



Identity in young adulthood: Links with mental health and risky behavior



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ARTICLE INFO

Article history:

Received 4 April 2014

Received in revised form 28 August 2014

Accepted 4 October 2014

Available online 16 January 2015

Keywords:

Identity

Well-being

Internalizing

Externalizing

Health risks

ABSTRACT

The present study was conducted to contribute to our understanding of young adult identity development by deriving latent profiles from intrapersonal and interpersonal indices of identity synthesis and confusion. A sample of 9737 college-attending young adults completed measures of identity, mental health, and health risk behaviors. Four latent profiles emerged: Synthesized (high synthesis, low confusion), Diffused (moderate synthesis, high confusion), Elevated (high synthesis and confusion), and Moderate (moderate synthesis and confusion). The Synthesized profile was associated with the highest well-being and the lowest levels of internalizing, externalizing, and health risks. The Diffused and Elevated profiles were both associated with low well-being and with high internalizing, externalizing, and risky behaviors – with the Elevated profile highest on all of the negative outcomes. The Moderate profile scored intermediately on well-being, internalizing, externalizing, and health risks. These results are discussed in terms of the role of identity within a successful transition to adulthood.

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The world has become increasingly complex over the past 50 years. Until the mid-20th century, the transition to adulthood was relatively well-structured for most people (Côté & Allahar, 1994). A typical developmental trajectory was marked by attending high school, finding an entry-level job, and starting a family – all within the span of a few years. Since then, the transition to adulthood has changed considerably (e.g., Arnett, 2000; Côté, 2000). First, the workplace shift from industrial to technological economies made many traditional entry-level positions increasingly obsolete through mechanization and outsourcing. Second, a college degree became a prerequisite for employment in many fields of white-collar work, and even in some fields of blue-collar work (Kalleberg, 2009). Perhaps as a result, college attendance in the United States surged by 430% between 1959 and 2010 (National Center on

Education Statistics, 2010), compared to the 72% increase in the population as a whole during that time (U.S. Census Bureau, 2011).

Aside from providing post-secondary education and advanced credentials, the college environment also provides important resources for developing a sense of identity. Young people are exposed to a range of academic courses, social influences, and lifestyle choices (Montgomery & Côté, 2003). These choices involve who one is internally, such as one's goals and values, as well as the ways in which one relates to others (e.g., behaving as the same person across contexts, being able to sustain friendships over time; Côté, 2014; Côté & Levine, 2014). As Erikson (1968) noted, identity manifests itself both as an intrapersonal process of self-definition and as an interplay between the individual and important others (e.g., friends, family members).

Perhaps not coincidentally, as identity has become more and more of a self-directed task, without much external help (MacMillan, 2007), mental health issues – such as depression, anxiety, and risk-taking behavior – have become increasingly prominent on college campuses in recent

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years (e.g., Blanco et al., 2008; Chou et al., 2005). The college years are associated with the highest rates of binge drinking (Substance Abuse Mental Health Services Administration [SAMHSA], 2013), illicit drug use (SAMHSA, 2013), casual or “hookup” sex (Bogle, 2008), and drunk or drugged driving (National Highway Traffic Safety Administration, 2009). At the same time, many students are doing quite well in terms of feeling a sense of mastery over their lives, enjoying positive relationships with others, and having a clear purpose in their lives (Bowman, 2010). Although socialization and genetic factors undoubtedly play a role in determining which students will experience high well-being and which students will experience difficulties or engage in risky behavior, it is possible that identity may also contribute to these outcomes. Indeed, although some increases in internalizing, externalizing, and health risks – along with increases in well-being – may be normative in the late teens and twenties (Galambos, Barker, & Krahn, 2006), it is possible that identity may play a role vis-à-vis individual differences in these adjustment indices. Indeed, the present study was designed to examine the potential role of identity in positive and negative psychosocial outcomes among college-attending emerging adults – in terms of typological profiles extracted from Eriksonian indices of identity development and the psychosocial correlates of these profiles.

Erikson (1950, 1968), in his clinically based writings during the mid-20th century, argued that a synthesized sense of identity is necessary to facilitate “doing well” in life. There is a need for person-centered analyses – which create clusters or groupings of participants based on similar scores on a set of variables – to test Erikson’s propositions regarding the role of identity in psychosocial functioning in young adulthood. Such work has been done with models of identity derived from Erikson’s theory (e.g., identity status; Marcia, 1966), but not with measures tapping directly into Erikson’s concepts. A growing body of empirical studies, primarily conducted using the identity status model, indicates that developing a synthesized sense of identity facilitates well-being (Waterman, 2004, 2007; Waterman et al., 2013) and protects against internalizing symptoms (Crocetti, Klimstra, Keijsers, Hale, & Meeus, 2009; Ritchie et al., 2013), externalizing problems (Crocetti, Klimstra, Hale, Koot, & Meeus, 2013), and health risk behaviors (Schwartz et al., 2011) among college-aged populations. Because Erikson’s concepts of synthesis and confusion tap directly into largely adaptive and largely maladaptive forms of identity, respectively, profiles extracted from measures of synthesis and confusion would provide an important opportunity to validate the patterns of findings obtained with other models of identity. The profiles obtained (and their correlates) would help researchers and practitioners to identify groups of individuals who might be in need of intervention.

