

# 13

## Physical and Cognitive Development in Emerging and Young Adulthood



If . . . happiness is the absence of fever then I will never know happiness. For I am possessed by a fever for knowledge, experience, and creation.

Diary of Anaïs Nin (1931–1934),  
written when she was between 28 and 31

## Did You Know . . .

- U.S. adults ages 20 to 40 are more likely to be poor and less likely to have health insurance than any other age group?
- Three out of four mental illnesses start by age 24?
- About 50 percent of all U.S. adults have had a sexually transmitted disease by age 24?
- The capacity for reflective thinking seems to emerge between ages 20 and 25?
- For both immediate and long-term cognitive benefits, going to college—any college—is more important than which college a person attends?
- Today many people in industrialized countries do not become fully adult until their mid- to late twenties?

These are just a few of the interesting and important topics we will cover in this chapter. Young adulthood, usually defined as approximately ages 20 to 40, typically is a can-do period: Many people at this age are on their own for the first time, setting up and running households and proving themselves in their chosen pursuits. Each day they make decisions that help determine their health, careers, and lifestyles. Increasingly, however, many young adults do not immediately settle down. For them, the early to midtwenties, or even longer, has become an exploratory period called *emerging adulthood*.

In this chapter, we look at emerging and young adults' physical functioning and identify factors that can affect health and fitness, as well as at sexual and reproductive issues. We discuss distinctive aspects of adult cognition and ways education can stimulate cognitive growth. We examine how culture and gender affect moral development. Finally, we discuss one of the most important developmental tasks of this period: entering the world of work. After you have read and studied this chapter, you should be able to answer each of the Guidepost questions on the following page.

## OUTLINE

### Emerging Adulthood

#### PHYSICAL DEVELOPMENT

##### Health and Fitness

*Health Status and Health Issues • Genetic Influences on Health • Behavioral Influences on Health and Fitness • Indirect Influences on Health and Fitness • Mental Health Problems*

##### Sexual and Reproductive Issues

*Sexual Behavior and Attitudes • Sexually Transmitted Diseases (STDs) • Menstrual Disorders • Infertility*

#### COGNITIVE DEVELOPMENT

##### Perspectives on Adult Cognition

*Beyond Piaget: New Ways of Thinking in Adulthood • Schaie: A Life-Span Model of Cognitive Development • Sternberg: Insight and Know-How • Emotional Intelligence*

##### Moral Reasoning

*Culture and Moral Reasoning • Gender and Moral Reasoning*

##### Education and Work

*The College Transition • Entering the World of Work*

**BOX 13-1 Research in Action: Assisted Reproductive Technology**

**BOX 13-2 Research in Action: Development of Faith across the Life Span**



## Guideposts for Study

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1. What does it mean to be an adult, and what factors affect the timing of entrance to adulthood?
  2. In what physical condition is the typical young adult, and what factors affect health and well-being?
  3. What are some sexual and reproductive issues at this time of life?
  4. What is distinctive about adult thought?
  5. How does moral reasoning develop?
  6. How do emerging adults make the transitions to higher education and work, and how do these experiences affect cognitive development?
- 



### Guidepost 1

What does it mean to be an adult, and what factors affect the timing of entrance to adulthood?

## Emerging Adulthood

When does a person become an adult? Contemporary U.S. society has a variety of markers. *Sexual maturity* arrives during adolescence; *cognitive* maturity may take longer. There are various definitions of *legal* adulthood: At 18, young people can vote, and, in most states, they can marry without their parents' permission; at 18 to 21 (depending on the state), they can enter into binding contracts. Using *sociological* definitions, people may be considered adults when they are self-supporting or have chosen a career, have married or formed a significant romantic partnership, or have started a family.

*Psychological* maturity may depend on such achievements as discovering one's identity, becoming independent of parents, developing a system of values, and forming relationships. Some psychologists suggest that the onset of adulthood is marked, not by external criteria, but by such internal indicators as a sense of autonomy, self-control, and personal responsibility—that it is more a state of mind than a discrete event (Shanahan, Porfeli, & Mortimer, 2005). From this point of view, some people never become adults, no matter what their chronological age.

For most laypeople, though, three criteria define adulthood: (1) accepting responsibility for oneself, (2), making independent decisions, and (3) becoming financially independent (Arnett, 2006). In modern industrialized countries, the achievement of these goals takes longer and follows far more varied routes than in the past. Before the mid-twentieth century, a young man just out of high school typically would seek a stable job, marry, and start a family. For a young woman, the usual route to adulthood was marriage, which occurred as soon as she found a suitable mate.

Since the 1950s, the technological revolution has made higher education or specialized training increasingly essential. The typical ages of first marriage and first childbirth have shifted sharply upward as both women and men pursue higher education or vocational opportunities (Furstenberg, Rumbaut, & Settersten, 2005; Fussell & Furstenberg, 2005). Today the road to adulthood may be marked by multiple milestones—entering college (full- or part-time), working (full- or part-time), moving away from home, getting married, and having children—and the order and timing of these transitions vary (Schulenberg, O'Malley, Bachman, & Johnston, 2005).



### What's Your View?

- What criteria for adulthood do you consider most relevant?
- Do you think those criteria are influenced by the culture in which you live or grew up?



Thus, some developmental scientists suggest that, for the majority of young people in industrialized societies, the period from the late teens through the mid- to late twenties has become a distinct period of the life course, **emerging adulthood**. It is an exploratory period, a time of possibilities, an opportunity to try out new and different ways of living—a time when young people are no longer adolescents but have not yet settled into adult roles (Arnett, 2000, 2004, 2006; Furstenberg et al., 2005). We will look more closely at the varied paths of emerging adults later in this chapter and in Chapter 14.

**emerging adulthood** Proposed transitional period between adolescence and adulthood.



### Checkpoint

Can you . . .

- ◆ Explain how entrance to adulthood has changed in industrialized societies?

## PHYSICAL DEVELOPMENT

### Health and Fitness

Whether your favorite sport to watch is baseball, tennis, basketball, figure skating, or football, most of the athletes you root for are emerging and young adults, people in prime physical condition. Most people this age are at a peak of health, strength, energy, endurance, and sensory and motor functioning.

