Understanding the Transition into Adulthood

Introduction

Developmentally Informed Approach

Mental health is linked with human development.

Among other things, this means that a key aspect of recovering from mental health difficulties is successfully engaging in developmental tasks, especially those associated with forming an identity and making one's life meaningful (Pettie & Triolo, 1999; Assagioli, 1986; Dabrowski, 1964).

The focus of effective supports and services for young people are on these developmental tasks.

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*"A **developmental task** is a task which arises at or about a certain period of life of the individual, successful achievement of which leads to his happiness and to success with later tasks, while failure leads to unhappiness in the individual, disapproval by the society, and difficulty with later tasks." (Havighurst, 1948)*

This is what a developmentally informed or age appropriate approach is all about.

Crises Are a Part of the Developmental Journey, Not a Detour

The young person that shows up at your agency in the throes of some kind of crisis is not there because they have "screwed up," or "can't get a grip," or "seems to be having trouble taking responsibility for their lives." Rather, that young person is showing up because crisis is a part of nature's plan for development (Moody & Carroll, 1998; Edinger, 1992). Accordingly, seeking and receiving help is also a huge part of that plan. Erik Erikson's model of psychosocial development helps us understand this plan.

As the illustration shows, Erikson's empirically confirmed model presents eight stages of development. During each stage, the person faces two alternatives - or a "fork in the road" - to use the analogy of development being a journey.

The dilemma and difficulties posed by this "fork in the road" produce developmental crises. The developmental tasks necessary to get through these crises spur positive growth (Forgeard, 2013; Peterson, Park, Pole, D'Arena, & Seligman, 2008; Tedeschi & Calhoun, 2004).

Development works through encounter with danger and overcoming it. This is one reason why risk-taking is a part of our make-up. Every crisis comes with a number of **challenges** that *must be dealt with*, and how well one does so determines whether one will form trust or mistrust, autonomy or doubt, and so forth.

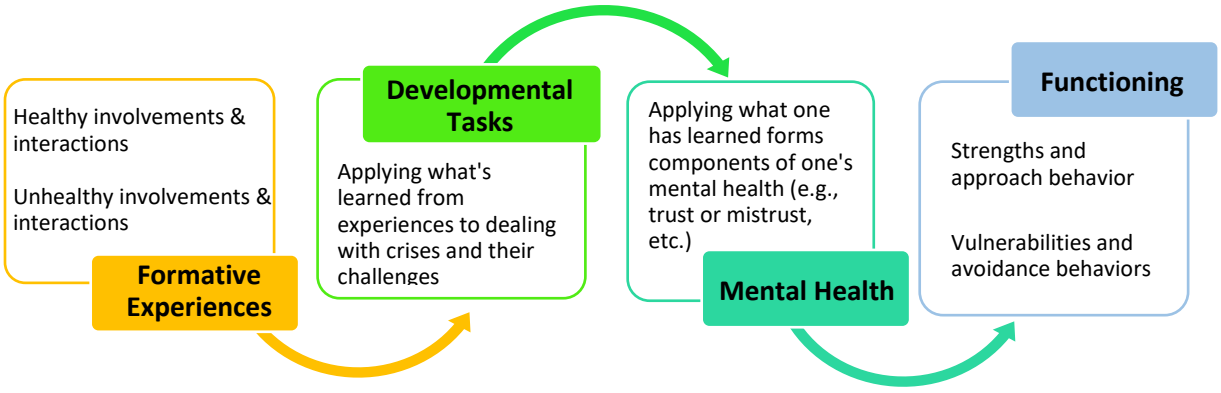
This final point is quite exciting and often missed regarding Erikson's model. He refers to trust or mistrust, autonomy or shame, and so forth as "**components of mental health**." So, one of the determinants of young people's mental health is how well they deal with their developmental challenges and resolve their crises (or resolve which path they take at their developmental "forks in the road").

