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Differentiating three conceptualisations of the relationship between positive development and psychopathology during the transition to adulthood

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A B S T R A C T

The transition to adulthood is characterised by both great potential for positive change and a relatively high incidence of problem outcomes. A multidimensional model of positive development during the transition to adulthood (at 19–20 years) has recently been proposed. However, an unresolved question regarding the nature of positive development during this time is how best to conceptualise its relationship to psychopathology. We drew on data from 1158 participants in the Australian Temperament Project, a large longitudinal community-based study that has followed young people's psychosocial adjustment from infancy to early adulthood. Using structural equation modelling, we compared three models reflecting different conceptualisations of the relationship between positive development and psychopathology. The results suggest that positive development and psychopathology are best modelled as separate but correlated constructs. Hence, development in one domain is likely to influence the other, although separate and specific developmental pathways are also likely to be operating.

The transition to adulthood is characterised by extensive role exploration, without clear normative expectations (Arnett, 2000). It has been described as a window of opportunity for positive change in life course trajectories (Masten, Obradovic, & Burt, 2006), as well as a period in which the incidence of risk behaviours and mental health problems is relatively high (Smart & Sanson, 2005). Recently, a multidimensional model of positive functioning during the transition to adulthood has been developed (Hawkins, Letcher, Sanson, Smart, & Toumbourou, 2009). However, an unresolved question regarding the nature of positive development during this period is how best to conceptualise its relationship to problem outcomes such as psychopathology. This question has important implications for theory and model development; for example, whether evidence of psychopathology can be taken as an indicator of poor positive development. It also has important implications for the development of interventions, such as whether the same interventions can be expected to reduce problem outcomes and enhance positive functioning, or whether distinct intervention strategies are likely to be necessary.

Conceptualisation of psychopathology has a long history and we now have a relatively well developed understanding of mental disorder (Seligman & Csikszentmihalyi, 2000). For example, Krueger, Capsi, Moffitt, and Silva (1998) examined the

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structure of psychopathology during the transition to adulthood (at 18 and 21 years) and developed a model differentiating between behavioural pathologies expressed predominantly inwardly (internalising problems) and outwardly (externalising problems), which provided an excellent fit for the data and a superior fit than other plausible models.

In contrast, there is little consensus around concepts of positive development, with different theorists conceptualising positive adaptation in different ways (Mahoney & Bergman, 2002). Hence, we recently developed and tested a multidimensional model of positive development during the transition to adulthood (Hawkins et al., 2009) that identifies five important domains of positive development at 19–20 years, including: 1) social competence, which underpins successful social relationships and helps individuals to meet everyday functional demands, participate socially, and be responsible for themselves and others (Gresham, Sugai, & Horner, 2001); 2) life satisfaction, which reflects a sense of contentment and feelings of congruency between wants or needs and accomplishments or resources (Keyes & Waterman, 2003), and can be taken as a measure of quality of life (Huebner, 2004; Park, 2004); 3) trust and tolerance of others and 4) trust in authorities and institutions, which are important aspects of social capital that reflect an individual's attachment and adjustment to the community and society and their capacity to work harmoniously with people from different backgrounds and cultures (Putnam, 1995); and 5) civic engagement, or the willingness of an individual to take up the role of being a citizen, which is central to political socialisation and a successful democratic society (Flanagan & Sherrod, 1998; Winter, 2000). This model encapsulates aspects of individual and societal adjustment, and has been shown to be a robust measure of positive development during this period.

The field of developmental psychopathology strongly suggests the interrelationship between processes of adaptation and maladaptation in development (Masten & Curtis, 2000). Yet the nature of the relationship between positive development and psychopathology remains an area of contention. Furthermore, this relationship may be particularly complex during the transition to adulthood. This period has historically been associated with protest and the catalyst for societal change (Flacks, 1971), and hence some negative outcomes, such as depression, antisocial behaviour, and substance use, may be expected to coincide with positive outcomes, such as civic engagement and identity development (Arnett, 2005).

One hypothesis arising from a 'medical-model' understanding of human behaviour is that 'the absence of mental illness is the presence of mental health' (Keyes, 2007: p. 95). The assumption that positive development and psychopathology form poles of a single dimension has been carried forward in several empirical models of positive development during the transition to adulthood. For example, Gambone, Klem, and Connell (2002) model of positive functioning includes the absence of a range of negative outcomes (such as not being a drug user), in addition to the presence of numerous positive dimensions of functioning (such as being in employment), as indicators of positive development. Looking at young people's progress towards meeting developmental tasks, Schulenberg, Bryant, and O'Malley (2004) examined positive outcomes such as being involved with a peer group, as well as avoidance of negative outcomes, such as substance use. Similarly, Masten et al.'s (1995) model of a construct they labelled 'competence' included the presence of positive outcomes such as academic achievement, close friendships, and acceptance by chosen peers, as well as the absence of antisocial behaviour. In contrast to the former two studies, Masten et al. (1995) empirically tested their model, and found that it fitted their data well.

A second hypothesis about this relationship is that positive development and psychopathology are largely independent constructs. This hypothesis is implicit in aspects of the positive psychology literature which strongly emphasise that adaptation cannot be understood in terms of maladaptation (Sheldon & King, 2001), and that knowledge of an individual's level of maladaptation provides little indication of their level of successful functioning (Joseph & Linley, 2006). Supporting this view, some studies have found non-significant or surprisingly weak relationships between positive and negative outcomes. For example, Hawkins, Kosterman, Catalano, Hill, and Abbott (2005) drew on data from the Seattle Social Development Project and examined the effects of a multi-level intervention delivered in Grade 5 (mean age 11 years) on indicators of young people's positive functioning (in school or work, and emotional wellbeing) and poor functioning (crime and substance use) at 21 years. The intervention showed differential rather than simply inverse effects, appearing to significantly promote positive outcomes but to be ineffective in reducing the incidence of a number of problem outcomes. Similarly, drawing on a school-based adolescent sample, Boles, Biglan, and Smolkowski (2006) found that positive behaviours provided little protection against the likelihood of negative behaviours, particularly in later adolescence.

A third hypothesis, within the positive youth development field, is that positive development and poor functioning are distinct dimensions that share a strong inverse relationship (Silbereisen & Lerner, 2007). Hence, interventions should focus on promoting positive development, thereby reducing the likelihood of negative outcomes and the need to invest in problem-based interventions (Silbereisen & Lerner, 2007). Some support for this hypothesis has been found. Hawkins, Catalano, Kosterman, Abbott, and Hill (1999) also drew on data from the Seattle Social Development Project and found that at age 18 the intervention group showed both higher levels of positive outcomes, including school bonding and academic achievement, and lower levels of problem behaviours, such as heavy drinking and violent delinquent behaviour. Similarly, Oesterle, Hill, Hawkins, and Abbott (2008) examined the longitudinal relationship between alcohol use and positive functioning during the transition to adulthood. Using path analysis, they found that positive functioning in adolescence significantly decreased the likelihood of later alcohol use disorders at ages 21 and 24, independently of adolescent binge drinking, prior alcohol abuse, and demographic factors. However, some findings on adolescent samples (e.g., Phelps et al., 2007; Zimmerman, Phelps, & Lerner, 2008) have recently led Lerner et al. to suggest that for a small minority of adolescents, problem outcomes may occur even in the context of high levels of positive adjustment (Lerner, 2009).

Gender may also play a role in moderating this relationship. Young women tend to have higher levels and more favourable trajectories of positive development than young men (e.g., Benson, Scales, Hamilton, & Sesma, 2006; Phelps et al., 2007).