### Health Status and Health Issues

During this period, the foundation for lifelong physical functioning is laid. Health may be influenced by the genes, but behavioral factors—what young adults eat, whether they get enough sleep, how physically active they are, and whether they smoke, drink, or use drugs—contribute greatly to health and well-being.

Most emerging and young adults in the United States report that they are in good to excellent health; only 5.7 percent of 18- to 44-year-olds call their health fair or poor. The most common causes of activity limitations are arthritis and other muscular and skeletal disorders (NCHS, 2006). Accidents are the leading cause of death for young Americans up to age 44 (Heron & Smith, 2007). Mortality rates for this group have been nearly cut in half during the past 50 years, and mortality rates for other age groups have dropped as well (Kochanek, Murphy, Anderson, & Scott, 2004; Pastor, Makuc, Reuben, & Xia, 2002). Still, mortality rates more than double between adolescence and young adulthood.

The health issues of these years mirror those of adolescence; however, rates of injury, homicide, and substance use peak at this time. Too many emerging and young adults are overweight and get too little exercise. In part because the institutional safety net that cushions adolescents, including the parental home and the school, is no longer there, it is easier to engage unchecked in health-threatening behaviors. Emerging and young adults have the highest poverty rate and the lowest level of health insurance of any age group, and often no regular access to health care (Callahan & Cooper, 2005; Park, Mulye, Adams, Brindis, & Irwin, 2006).

### Genetic Influences on Health

The mapping of the human genome is enabling scientists to discover the genetic roots of many disorders, from obesity to certain cancers (including lung, prostate, and breast cancer) to mental health conditions (such as alcoholism and depression). For example, researchers have identified 19 different chromosomal regions linked with familial early-onset depression (Zubenko et al., 2003). Another research team has found a variant of the serotonin transporter gene that may predispose certain individuals under stress to depression (Canli et al., 2006). Scientists also have discovered a genetic component in HIV/AIDS, one of the top killers in



### Guidepost 2

In what physical condition is the typical young adult, and what factors affect health and well-being?



Playing volleyball takes strength, energy, endurance, and muscular coordination. Most young adults, like these, are in prime physical condition.

young adults (Heron & Smith, 2007). People with more copies of a gene that helps fight HIV are less likely to become infected with the virus or to develop AIDS than people with have fewer copies of the gene (Gonzalez et al., 2005).

One risk factor for atherosclerosis (narrowing of the arteries) is cholesterol levels in the blood. Cholesterol, in combination with proteins and triglycerides (fatty acids), circulates through the bloodstream, carried by low-density lipoprotein (LDL), commonly called “bad” cholesterol. High-density lipoprotein (HDL), “good” cholesterol, flushes cholesterol out of the system. An estimated 80 percent of the variation in HDL levels within the population is due to genetic factors (“How to Raise HDL,” 2001). However, behavioral habits (such as diet) also affect cholesterol levels.

Indeed, most diseases involve both heredity and environment. In one study, a person’s likelihood of developing symptoms of depression was predicted by a genetic variant that is highly affected by environmental influences, such as a supportive family (S. E. Taylor, Lehman, Kiefe, & Seeman, 2006).

## Behavioral Influences on Health and Fitness

The link between behavior and health illustrates the interrelationship among physical, cognitive, and emotional aspects of development. What people know about health affects what they do, and what they do affects how they feel.

By the time they reach young adulthood, a large proportion of American youth have already begun the poor practices that contribute to the three leading causes of preventable death in the United States: smoking, obesity, and alcohol abuse. A nationally representative survey of more than 14,000 young adults who had been followed since early adolescence found that diet, activity level, obesity, health care access, tobacco, alcohol, and illicit drug use, and the likelihood of acquiring an STD worsened as the young people reached adulthood (K. M. Harris, Gordon-Larsen, Chantala, & Udry, 2006).

*Knowing* about good (and bad) health habits is not enough. Personality, emotions, and social surroundings often outweigh what people know they should do and lead them into unhealthful behavior. Let’s look at several lifestyle factors that are strongly linked with health and fitness: diet and weight control, physical activity, sleep, smoking, and alcohol and drug use. Stress, which can induce such detrimental behaviors as sleep loss, smoking, drinking, and drug use, is discussed in Chapter 15. In the next section of this chapter we consider indirect influences on health: socioeconomic status, race/ethnicity, and relationships.

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### What’s Your View?

- What specific things could you do to have a healthier lifestyle?

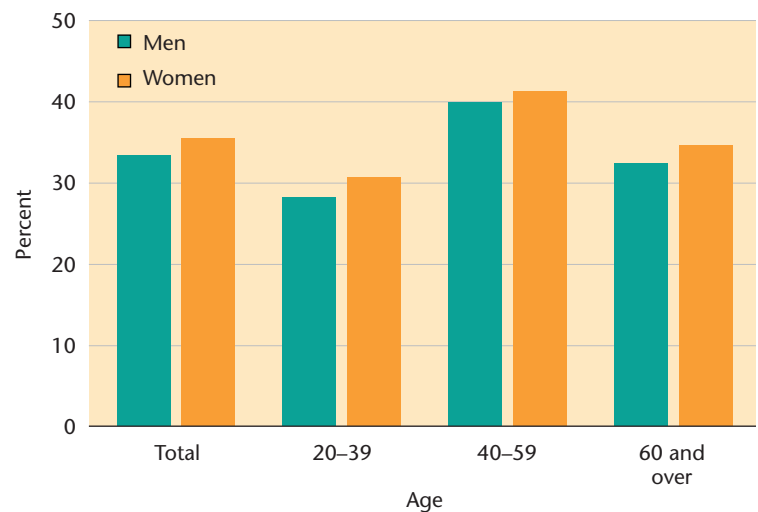


This juicy hamburger is dripping with calories and is high in animal fat, which has been linked to heart disease and some cancers.

**Diet and Nutrition** The saying “You are what you eat” sums up the importance of nutrition for physical and mental health. What people eat affects how they look, how they feel, and how likely they are to get sick and even die. An estimated 365,000 U.S. adults die each year from causes related to poor diet and lack of physical activity (Mokdad, Marks, Stroup, & Gerberding, 2005). In a 15-year longitudinal study of 18- to 30-year-olds, those who ate plenty of fruits, vegetables, and other plant foods were less likely to develop high blood pressure, whereas those who ate a diet heavy in meat were more likely to develop it (Steffen et al., 2005).