Now a very big question: *What determines how well or how poorly the person deals with the challenges and resolves their developmental crises?*

How Development Happens Through Developmental Crises

Life experiences significantly influence how well or poorly a young person deals with their challenges.[1] Erikson proposed that when challenges are dealt with well, the results are positive components of mental health: trust, autonomy, initiative, industry, identity, and intimacy. When not dealt with well, the components of mental health are: mistrust, shame, guilt, inferiority, role confusion, and isolation.

In addition, as his model holds, how well one deals with a current crisis and its challenges is greatly influenced by previous such efforts and their results, or previous mental health components. The diagram below illustrates the role of formative experiences in how well one responds to challenges posed by developmental crises.



[1] Birth to about age eight is generally considered the "formative years" of development. We extend this perspective to age 24 to encompass the period during which "formative experiences" for becoming adult are crucial.

Six Vulnerabilities Associated with Avoidance Behavior and Functioning

Erikson identified several aversive tendencies or impulses related to negative components of mental health, as shown below. These vulnerabilities make it very difficult to transition into adulthood in an optimal manner.

Developmental Stage	Negative Components of Mental Health	Vulnerabilities: Avoidance Functioning
Infancy (Age Birth-1)	Mistrust	Withdrawal
Early Childhood (Ages 1-3)	Shame/Doubt	Compulsion
Preschool Age (Ages 3-6)	Guilt	Inhibition
School Age (Ages 6-12)	Inferiority	Inertia
Adolescence and Emerging Adulthood (Ages 12-19)	Identity Confusion	Repudiation
Emerging to Early Adulthood(Ages 19-30)	Isolation	Exclusivity

The vulnerabilities are aversive or avoidant tendencies that have been shown in research to contribute to difficulties in functioning and behavior.

In particular, one framework called *Schema Therapy* focuses on addressing what it refers to as "maladaptive coping styles." These ways of coping closely align with the aversive or avoidant tendencies Erikson identified decades ago. See Appendix 1: Maladaptive Coping Styles and Related Erikson Avoidance Functioning

Six Strengths Associated with Approach Behavior and Functioning

The strengths identified by Erikson (which he also called virtues) more than fifty years ago have been confirmed by research to be associated with positive development and functioning.

The Flourishing Children Project (Lippman, et al., 2014) empirically established nineteen indicators of positive development and six of those indicators correspond with Erikson's six strengths! See Appendix 2: Chart that Presents Indicators of Positive Development and Their Correspondence with Erikson's Positive Components of Mental Health

Developmental Stage	Positive Components of Mental Health	Strengths: Approach Functioning
Infancy (Age Birth-1)	Trust	Hope
Early Childhood (Ages 1-3)	Autonomy	Will
Preschool Age (Ages 3-6)	Initiative	Purpose
School Age (Ages 6-12)	Industry	Competence
Adolescence & Emerging Adulthood (Ages 12-19)	Identity	Fidelity
Emerging to Early Adulthood(Ages 19-30)	Intimacy	Love

YES! and the Challenges of Transitioning Into Adulthood

YES!'s way of getting to positive outcomes basically goes like this:

1. Provide young people with powerful, positive experiences by engaging, equipping, and empowering them to deal with their challenges based on their needs and strengths.

2. Do this in a manner that understands the complex developmental tasks that they are undertaking in order to transition into adulthood, with a focus on executive functions.

3. Mental health recovery, then, is not only absence or lessening intensity of symptoms (which is important), but also presence of healthy components of mental health (i.e., trust, autonomy, initiative, industry, identity, and intimacy).

4. The resulting outcome is healthy functioning as indicated by strengths that enable one to reduce or cease use of illegal substances, attend school, connect in positive and enduring ways with others, and have no, fewer, and/or less severe episodes of psychological distress.

With this understanding, you are ready for the next section: Domains and Challenges—An Overview Integrating Theory and Practice in the Implementing a Developmental Perspective section of the Resource Center on this website. The Domains and Challenges section presents twelve transition challenges and effective ways in which you can respond to them through the YES! Framework.

