to members of Generation X. Further, politically-oriented coping, used most often among baby boomers, is inversely associated with both past-month drinking and problematic drinking. Taken together, this latter set of findings provides some support for the hypotheses that baby boomers will be more likely to utilize political engagement as a mode of coping and that age cohort variation in political engagement, in turn, will partly account for cohort variation in the drinking outcomes considered (Hypotheses 2 and 3).

The hypothesized associations between economy-related stressors, coping strategies, and the alcohol-related outcomes are further elaborated upon in the structural equation model-based analysis. Estimation of a preliminary model (not presented), including only the indices of age cohort, the drinking-related outcomes and sociodemographic controls, produces a just identified model. Although fit statistics associated with just identified models are not interpretable, we retain this model because it is theoretically justified and our purpose is to test a set of hypotheses rather than the fit of various models to the data. The standardized path coefficients demonstrate that age cohort and each of the drinking-related outcomes considered are significantly related. Net of the sociodemographic controls, members of Generation X consumed more alcohol over the past month ($\beta = .286, p < .01$) and reported a higher incidence of problematic drinking over the past year ($\beta = .248, p < .01$).

SEM analysis testing the potential for politically-oriented coping to mediate the effects of age cohort on the alcohol-related outcomes considered is presented as Figure 1. In Figure 1, all of the effects (pathways) were significant, and are represented by solid lines. This model demonstrates that politically-oriented coping is associated with lower levels of each of the alcohol-related outcomes considered, further supporting Hypothesis 1. That is, a greater tendency to engage in politically-oriented coping is associated with less alcohol consumption ($\beta = -.171, p < .05$) and problematic drinking ($\beta = -.152, p < .05$). In addition, the findings reveal that political engagement is influenced by age cohort ($\beta = -.237, p < .01$) as Hypothesis 2 predicted. Members of Generation X are found to be significantly less likely than baby boomers to engage in politically-oriented coping.

Although the effects of age cohort remain significant in this model ($\beta = .211, p < .01$), formal mediation tests reveal that the effects of age cohort on the alcohol-related outcomes assessed are partly explained by variation in politically-oriented coping, supporting Hypothesis 3. The significant indirect effects found for the pathways from age cohort to both

past-month drinking and problematic drinking through politically-oriented coping indicate that the tendency of members of Generation X to drink more, and more problematically, partly derive from their lesser tendency to engage in politically-oriented coping, which is protective against alcohol use and misuse.

Moderation tests next additionally assessed whether the mediating effects of politically-oriented coping are amplified or diminished in the context of economic strain. No significant effects are observed for the pathways from politically-oriented coping to past-month drinking or problematic drinking. However, a significant negative interaction is observed between age cohort and economy-related stressors ($\beta = -.365, p < .05$), as illustrated in Figure 1. This interaction that members of the Generation X cohort are significantly less likely to engage in politically-oriented coping in the context of greater economy-related stressors. In support of Hypothesis 4, the findings reveal that this lesser propensity for political engagement in the face of economic strain partly explains the greater tendency of members of Generation X to drink more, and more problematically, compared to baby boomers.

Discussion

This paper suggests that recent findings in the general population regarding the protective effects of political engagement for coping with economic adversity in relation to deleterious drinking outcomes (Hypothesis 1) and the greater propensity of baby boomers compared to members of Generation X to embrace this mode of coping (Hypothesis 2) are also applicable to people with physical impairments. That is, findings provide clear indication that higher levels of political engagement – a mode of coping more common among baby boomers in this sample – are associated with lower levels of alcohol consumption and problem-related drinking among those with physical impairments.

Further elaborating upon these associations, and supporting Hypothesis 3, the results of an SEM analysis demonstrate that political engagement partly mediates the association between age cohort and drinking outcomes. The higher levels of alcohol consumption and problem-related drinking observed among members of the Generation X cohort with physical impairments are linked with their lesser tendency to choose political engagement as a mode of coping with adversity compared to members of the baby boomer cohort with physical impairments. The effects of economy-related stressors occasioned by the recent recession appear to exacerbate this pattern. Tests of Hypothesis 4, which predicted that the mediating effects of political engagement in relation to age cohort membership and drinking will be amplified by level of economic strain, provide clear evidence that the lesser propensity for political engagement in the face of economic strain partly explains the greater tendency of members of Generation X with physical impairments to drink more and more problematically compared to baby boomers with physical impairments.

Given the salience of age cohort effects and politically oriented coping in our findings – in concert with prior evidence that Baby Boomers are partial to political engagement and activism compared to other cohorts (Caren et al., 2011; Jennings, 1987) – further research addressing the propensity to engage in political coping would be useful. An interesting

question involves the age cohort composition of the Disability Rights Movements as well the relationship between age cohort and different degrees of political engagement and activism. In addition, while this study focused on overall physical impairment, future research should address differences by types and degrees of physical impairment. If the findings in this paper prove to be robust, psychosocially-oriented alcohol treatment modalities aimed at people with physical disabilities and alcohol problems might usefully expand cognitive behavioral therapies to emphasize the efficacy in engaging in politically-oriented coping to challenge societal arrangements that disadvantage people with physical impairments and make them prone to self-medicating distress engendered by their disadvantaged social statuses. Within this overall group, our findings suggest that members of the Generation X age cohort with alcohol problems could usefully be targeted for this treatment approach.