Excess fat consumption, especially of saturated fats, increases cardiovascular risks, particularly cholesterol levels (Ervin et al., 2004), which are directly related to the risk of death from coronary heart disease (Verschuren et al., 1995). Controlling cholesterol through diet and, if necessary, medication can significantly lower this risk (Scandinavian Simvastatin Survival Study Group, 1994; Shepherd et al., 1995).

Diet also seems to protect against certain cancers, several new studies suggest. Asian American women who ate the most soy-based foods (such as tofu or miso) in childhood had a 58 percent lower risk of developing breast cancer compared with women who ate the least soy. Men who ate fish five or more times a week had a 40 percent lower risk of colorectal cancer than men who ate fish less than once a week. Prostate cancer patients with lower levels of blood cholesterol tended to develop less aggressive forms of the disease compared with patients with higher cholesterol. And smokers with vitamin E in their diet had less oxidative damage to their white blood cells than smokers low in vitamin E (Madsen et al., 2006).



Note: Obesity is defined as body mass index  $\geq 30$ .

**Figure 13-1**

Prevalence of obesity by age and sex, adults age 20 and older, United States, 2005–2006. Young adults who do not control their weight risk gaining more in middle age, when obesity is most prevalent. (Source: Ogden, Carroll, McDowell, & Flegal, 2007.)

**Obesity/Overweight** The World Health Organization (WHO) has called obesity a worldwide epidemic (WHO, 1998). Obesity more than doubled in the United Kingdom between 1980 and 1994, and similar increases have been reported in Brazil, Canada, and several countries in Europe, the Western Pacific, Southeast Asia, and Africa (Taubes, 1998). Obesity rates in developing countries that have adopted Western lifestyles have tripled in the past 20 years (Hossain & Nahas, 2007).

In the United States, the average man or woman is more than 24 pounds heavier than in the early 1960s but is only about 1 inch taller. About 30 percent of 20- to 39-year-old men and women were obese in 2005–2006, a proportion that increased dramatically in middle age (Figure 13-1). The upward trend in obesity since 1980 shows no sign of reversing, despite much public attention to the problem. Two-thirds of U.S. adults say they have been told by a health practitioner that they are overweight (Ogden, Carroll, McDowell, & Flegal, 2007).

What explains the obesity epidemic? Experts point to an increase in snacking (Zizza, Siega-Riz, & Popkin, 2001), availability of inexpensive fast foods, super-sized portions, high-fat diets, labor-saving technologies, and sedentary recreational pursuits, such as television and computers (Harvard Medical School, 2004c; Pereira et al., 2005; Young & Nestle, 2002). As in childhood and adolescence, an inherited tendency toward obesity may interact with such environmental and behavioral factors (Comuzzie & Allison, 1998; NCBI, 2002).

Obesity can lead to depression, and vice versa (Markowitz, Friedman, & Arent, 2008). It also carries risks of high blood pressure, heart disease, stroke, diabetes, gallstones, arthritis and other muscular and skeletal disorders, and some cancers and it diminishes quality and length of life (Gregg et al., 2005; Harvard Medical School, 2004c; Hu et al., 2001, 2004; Mokdad, Bowman, et al., 2001; Mokdad, Ford, et al., 2003; NCHS, 2004; Ogden et al., 2007; Pereira et al., 2005; Peeters et al., 2003; Sturm, 2002). Cardiovascular and mortality risks have declined in the past four decades, probably due to improved medical care, but obese adults remain at greater risk (Flegal, Graubard, Williamson, & Gail, 2005; Gregg et al., 2005). Lifestyle changes (dietary change plus exercise) or drug treatments have sustained weight-loss targets for two or more years (Powell, Calvin, and Calvin, 2007).

**Physical Activity** People who are physically active reap many benefits. Aside from helping to maintain desirable body weight, physical activity builds muscles; strengthens heart and lungs; lowers blood pressure; protects against heart disease,

## ✓ Checkpoint

### Can you . . .

- ◆ Summarize the typical health status of young adults in the United States, and identify the leading cause of death in young adulthood?
- ◆ Tell how diet can affect the likelihood of cancer and heart disease?
- ◆ Give reasons for the obesity epidemic?





*Incorporating more activity into daily life, say, by biking to work instead of driving, can be as effective as structured exercise.*

stroke, diabetes, several cancers, and osteoporosis (a thinning of the bones that is most prevalent in middle-aged and older women); relieves anxiety and depression; and lengthens life (Barnes & Schoenborn, 2003; Bernstein et al., 2005; Boulé, Haddad, Kenny, Wells, & Sigal, 2001; NCHS, 2004; Pan, Ugnat, Mao, & Canadian Cancer Registries Epidemiology Research Group, 2005; Pratt, 1999; WHO, 2002). Inactivity is a global public health problem. A sedentary lifestyle is one of the world's 10 leading causes of death and disability (WHO, 2002).

Even moderate exercise has health benefits (NCHS, 2004; WHO, 2002). Incorporating more physical activity into daily life—for example, by walking instead of driving short distances, and climbing stairs instead of taking elevators—can be as effective as structured exercise. In a randomized trial of 201 sedentary women in a university-based weight control program, a combination of diet and exercise (primarily walking) for 12 months produced significant weight loss and improved cardiorespiratory fitness (Jakicic, Marcus, Gallagher, Napolitano, & Lang, 2003).

**Sleep** The twenties and thirties are busy times, so it is not surprising that many emerging and young adults often go without adequate sleep (Monk, 2000). Among college students, family life stress, together with academic stress, is associated with high levels of insomnia (Bernert et al., 2007).

Sleep deprivation affects not only health, but cognitive, emotional, and social functioning as well. In a poll by the National Sleep Foundation (2001), respondents said they were more likely to make mistakes, become impatient or aggravated when waiting, or get upset with their children or others when they had not had enough sleep the night before. Sleep deprivation can be lethal on the road; drowsy drivers cause an estimated 1 in 25 fatal crashes (Peters et al., 1994). Lack of sleep tends to impair verbal learning (Horne, 2000), some aspects of memory (Harrison & Horne, 2000b), high-level decision making (Harrison & Horne, 2000a), and speech articulation (Harrison & Horne, 1997) and to increase distractibility (Blagrove, Alexander, & Horne, 1995). Chronic sleep deprivation (less than six hours' sleep each night for three or more nights) can seriously worsen cognitive performance (Van Dongen, Maislin, Mullington, & Dinges, 2003).