Appendices

Appendix 1

Maladaptive Coping Styles and Related Erikson Avoidance Functioning

(Young, Klosko, and Weishaar, *Schema Therapy: A Practitioner's Guide,* 2003; adapted)

Maladaptive Coping Styles	Related Elements
Disconnection and Rejection (Related to Withdrawal and Exclusivity)	▪ Abandonment/Instability: Perceived instability or unreliability of those available for support and connection. ▪ Mistrust/Abuse: Expectation that others will hurt, abuse, humiliate, cheat, lie, manipulate, or take advantage. ▪ Defectiveness/Shame: Feeling that one is defective, bad, unwanted, inferior, or invalid in important respects. ▪ Social Isolation/Alienation: Feeling that one is isolated from the rest of the world, different from other people, not part of any group.
Impaired Autonomy and Performance (Related to Compulsion)	▪ Dependence/Incompetence: Belief that one is unable to handle everyday responsibilities in a competent manner. ▪ Failure: Belief that one has failed, will inevitably fail, or is fundamentally inadequate relative to one's peers.
Impaired Limits (Related to Repudiation)	▪ Entitlement/Grandiosity: Belief that one is superior to others; entitled to special rights and privileges; not bound by rules; can include domination of others, asserting one's power, controlling behavior of others. ▪ Insufficient Self-Control/Self-Discipline: Pervasive difficulty or refusal to exercise self-control.
Other-Directedness (Related to Inertia)	▪ Subjugation: Excessive surrendering of control to others because one feels coerced; submitting in order to avoid anger, retaliation, or abandonment. ▪ Approval-Seeking/Recognition-Seeking: Excessive emphasis on gaining approval, recognition, or attention from others; fitting in at the expense of developing a secure and true sense of self.
Over-vigilance and Inhibition (Related to Inhibition)	▪ Negativity/Pessimism: Pervasive focus on negative aspects of life (e.g., pain, death, loss, disappointment, conflict, guilt, resentment, unsolved problems, potential mistakes, things that could go wrong). ▪ Emotional Inhibition: Excessive inhibition of spontaneous action, feeling, or communication, usually to avoid disapproval of others, feeling shame, or losing control over one's impulses.

Appendix 2

Correspondence Between Erikson's Strengths for Approach Functioning and Indicators of Positive Development by the Flourishing Children Project

Strengths	Indicators of Positive Development	Description of Indicators	Effects of Strengths on Physical, Emotional, Social, Psychological, and Spiritual Well-Being
Hope	Hope	A general and broad trust that the future will turn out well.	Substance use avoidance, lower levels of depression, and social contribution (Caldwell et al., 2006; Carvajal et al., 1998; Schmid et al., 2011).
Will	Diligence	Performance of tasks with thoroughness and effort; tenacity, perseverance.	Less likely to be depressed or aggressive (Klimstra, 2010).
Purpose	Purpose	Sense of directedness that stimulates one's goals; initiative-taking.	Increases well-being. Guides life goals and daily decisions by guiding use of attention and energy (Damon, 2008; Damon et al., 2003; McKnight and Kashdan, 2009). Initiative is important for success in the world of work (Lippman et al., 2008)
Competence	Social Competence	Skills necessary to get along well with others and function constructively in groups	Protective against delinquency in young adulthood (Stepp et al., 2011). Essential for successful transition to college, work, and adulthood (Lippman et al., 2008: Rychen & Salganik, 2003).
Fidelity	Spirituality	Cultivating identity, relationships, meaning, and purpose based on an awareness of one's connectedness to life.	Protective against drug use (Hodge et al., 2001). Greater capacity for perspective taking, less defensiveness, and psychosocial maturity (Bauer, 2008). Less depression and anxiety (Groeger, 2012). Predicts positive overall health, volunteerism, and decreased risk behaviors (Benson et al., 2012).
Love	Generosity	Voluntarily giving one's attention, time, and/or material goods without attaching conditions or expecting benefit.	Linked to happiness, self-esteem, and lower rates of alcohol use, fighting, and getting into trouble (Kasser, 2005).

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