In addition, because the relatively low R^2 of our model indicates that variation in past-month drinking and problematic drinking among people with physical impairments derives from additional sources, it is useful to note ways in which our inventory of economic stressors could be expanded upon to address economic disadvantage associated with physical impairments more specifically. To offer several possibilities: The category of undesirable living conditions could include a lack of accessible accommodations or accommodations that impede one's activities of daily living. The category of employment conditions could also be expanded upon to include issues concerning ADA compliance within the workplace or experiences of disability-related discrimination. Additionally, our consideration of inadequate health insurance could be developed to include inadequate health care and the quality of one's health care. Further understanding of social difficulties associated with being not only economically disadvantaged but also physically impaired also seems critical. We recommend these considerations for further research.

The findings from this study need to be interpreted within the context of the methodological limitations of this research. Most importantly, the data are cross-sectional in nature and thus do not address the direction of causality. Longitudinal data would be more ideal, both to address the causal direction between key variables as well as to differentiate between age, cohort and period effects. Future research ideally should be longitudinal in nature and also embrace a more complex measure of politically-oriented coping.

Additionally, the method for obtaining our sample and response rate should be considered in terms of our conclusions. The random digit dial (RDD) methodology for obtaining the study sample only included individuals with land line phone numbers. As a consequence, individuals relying on cell phones only, along with those households without access to any telephone, were not included in this study. This potential non-coverage error is a source of concern, as inspection of unweighted sample demographics revealed the sample under-represented African Americans, Latinos, younger (under age 40) and less-educated (high school or less) persons. Although a source of concern, we note that findings such as these are very typical of RDD surveys. Our data were weighted to reflect the demographics of the overall population and we compared the weighted and unweighted estimates of each of our dependent variables to determine if non-response and/or non-coverage may have introduced serious bias into one or more of them. In each instance, we found that the weighted values of

each measure fell well within one standard deviation of the unweighted values, suggesting that the distribution of our key measures were not appreciably influenced by these processes.

In conclusion, this study suggests that findings from general population studies regarding the efficacy of political engagement for coping with economic stressors and protecting against deleterious drinking outcomes may be applicable to people with physical impairments. Moreover, it directs attention to members of Generation X within this group who may be differentially vulnerable to deleterious drinking outcomes given the combination of exposure to economic stressors and their lesser tendency to engage in politically-oriented coping. We thus recommend the utility of embracing these insights from the stress and coping perspective in future research on drinking among people with physical impairments.

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FIGURE 1. Structural Equation Model Relating Age Cohort^a to Politically-Oriented Coping and Alcohol-Related Outcomes (N=176)

Notes: ^aMembers of the Baby Boomer cohort are the comparison group in this analysis.

Model controls for gender, education and race/ethnicity. * significant at .05; ** significant at .01; *** significant at .001.

TABLE 1

Characteristics of Study Variables (N = 176)

Characteristics	Range	Mean or %	Standard Deviation
Past-Month Drinking	0—14	5.345	1.910
Problematic Drinking	0—7	.750	1.080
Economic Stressors	0—48	17.191	10.445
Politically-Oriented Coping	0—16	3.544	3.622
<u>Age Cohort (%)</u>			
Generation X (<i>n</i> = 58)	0,1	33.07	—
Baby Boomer (<i>n</i> = 118)	0,1	66.93	—
<u>Gender (%)</u> (1=female, <i>n</i> = 108)	0,1	61.2	—
<u>Education (%)</u>			
Less than high school (<i>n</i> = 12)	0,1	6.8	—
High school graduate (<i>n</i> = 93)	0,1	53.4	—
College graduate (<i>n</i> = 30)	0,1	16.8	—
Post-college training (<i>n</i> = 41)	0,1	23.0	—
<u>Race/Ethnicity (%)</u>			
Non-Hispanic White (<i>n</i> = 130)	0,1	73.85	—
African American (<i>n</i> = 19)	0,1	10.77	—
Hispanic (<i>n</i> = 9)	0,1	4.62	—
Asian (<i>n</i> = 4)	0,1	2.31	—
Other (<i>n</i> = 14)	0,1	8.45	—

TABLE 2

Partial Correlation Matrix of Drinking Outcomes, Economic Stressors, Political Coping and Age Cohorts (N=176)

	1	2	3	4	5	6
1. Past-Month Drinking	1.000					
2. Problematic Drinking	.316***	1.000				
3. Economy-Related Stressors	.103***	.109**	1.000			
4. Politically-Oriented Coping	-.108*	-.116***	.103*	1.000		
5. Generation X	.244***	.317***	.195***	-.248***	1.000	
6. Baby Boomer Generation	-.197***	-.317***	-.195***	.248***	—	1.000

Note:

* significant at .05;

** significant at .01;

*** significant at .001.

The Spearman correlation coefficients are presented for age cohort variations; for all other variables, the Pearson correlation coefficients are reported.