Adequate sleep improves learning of complex motor skills (Walker, Brakefield, Morgan, Hobson, & Stickgold, 2002) and consolidates previous learning. Even a short nap can prevent burnout—oversaturation of the brain's perceptual processing systems (Mednick et al., 2002).



*Because smoking is addictive, it is hard to quit despite awareness of health risks. Smoking is especially harmful to African Americans, whose blood metabolizes nicotine rapidly, heightening their risk of lung cancer.*

**Smoking** Smoking is the leading preventable cause of death among U.S. adults, linked not only to lung cancer, but also to increased risks of heart disease, stroke, and chronic lung disease (NCHS, 2004). Exposure to passive, or secondhand, smoke has been shown to cause circulatory problems and increase the risk of cardiovascular disease (Otsuka et al., 2001) and may increase the risk of cervical cancer (Trimble et al., 2005). In 2000, smoking killed almost 5 million people worldwide, about half in developing countries and half in industrialized countries (Ezzati & Lopez, 2004).

Despite these risks, more than 23 percent of men and 18.5 percent of women over age 18 in the United States are current smokers (Substance Abuse and Mental Health Services Administration [SAMHSA], 2006c). Emerging adults are more likely to smoke than any other age group. More than 40 percent of 21- to 25-year-olds report using cigarettes SAMHSA, 2007a).

In view of the known risks, why do so many people smoke? For one thing, smoking is addictive. A tendency to addiction may be genetic, and certain genes may affect the ability to quit (Lerman et al., 1999; Pianezza et al., 1998; Sabol et al.,

1999). Many adult smokers developed the habit in their teens and cannot or will not stop. A questionnaire survey found that new or occasional smokers seem to be most influenced by the taste and sensation of smoking and by being in places where others are smoking. Experienced smokers say they are more influenced by their cravings and need, are emotionally attached to smoking, or believe that smoking enhances mental activity (Piper et al., 2004).

Giving up smoking reduces the risks of heart disease, cancer, and stroke (Kawachi et al., 1993; NIA, 1993; Wannamethee, Shaper, Whincup, & Walker, 1995). Nicotine chewing gum, nicotine patches, and nicotine nasal sprays and inhalers, especially when combined with counseling, can help addicted persons taper off gradually and safely (Cepeda-Benito, Reynoso, & Erath, 2004).

**Alcohol Use** The United States is a drinking society. Advertising associates liquor, beer, and wine with the good life and with being grown-up. Alcohol use peaks in emerging adulthood; about 70 percent of 21- to 25-year-olds report using alcohol in the past month, and nearly 48 percent of 21-year-olds are binge drinkers, having five or more drinks at a time (SAMHSA, 2004b).

College is a prime time and place for drinking. Although frequent drinking is common at this age, college students tend to drink more frequently and more heavily than their noncollegiate peers (SAMHSA, 2004b). In 2002 to 2005, 57.8 percent of full-time college students ages 18 to 20 had used alcohol in the past month, 17 percent heavily; and about 40 percent had engaged in binge drinking (SAMHSA, 2006c; Figure 13-2).

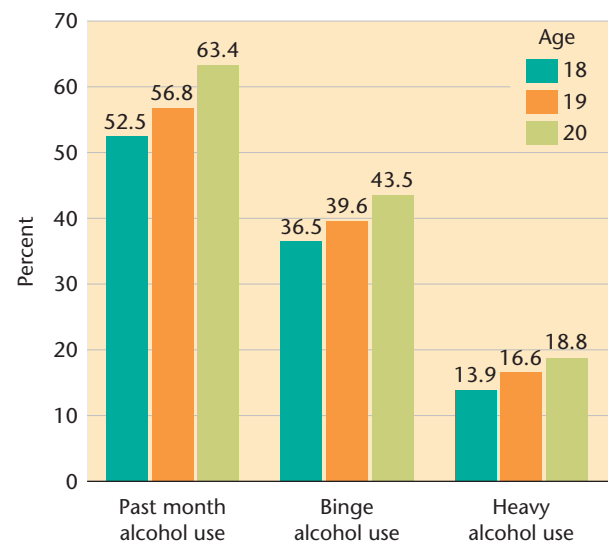
Light-to-moderate alcohol consumption seems to reduce the risk of fatal heart disease and stroke, and also of dementia later in life (Ruitenberg et al., 2002). However, heavy drinking over the years may lead to cirrhosis of the liver, other gastrointestinal disorders (including ulcers), pancreatic disease, certain cancers, heart failure, stroke, damage to the nervous system, psychoses, and other medical problems (AHA, 1995; Fuchs et al., 1995).

Alcohol use is associated with other risks characteristic of emerging adulthood, such as traffic accidents, crime, HIV infection (Leigh, 1999), and illicit drug and tobacco use (Hingson, Heeren, Winter, & Wechsler, 2005). In 2004–2006, an estimated 15 percent of U.S. drivers age 18 or older say they drove under the influence of alcohol, and nearly 5 percent say they drove under the influence of drugs, in the past year (SAMHSA, 2008). Alcoholism, or long-term addiction, is discussed later in this chapter under “Mental Health Problems.”

## Indirect Influences on Health and Fitness

Apart from the things people do, or refrain from doing, which affect their health directly, there are indirect influences on health. Among these are income, education, and race/ethnicity. Relationships also seem to make a difference, as do the paths young people take into adulthood. Binge drinking, for example, is most common among college students living away from home; and substance use declines most rapidly among young adults who are married (Schulenberg et al., 2005).

**Socioeconomic Status and Race/Ethnicity** The connection between socioeconomic status (SES) and health has been widely documented. Higher-income people



**Figure 13-2**

Current (past month) alcohol use, binge drinking, and heavy alcohol use among full-time college students ages 18 to 20.

(Source: SAMHSA, 2006c.)

## Checkpoint

Can you . . .

