



Special Issue: Emerging Adulthood

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The Promise and Peril of Emerging Adulthood: Introduction to the Special Issue

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Emerging adulthood, typically defined as the period between ages 18 and mid-to-late 20s, is gaining increased recognition as a key developmental stage characterized by specific neurobiological changes and associated psychological and social characteristics. Of particular clinical importance, emerging adulthood is a period of elevated risk for psychiatric disorders and psychosocial dysfunction. At the same time, this developmental period may be an optimal time to intervene and facilitate the adoption of adaptive behaviors and coping strategies. This special section consists of 10 articles focusing on various topics of relevance to the study of and practice with emerging adults. These papers focus on the risks for a variety of psychological disorders in emerging adults and the adaptation of evidence-based interventions for use with this population. They also highlight common issues that clinicians face when working with emerging adults, and examine the impact of major psychosocial stressors, such as racial discrimination, on mental health in these youth. Together, these papers underscore both the tremendous challenges that some individuals face in transitioning to adulthood, as well as the possibility for great resilience and positive life trajectories.

OVER the past decade, in the fields of developmental and clinical psychology, there has been increasing interest in emerging adulthood (EA), the developmental phase between adolescence and mid-to-late 20s. Recent neurobiological, social, and psychological research indicates that this is a developmental stage characterized by unique strivings, challenges, and clinical needs (Arnett, 2000). Specifically, EA is associated with increased independence and exploration, an adoption of adult social and emotional roles, and increased personal responsibility (Arnett, 2000). EA is not universal, but rather is a consequence of recent cultural and historical conditions (Arnett, 2002); it is a heterogeneous developmental period that is strongly influenced by social context, socio-economic factors, and changing social roles (Arnett, 2006; Arnett, Zukauskienė, & Sugimura, 2014; Mayer, 2009). For example, recent generations have seen a decrease in societal expectations associated with the transition to adulthood (e.g., getting a first job, getting married, starting a family; Arnett, 2006; Settersten Jr., 2007). These changes offer greater diversity in life goals and enhance the richness of experiences available to emerging adults; however, this

deviation from historical social roles may inadvertently confer risk to those who would have benefitted from increased structure. Recognizing the heterogeneity of development within EA and its interaction with socio-economic factors (Arnett, 2006), is crucial for researchers and clinicians alike, as providing targeted assessment, prevention, and intervention approaches may be warranted. Accordingly, in this introduction, we will outline research on EA and how changes in self-identity, academic/professional achievement, interpersonal processes, and risk-taking behavior are mirrored by neurobiological developments and yield a variety of mental health concerns. We will then briefly summarize each contribution to this special series and highlight how the articles advance our field's understanding of the unique needs and treatment considerations of this population.

During EA, there is an unquestionable shift towards self-discovery, as reflected by changes in identity development, self-concept and -regulation, and evolution of peer, romantic, and familial relationships. Moreover, individuals in this stage undergo significant restructuring of their sense of self (Labouvie-Vief, 2006), with a pervasive focus on identity exploration and an increased capacity for self-reflection (Arnett, 2006). Emerging adults have an increasing sense of their worldview at the same time as an increased appreciation for diverse perspectives and opinions (Arnett, 2006). At least in the United States, this individualization and self-exploration is both

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encouraged and fostered by their relative freedom from institutional and social control (Cote, 2006).

Paralleling growth in identity development is an evolution of one's roles within relationships. On the one hand, the friendships of emerging adults are similar to those of adolescents in motives, concerns, and expectations; on the other hand, emerging adults describe their close relationships in a more differentiated and complex manner (Collins & van Dulmen, 2006). There is greater relationship integration and authenticity in EA, as reflected by the emerging adult representing the "same self" across relationships. Not surprisingly, the number of friendships and romantic relationships declines from adolescence throughout EA, perhaps due to the search for deeper and more personal attachments that align with their developing sense of self (Arnett, 2006). Importantly, another key social component shifts in EA—the amount of social isolation. Emerging adults, specifically recent generations, are major proponents and consumers of media and technology. As a result, emerging adults spend more leisure time alone than any age group, other than the elderly (Arnett, 2000; Larson, 1990).