Theoretical approaches to personal identity

Erikson (1950) spoke of identity primarily in terms of synthesis and confusion. Synthesis represents a sense of self-knowledge and a feeling that one knows where one is headed, whereas confusion represents feeling “mixed up” and unclear as to what one is doing in life. Specifically, we extracted unobserved (latent) groups of young adults based on Erikson’s (1950) syntonic (generally adaptive) and dystonic (generally maladaptive) poles of identity synthesis and confusion, and we compared these identity groups on indexes of well-being, internalizing symptoms, externalizing problems, and health risk behaviors. Following Erikson’s definitions, identity synthesis represents a set of self-determined ideals, whereas identity confusion represents an inability to derive a self-determined set of ideals (Crocetti, Meeus, Ritchie, Meca, & Schwartz, 2014).

Erikson’s theorizing has provided the foundation for identity research (Côté & Levine, 2014; Schwartz, Luyckx, & Crocetti, in press). Work directly measuring Erikson’s concepts has been fairly uncommon (Schwartz, 2001; Schwartz, Luyckx, & Crocetti, 2014). In the majority of cases, Erikson’s concepts have been studied indirectly through models developed to clarify and operationalize his ideas for empirical research.

To conceptualize identity processes of synthesis and confusion, in the present study we drew directly on Erikson’s (1950, 1968) theory of identity development, as well as upon the identity status model, which has been one of the most popular operationalizations of Erikson’s concepts (see Kroger & Marcia, 2011, for a review).

Within the identity status tradition, young adults are assumed to sort through various potential alternatives (*exploration*) before settling on one or more of these (*commitment*). Exploration and commitment dimensions are each divided into “presence” versus “absence,” and the dimensions are then crossed to create four statuses: achieved (commitments enacted following exploration), moratorium (active exploration without commitments), foreclosure (commitments enacted without prior exploration), and diffusion (lack of commitments or attempts to explore). A large literature provides evidence that young adults in the achieved status appear to be better adjusted and self-directed compared to those in the other statuses (Kroger & Marcia, 2011).

Although identity status is based on Erikson’s work, Erikson’s theory and the identity status approach sometimes, but not always, map neatly onto one another (Côté & Levine, 1987; van Hoof, 1999; Waterman, 1988). The achieved status was proposed to represent Erikson’s notion of identity synthesis and the diffused status was proposed to represent Erikson’s notion of identity confusion. These propositions have been largely supported in the literature (Schwartz et al., 2011). However, moratorium was proposed as a route to achievement, where the person is exploring and preparing to make commitments – but empirical work has suggested that moratorium is closer to diffusion than to achievement (Schwartz, Côté, & Arnett, 2005). The placement of foreclosure within Erikson’s theory is unclear, as it is not clear whether committing without prior exploration represents synthesis, confusion, or something else entirely (Schwartz, 2001). One way to resolve these potential incompatibilities is to extract status-like profiles from Eriksonian-based identity scales and to ascertain the extent to which these profiles map neatly onto measures of identity status.

Identity and psychosocial outcomes

Erikson (1950, 1968) emphasized, identity is important not only in terms of how it unfolds during the transition to adulthood, but also in terms of how it relates to important mental health outcomes. Some of the domains of functioning to which identity has been found to be related include well-being, internalizing symptoms, externalizing problems, and health risk behaviors. *Well-being* is an umbrella term that refers to a set of indicators of positive functioning (Diener, 2006). These indicators include self-esteem (Swann, Chang-Schneider, & Larsen-McClarty, 2007), meaning in life (Steger, Shin, Shim, and Fitch-Martin, 2013), subjective well-being (e.g., life satisfaction; Pavot & Diener, 1993), psychological well-being (competence, mastery, and the ability to meet the demands of daily life; Ryff & Keyes, 1995), and eudaimonic well-being (discovering and actualizing one’s highest potentials; Waterman & Schwartz, 2013). *Internalizing symptoms* refer to anxiety, depression, and other internal states that reflect dysphoria and a negative appraisal of one’s current life situation (Cannon & Weems, 2006). *Externalizing problems* refer to physical aggression, lying, cheating, stealing, and other acts that are harmful to others or to society as a whole (Burt & Donnellan, 2008). *Health risk behaviors* refer to activities that increase the odds of illness, injury, or death – such as illicit drug use, unsafe sexual contact, and driving under the influence of alcohol or drugs. Taken together, these four sets of psychosocial outcomes capture a number of positive and negative domains of functioning that may be related to profiles of identity development.

Compared to adolescence, the young adult years are generally characterized by increases in well-being and decreases in internalizing symptoms (Galambos et al., 2006). However, the young adult years are also characterized by the highest rates of problematic alcohol use (Kanny, Liu, Brewer, & Lu, 2013), illicit drug use (National Institute on Drug Abuse, 2014), casual or unprotected sex (Bogle, 2008), and drunk or drugged driving (Chou et al., 2005). Given the importance of

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