- ◆ Cite benefits of exercise?
- ◆ Explain why sleep deprivation is harmful?
- ◆ Discuss trends and risks involved in smoking and alcohol use?





*Living in poverty, as do this mother and her daughter who share a room in a shelter, can affect health through poor nutrition, substandard housing, and inadequate health care.*

rate their health as better and live longer than lower-income people (NCHS, 2004, 2006). Education is important, too. The less schooling people have had, the greater the chance that they will develop and die from communicable diseases, injuries, or chronic ailments, or that they will become victims of homicide or suicide (NCHS, 2004; Pamuk, Makuc, Heck, Reuben, & Lochner, 1998). In particular, socioeconomic circumstances in both childhood and adulthood are important determinants of risk for cardiovascular disease, and, even more so, of stroke (Galobardes, Smith, & Lynch, 2006).

This does not mean that income and education *cause* good health; instead, they are related to environmental and lifestyle factors that tend to be causative. Better-

educated and more affluent people tend to have healthier diets and better preventive health care and medical treatment. They exercise more, are less likely to be overweight, smoke less, are less likely to use illicit drugs, and are more likely to use alcohol in moderation (NCHS, 2004; Pamuk et al., 1998; SAMHSA, 2004b).

The association between SES and health sheds light on the relatively poor state of health in some minority populations (Kiefe et al., 2000). Young African American adults are 20 times more likely to have high blood pressure than young white adults (Agoda, 1995). African Americans are about twice as likely as white people to die in young adulthood, in part because young African American men are far more likely to be victims of homicide (NCHS, 2006).

However, factors associated with SES do not tell the whole story. For example, although African Americans smoke less than white Americans, they metabolize more nicotine in the blood, face higher risks of lung cancer, and have more trouble breaking the habit. Possible reasons may be genetic, biological, or behavioral (Caraballo et al., 1998; Pérez-Stable, Herrera, Jacob, & Benowitz, 1998; Sellers, 1998). A review of more than 100 studies found that racial/ethnic minorities tend to receive lower-quality health care than white people do, even when insurance status, income, age, and severity of conditions are similar (Smedley, Stith, & Nelson, 2002). We further discuss the relationship between ethnicity and health in Chapter 15.

**Relationships and Health** Social relationships seem to be vital to health and well-being. Research has identified at least two interrelated aspects of the social environment that can promote health: *social integration* and *social support* (Cohen, 2004).

*Social integration* is active engagement in a broad range of social relationships, activities, and roles (spouse, parent, neighbor, friend, colleague, and the like). Social networks can influence emotional well-being as well as participation in healthful behaviors, such as exercising, eating nutritiously, and refraining from substance use (Cohen, 2004). Social integration has repeatedly been associated with lower mortality rates (Berkman & Glass, 2000; Rutledge et al., 2004). People with wide social networks and multiple social roles are more likely to survive heart attacks and less likely to be anxious or depressed than people with more limited social networks and roles (Cohen, Gottlieb, & Underwood, 2000) and even are less susceptible to colds (Cohen, Doyle, Skoner, Rabin, & Gwaltney, 1997).



*This happily married couple is the picture of good health. Although there is a clear association between relationships and health, it's not clear which is the cause and which the effect.*

*Social support* refers to material, informational, and psychological resources derived from the social network, on which a person can rely for help in coping with stress. In highly stressful situations, people who are in touch with others may be more likely to eat and sleep sensibly, get enough exercise, and avoid substance abuse and less likely to be distressed, anxious, or depressed or even to die (Cohen, 2004).

Because marriage offers a readily available system for both social integration and social support, it is not surprising that marriage tends to benefit health, especially for men (Wu & Hart, 2002). An interview survey of 127,545 U.S. adults found that married people, particularly in young adulthood, tend to be healthier physically and psychologically than those who are never-married, cohabiting, widowed, separated, or divorced. The sole exception is that married people, especially husbands, are more likely to be overweight or obese (Schoenborn, 2004). Dissolving a marriage, or a cohabitation, tends to have negative effects on physical or mental health or both—but so, apparently, does remaining in a bad relationship (Wu & Hart, 2002).

## Mental Health Problems

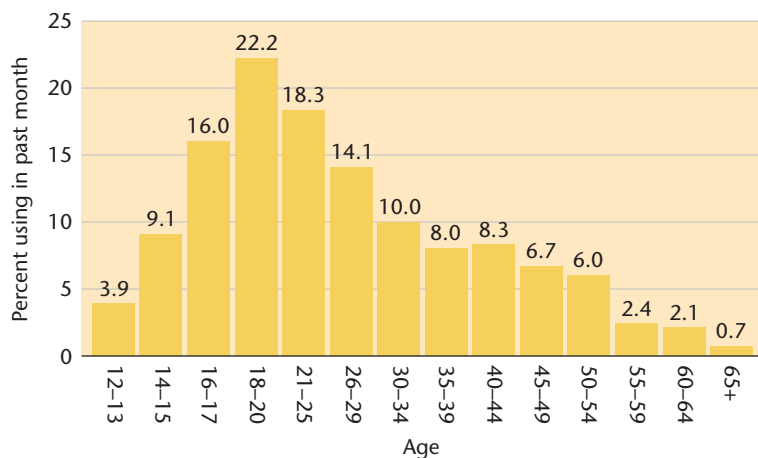
For most emerging adults, mental health and well-being improve, and problem behaviors diminish. Yet, at the same time, the incidence of psychological disorders, such as major depression, schizophrenia, and bipolar disorders, increases. What explains this apparent paradox? The emerging adult transition brings an end to the relatively structured years of high school. The freedom to make life decisions and choose diverse paths is often liberating, but the responsibility to rely on oneself and to become financially self-supporting can be overwhelming (Schulenberg & Zarrett, 2006).

Nearly half of Americans (46.4 percent) have a mental illness sometime during their lifetime, and three-quarters of all mental illnesses start by age 24. Let's



### Can you . . .

- ◆ Point out differences in health and mortality that reflect income, education, and race/ethnicity?
- ◆ Discuss how relationships may affect physical and mental health?



**Figure 13-3**

Current (past month) illicit drug use by age: 2006. Illicit drug use peaks in the emerging-adult years, when many young adults are in college or on their own for the first time. (Source: SAMHSA, 2007a, Fig. 2.3.)