A stark shift in academic and professional achievement is another unique marker of EA. Specifically, EA is associated with significant heterogeneity and instability in patterns of involvement in schooling and employment. Although many assume that most emerging adults attend and complete traditional 4-year colleges, this represents only 32% of those in this age group (in the United States; United States Census Bureau, 1997). Most participate in less conventional educational or employment opportunities. This may, in part, be due to associated changes in familial, academic, and structured institutional supports (Schulenberg & Zarrett, 2006), such that emerging adults must be more self-reliant in determining their educational and vocational priorities and actively advocate for themselves. Although parents remain a critical source of support for emerging adults (e.g., Snyder & Merritt, 2015), it can be challenging for parents to strike a balance between encouraging increased autonomy and financial responsibility, while adjusting to the change in the interpersonal dynamic and emotional support needs of emerging adults (Aquilino, 2006).

Sexual and high-risk behaviors also characterize this developmental stage. Echoing the role of identity formation in friendships and romantic relationships, one's developing identity influences sexual beliefs and views of gender in the context of sexuality (Johns, Zimmerman, Bauermeister, 2013; Lefkowitz & Gillen, 2006; Morgan & Korobov, 2012). Emerging adults are highly diverse in their sexual behavior and it is now considered normative for individuals to be sexually active outside of marriage, a relatively new phenomenon (Halpern, Waller, Spriggs, & Hallfors, 2006). Peers strongly influence

decision-making processes regarding sexual and high-risk behaviors, and research suggests that young adults are more vulnerable to impulsive or poor decision-making processes when peers are present (Arnett, 2002; Gardner & Steinberg, 2012; Steinberg, 2007, 2010). This propensity towards risk-taking is in direct opposition to societal and legal expectations for self-regulation and increased autonomy, often resulting in more severe legal and psychosocial consequences. For example, emerging adults have higher rates of alcohol and illicit drug use than any other age group (Grant et al., 2004; Substance Abuse and Mental Health Services Administration, 2014; Sussman & Arnett, 2014). Similarly, rates of unplanned pregnancy and sexually transmitted infections are higher during EA than any other age group, especially in the United States (Lefkowitz & Gillen, 2006). Although for many, these behaviors are a developmental disturbance that recedes after EA without ongoing difficulties (Bachman et al., 2002; Schulenberg & Zarrett, 2006; Sussman & Arnett, 2014), for others, these behaviors represent a troubling trajectory of risk and dysfunction. For these individuals, the lack of institutional structure may trigger the expression of a genetic vulnerability to mental disorders (Arnett, 2006).

Many of these observable developmental changes in identity, relationships, academics/employment, and risk-taking are rooted in ongoing and specific neurobiological changes that persist into the fourth decade of life (Giedd, 2004, 2012; Giedd et al., 2015). For example, executive functions such as self-regulation, impulse control, and delay of reward develop throughout EA (Giedd, 2004; Liston et al., 2006). Similarly, the capacity to engage in socially responsible decision making, and to forego short-term rewards in favor of those that are long-term, increases throughout adolescence and into young adulthood (Cauffman & Steinberg, 2000). Planning and anticipation of future consequences also does not peak until approximately age 25 (Steinberg et al., 2009). These cognitive changes reflect maturational processes in specific neural structures over EA, as brain regions integral to carrying out executive functions continue to develop throughout the mid-to-late 20s (Giedd, 2004; Giedd et al., 2015). For example, cortical gray matter volumes peak the latest in high-order areas that integrate primary functions (e.g., dorsolateral prefrontal cortex, inferior parietal, superior temporal gyrus; Gogtay et al., 2004). Similarly, there are significant increases in white matter in prefrontal cortical regions, reflecting increased axonal myelination, and increased organization and connectivity of white matter tracts that continue well into the 30s (Gogtay et al., 2004; Liston et al., 2006; Sowell, Thompson, Tessner, & Toga, 2001).

In contrast to the protracted development of cortical regions, subcortical regions involved in affect and sensation-seeking behavior (e.g., amygdala, nucleus accumbens)

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