

Conceptualization of Success in Young Adulthood



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KEYWORDS

• Successful transition • Mental health • Mental illness • Physical illness • Treatment

KEY POINTS

- Successful transition from childhood to adolescence and into adulthood is context and culture dependent.
- There may be a few universal concepts of what is thought to be fundamental to being a successful adult.
- Parents, educators, mental health professionals, and policymakers need to be cognizant of their assumptions about what successful adult is and understand they play essential roles in developing policies and practices to promote this.
- It is important to discuss what “success” looks like with transitional age youth and their family members because treatment approaches may adapt accordingly.

INTRODUCTION

Success, like beauty, is in the eye of the beholder. As such, there are many forms that success can take at the individual, familial, and societal levels. The concept of a successful transition to adulthood is, therefore, completely context (including geographic and historical moment) and culture dependent. However, from Marcus Aurelius, a Roman Emperor in 170 AD, who told us centuries ago in his collection of *Meditations*, “When you arise in the morning, think of what a precious privilege it is to be alive - to breathe, to think, to enjoy, to love”¹ to Martin Luther King, Jr., who last century told us, “If you can’t fly then run, if you can’t run then walk, if you can’t walk then crawl, but whatever you do you have to keep moving forward,”² we can see there may be a few universal concepts of what is thought to be fundamental to being a successful adult as we help transitional age youth (TAY) reach for realization and try to thrive in adulthood.

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Abbreviations

TAY	Transitional age youth
WHO	World Health Organization

This article first presents definitions of mental health and mental illness that have evolved in the field of psychiatry. Applying a developmental lens, the author then reviews several dimensions of successful young adult development that have been described in the literature. It is important to note that the assumptions articulated by these definitions and ideals represent a Western value system, often based on self-determination theory,³ which postulates that 3 innate psychological needs—competence, autonomy, and relatedness—underlie mental health. Because there is not one specific pathway to successful adulthood, and there will be tensions between personal, familial, and community ambitions, it is essential that TAY, parents or guardians, clinicians, educators, and policymakers recognize, clearly articulate and evaluate their vision together and clarify common goals of “success,” because this will lead us to specific treatment interventions and particular governmental and educational policies.

HISTORICAL DEFINITION OF MENTAL HEALTH

Historically, mental illness was described by ancient civilizations including the Egyptians and Greeks, who recognized and named hysteria and melancholy.⁴ Because the flagrant symptoms of mental illness are readily apparent to others, individuals with these symptoms were often seen by society in medieval times as criminals, insane, or morally corrupt. As the field of psychiatry began to develop in the late 1800s, it became more humane, but was still primarily focused on understanding and treating psychopathology and deviant behavior.⁴ In the early 20th century, the fields of mental hygiene and psychology began to evolve and the concept of mental health started to be studied, although Freud is reported to have dismissed mental health as “an ideal fiction.”⁵ Until after World War II, mental health had eluded definition in the literature, although it was clearly more than the absence of mental illness, but little research had been done on to how to measure positive mental health.

WORLD HEALTH ORGANIZATION DEFINITIONS OF HEALTH, MENTAL HEALTH, AND QUALITY OF LIFE

First defined in 1946 and last modified in 1948, the World Health Organization (WHO) defined health as, “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”⁶ As of 2014, the WHO states the following, “Mental health is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.”⁷ To measure well-being, the WHO developed a cross-cultural tool to measure the improvement in quality of life related to health care through monitoring changes in the frequency and severity of diseases. Encompassing multiple factors including positive mental and physical health, WHO defines quality of life as “an individual’s perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns.”⁸

In the past decade, the WHO has recognized that, internationally, people are reporting as much disability from disabling mental conditions as from physical conditions and that mental disorders are affecting their activities of daily living, ability to

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