**alcoholism** Chronic disease involving dependence on use of alcohol, causing interference with normal functioning and fulfillment of obligations.

look at some specific disorders that may develop during emerging or young adulthood.

**Alcoholism** Alcohol abuse and dependence are the most prevalent substance disorders, reported by 8.5 percent of the adult U.S. population. Alcohol dependence, or **alcoholism**, is a long-term physical condition characterized by compulsive drinking, which a person is unable to control (Grant et al., 2004). The heritability of a tendency to alcoholism is 50 to 60 percent (Bouchard, 2004). Alcoholism, like other addictions, such as getting hooked on smoking, seems to result from long-lasting changes in

patterns of neural signal transmission in the brain. Exposure to the addictive substance (in this case, alcohol) creates a euphoric mental state accompanied by neurological changes that produce feelings of discomfort and craving when it is no longer present. From 6 to 48 hours after the last drink, alcoholics experience strong physical withdrawal symptoms (anxiety, agitation, tremors, elevated blood pressure, and sometimes seizures). Alcoholics, like drug addicts, develop a tolerance for the substance and need more and more to get the desired high (NIAAA, 1996).

Treatment for alcoholism may include detoxification (removing all alcohol from the body), hospitalization, medication, individual and group psychotherapy, and referral to a support organization, such as Alcoholics Anonymous. Although not a cure, treatment can give alcoholics new tools to cope with their addiction and lead productive lives (Friedmann, Saitz, & Samet, 1998).

**Drug Use and Abuse** Use of illicit drugs peaks at ages 18 to 20; more than 22 percent of this age group report indulging during the past month. As young adults settle down, get married, and take responsibility for their future, they tend to cut down on drug use. Usage rates drop sharply during the twenties, plateau in the late thirties and early forties, and then decline again into old age (SAMHSA, 2007a; Figure 13-3).

As in adolescence, marijuana is by far the most popular illicit drug among young adults. In 2006, 16.3 percent of 18- to 25-year-olds had used marijuana within the previous month compared with the 2.2 percent who had used cocaine (SAMHSA, 2007a). About 20 percent of persons with substance use disorders also have mood (depression) or anxiety disorders, and vice versa (Grant et al., 2004).

**Antisocial Behavior** The overall prevalence of antisocial behavior, which rises during adolescence, drops sharply during emerging adulthood. As discussed in Chapter 12, antisocial behavior follows one of two different developmental routes: early-onset and late-onset (Schulenberg & Zarrett, 2006).

Early-onset antisociality (beginning by age 11) generally has roots early in childhood. Dysfunctional family life and poor parental discipline contribute to childhood oppositional behavior, which then moves during adolescence, under the influence of deviant peers, to chronic juvenile delinquency. As adults, these young people are likely to continue an antisocial life course. In contrast, late-onset antisociality (beginning after puberty) tends to arise in young people with normal family backgrounds in response to the changes of adolescence. This group tend to



commit relatively minor offenses. In emerging adulthood, with increasing opportunities to establish careers and romantic relationships, their antisocial behaviors usually stop (Schulenberg & Zarrett, 2006).

**Depression** Adolescence and emerging adulthood appear to be sensitive periods for the onset of depressive disorders. Between ages 15 and 22, the incidence of depression increases gradually (Schulenberg & Zarrett, 2006).

As with antisociality, childhood-or-adolescent-onset depression and adult-onset depression seem to have different origins and developmental paths. Adolescents who are depressed, and whose depression carries over into adulthood, tend to have had significant childhood risk factors, such as neurological or developmental disorders, dysfunctional or unstable families, and childhood behavioral disorders. They may have difficulty negotiating the transition to emerging adulthood. For some of them, on the other hand, emerging adulthood represents a new start, a chance to find new social roles and settings more conducive to mental health. The adult-onset group tend to have had low levels of childhood risk factors and to possess more resources to deal with the challenges of emerging adulthood; but the sudden decline in structure and support that accompanies adult life may throw them off course (Schulenberg & Zarrett, 2006).

## Sexual and Reproductive Issues

Sexual and reproductive activities are often a prime preoccupation of emerging and young adulthood. These natural and important functions also may involve physical concerns. Three such concerns are disorders related to menstruation, sexually transmitted diseases (STDs), and infertility.

### Sexual Behavior and Attitudes

Today almost all U.S. adults have had sexual relations before marriage (Lefkowitz & Gillen, 2006). According to a nationally representative, in-person survey, 75 percent of adults have had premarital sex by age 20; 95 percent have done so by age 44. The percentages rise sharply in more recent age cohorts; among girls who turned 15 between 1964 and 1993, at least 91 percent had had premarital sex by age 30 (Finer, 2007).

Variety in sexual activity is common. Among 25- to 44-year-olds, 97 percent of men and 98 percent of women have had vaginal intercourse; 90 percent of men and 88 percent of women have had oral sex with a partner of the other sex; and 40 percent of men and 35 percent of women have had anal sex with an other-sex partner. About 6.5 percent of men and 11 percent of women have had sex with a same-sex partner (Mosher, Chandra, & Jones, 2005).

Emerging adults tend to have more sexual partners than in older age groups, but they have sex less frequently. People who become sexually active during emerging adulthood tend to engage in fewer risky behaviors—those that may lead to STDs or unplanned pregnancies—than those who began in adolescence. Condoms are the most commonly used contraceptive, though their use is inconsistent (Lefkowitz & Gillen, 2006).

Casual sex (hooking up) is fairly common, especially on college campuses. Sexual assaults on women are also a problem in this age group. Both are often associated with drinking. College students, in particular, are becoming less judgmental



#### Can you . . .

- ◆ Discuss mental health problems common in emerging and young adulthood?



#### Guidepost 3

What are some sexual and reproductive issues at this time of life?

and more open-minded about sexual activity. However, a double standard still exists; men are expected to have more sexual freedom than women. By emerging adulthood, most lesbian, gay, bisexual, and transgendered persons are clear about their sexual identity. Many first come out to others during this period (Lefkowitz & Gillen, 2006).

## Sexually Transmitted Diseases (STDs)

By far the highest rates of STDs in the United States are among emerging adults ages 18 to 25, especially among those who use alcohol and/or illicit drugs (SAMHSA, 2007b). An estimated 1 in 4 persons who have been sexually active, but nearly half of new STD cases, are in that age group, and many do not get medical diagnosis and care (Lefkowitz & Gillen, 2006).

The number of people living with HIV has risen in every region of the world since 2002, with the steepest increases in East and Central Asia and Eastern Europe. Still, sub-Saharan Africa remains by far the worst affected. A growing proportion of new infections occur in women, especially in places where heterosexual transmission is predominant, such as sub-Saharan Africa and the Caribbean. In the United States, most infections occur through drug abusers sharing contaminated hypodermic needles, unprotected sex among gay or bisexual men (who may then pass on the infection to female partners), or commercial sex with prostitutes (UNAIDS/WHO, 2004).

With highly active antiviral therapy, death rates of persons diagnosed with HIV have dropped dramatically, and their average lifespan has increased to more than 35 years (Bhaskaran et al., 2008; Lohse et al., 2007). In the United States in 1995, AIDS was the leading cause of death for 25- to 44-year-olds; by 2003, it had fallen to ninth (Hoyert et al., 1999; NCHS, 2006). Still, in 2002 an estimated 9.9 percent of persons ages 15 to 44 had engaged in drug use or sexual behaviors that put them at heightened risk of HIV (Anderson, Mosher, & Chandra, 2006).

Use of condoms is the most effective means of preventing STDs. A three-session intervention among U.S. Marine security guards resulted in increased perception of social support for condom use and stronger intentions to practice safer sex (Booth-Kewley, Minagawa, Shaffer, & Brodine, 2002).

## Menstrual Disorders

**premenstrual syndrome (PMS)** Disorder producing symptoms of physical discomfort and emotional tension for up to two weeks before a menstrual period.

**Premenstrual syndrome (PMS)** is a disorder that produces physical discomfort and emotional tension for up to the two weeks before a menstrual period. Symptoms may include fatigue, headaches, swelling and tenderness of the breasts, swollen hands or feet, abdominal bloating, nausea, cramps, constipation, food cravings, weight gain, anxiety, depression, irritability, mood swings, tearfulness, and difficulty concentrating or remembering (American College of Obstetricians & Gynecologists [ACOG], 2000; Moline & Zendell, 2000). Up to 85 percent of menstruating women may have some symptoms, but only in 5 to 10 percent do they warrant a diagnosis of PMS (ACOG, 2000).

The cause of PMS is not fully understood, but it appears to be a response to normal monthly surges of the female hormones estrogen and progesterone (Schmidt, Nieman, Danaceau, Adams, & Rubinow, 1998) as well as to levels of the male hormone testosterone and of serotonin, a brain chemical (ACOG, 2000).

The symptoms of PMS can sometimes be alleviated or minimized through aerobic exercise, eating frequent small meals, a diet high in complex carbohydrates and low in salt and caffeine, and regular sleep routines. Calcium, magnesium, and vitamin E supplements may help. Medications may relieve specific symptoms—

for example, a diuretic for bloating and weight gain (ACOG, 2000; Moline & Zendell, 2000).

PMS can be confused with *dysmenorrhea* (painful menstruation, or “cramps”). Cramps tend to affect adolescents and young women, whereas PMS is more typical in women in their thirties or older. Between 40 and 90 percent of women are believed to have dysmenorrhea, and in 10 to 15 percent of cases the pain is so severe as to be disabling (Newswise, 2004). Dysmenorrhea is caused by contractions of the uterus, which are set in motion by prostaglandin, a hormone-like substance; it can be treated with prostaglandin inhibitors, such as ibuprofen (Wang et al., 2004).



*The birth of quadruplets is a less unusual occurrence than it once was. Delayed childbearing, use of fertility drugs, and assisted reproductive techniques such as in vitro fertilization increase the likelihood of multiple, usually premature, births.*

## Infertility

An estimated 7 percent of U.S. couples experience **infertility**: inability to conceive a baby after 12 months of trying (CDC, 2005; Wright, Chang, Jeng, & Macaluso, 2006). Women’s fertility begins to decline in their late twenties, with substantial decreases during their thirties. Men’s fertility is less affected by age but declines significantly by their late thirties (Dunson, Colombo, & Baird, 2002). Infertility can burden a relationship emotionally, but only when infertility leads to permanent, involuntary childlessness is it associated with long-term psychological distress (McQuillan, Greil, White, & Jacob, 2003).

The most common cause of infertility in men is production of too few sperm. In some instances an ejaculatory duct may be blocked, preventing the exit of sperm, or sperm may be unable to swim well enough to reach the cervix. Some cases of male infertility seem to have a genetic basis (King, 1996; Reijo, Alagappan, Patrizio, & Page, 1996; Phillips, 1998).

In women, the cause of infertility may be the failure to produce ova or to produce normal ova; mucus in the cervix, which might prevent sperm from penetrating it; or a disease of the uterine lining, which might prevent implantation of the fertilized ovum. A major cause of declining fertility in women after age 30 is deterioration in the quality of ova (van Noord-Zaadstra et al., 1991). However, the most common cause is blockage of the fallopian tubes, preventing ova from reaching the uterus. In about half of these cases, the tubes are blocked by scar tissue from sexually transmitted diseases (King, 1996).

Sometimes hormone treatment, drug therapy, or surgery may correct the problem. However, fertility drugs increase the likelihood of multiple, high-risk births. Also, men undergoing fertility treatment are at increased risk of producing sperm with chromosomal abnormalities (Levron et al., 1998). Daily supplements of coenzyme Q10, an antioxidant, may help increase sperm motility (Balercia et al., 2004).

Unless there is a known cause for failure to conceive, the chances of success after 18 months to two years are high (Dunson, 2002). For couples struggling with infertility, science today offers several alternative ways to parenthood (Box 13-1).

**infertility** Inability to conceive after 12 months of trying.



### Can you . . .

- ◆ Summarize trends in sexual behavior and attitudes among emerging and young adults?
- ◆ Discuss the spread of STDs and ways to control it?
- ◆ Discuss the symptoms and likely causes of PMS and ways to manage it?
- ◆ Identify common causes of male and female infertility?
- ◆ Describe several means of assisted reproduction, and mention issues they raise?





## BOX 13-1 Research in Action

### Assisted Reproductive Technology

More than 3 million children worldwide have been conceived through *assisted reproductive technology (ART)* (Reaney, 2006; ICMART, 2006). In 2005, U.S. women delivered more than 52,000 babies with technological help, representing 1 percent of all babies born in the United States in that year (Wright, Chang, Jeng, & Macaluso, 2008).

With *in vitro fertilization (IVF)*, the most common assisted reproduction procedure, women receive fertility drugs to increase production of ova. Then ova are surgically removed, fertilized in a laboratory dish, and implanted in the woman's uterus. Because several embryos are typically transferred to the uterus to increase the chances of pregnancy, this procedure increases the likelihood of multiple, usually premature, births (Wright et al., 2006).

A newer technique, *in vitro maturation (IVM)* is performed earlier in the monthly cycle, when egg follicles are developing. Harvesting a large number of follicles before ovulation is complete and then allowing them to mature in the laboratory can make hormone injections unnecessary and thus diminish the likelihood of multiple births (Duenwald, 2003).

IVF also addresses severe male infertility. A single sperm can be injected into the ovum—a technique called *intracytoplasmic sperm injection (ICSI)*. This procedure is now used in the majority of IVF cycles (Van Voorhis, 2007).

*Artificial insemination*—injection of sperm into a woman's vagina, cervix, or uterus—can be used to facilitate conception if a man has a low sperm count, allowing a couple to produce their own biological offspring. If the man is infertile, a couple may choose *artificial insemination by a donor (AID)*. If the woman has no explainable cause of infertility, the chances of success can be greatly increased by stimulating her ovaries to produce excess ova and injecting semen directly into the uterus (Guzick et al., 1999).

Although success rates have improved (Duenwald, 2003), only 35 percent of women who attempted assisted reproduction in 2005 had live births (Wright et al., 2008). For one thing, the likelihood of success with IVF using a mother's own ova drops precipitously with maternal age as the quality of her ova declines (Van Voorhis, 2007).

A woman who is producing poor-quality ova or who has had her ovaries removed may try *ovum transfer*. In this procedure, an ovum, or *donor egg*, provided by a fertile younger woman is fertilized in the laboratory and implanted in the prospective mother's uterus. IVF using donor eggs tends to be highly successful (Van Voorhis, 2007). Alternatively, the ovum can be fertilized in the donor's body by artificial insemination. The embryo is retrieved from the donor and inserted into the recipient's uterus. Two other techniques with relatively higher success rates are *gamete intrafallopian transfer (GIFT)* and *zygote intrafallopian transfer (ZIFT)*, in which either the egg and sperm or the fertilized egg are inserted in the fallopian tube (CDC, 2002; Schieve et al., 2002; Society for Assisted Reproductive Technology, 1993, 2002).

In *surrogate motherhood*, a fertile woman is impregnated by the prospective father, usually by artificial insemination. She agrees to carry the baby to term and give it to the father and his partner. Courts in most states view surrogacy contracts as unenforceable, and some states have either banned the practice or placed strict conditions on it. The American Academy of Pediatrics (AAP) Committee on Bioethics (1992) recommends that surrogacy be considered a tentative, preconception adoption agreement. The committee also recommends a prebirth agreement on the period of time in which the surrogate may assert parental rights.

Assisted reproduction can result in a tangled web of legal, ethical, and psychological dilemmas (ISLAT Working Group, 1998; Schwartz, 2003). Who should have access to these methods? Should the children know about their parentage? Should genetic tests be performed on prospective donors and surrogates? When IVF results in multiple fertilized ova, should some be discarded to improve the chances of health for the survivors? What should be done with any unused embryos?

The issues multiply when a surrogate is involved (Schwartz, 2003). Who is the real parent—the surrogate or the woman whose baby she bears? What if a surrogate wants to keep the baby, as has happened in a few highly publicized cases? What if the intended parents refuse to go through with the contract? Another controversial aspect of surrogacy is the payment of money. The creation of a “breeder class” of poor and disadvantaged women who carry the babies of the well-to-do strikes many people as wrong. Similar concerns have been raised about payment for donor eggs (Gabriel, 1996). Some countries, such as France and Italy, have banned commercial surrogacy. In the United States, it is illegal in some states and legal in others, and regulations differ from state to state (Warner, 2008).

One thing seems certain: As long as there are people who want children but are unable to conceive or bear them, human ingenuity and technology will come up with ways to satisfy their desire.

#### What's Your View?

If you or your partner were infertile, would you seriously consider or undertake one of the methods of assisted reproduction described here? Why or why not?

#### Check It Out

For more information on this topic, go to [www.cdc.gov/ART/index.htm](http://www.cdc.gov/ART/index.htm). This website features research highlights about assisted reproductive technology.

# COGNITIVE DEVELOPMENT

## Perspectives on Adult Cognition

Developmental theorists and researchers have studied adult cognition from a variety of perspectives. Some investigators seek to identify distinctive cognitive capacities that emerge in adulthood or distinctive ways in which adults use their cognitive abilities at successive stages of life. Other investigators focus on aspects of intelligence that exist throughout life but tend to come to the fore in adulthood. One current theory, which may apply to children as well as adults, highlights the role of emotion in intelligent behavior.

### Beyond Piaget: New Ways of Thinking in Adulthood


Although Piaget described the stage of formal operations as the pinnacle of cognitive achievement, some developmental scientists maintain that changes in cognition extend beyond that stage. One line of neo-Piagetian theory and research concerns higher levels of *reflective thinking*, or abstract reasoning. Another line of investigation deals with *postformal thought*, which combines logic with emotion and practical experience in the resolution of ambiguous problems.

**Reflective Thinking** **Reflective thinking** is a complex form of cognition, first defined by the American philosopher and educator John Dewey (1910/1991) as “active, persistent, and careful consideration” of information or beliefs in the light of the evidence that supports them and the conclusions to which they lead. Reflective thinkers continually question supposed facts, draw inferences, and make connections. Building on Piaget’s stage of formal operations, reflective thinkers can create complex intellectual systems that reconcile apparently conflicting ideas or considerations—for example, by putting together various theories of modern physics or of human development into a single overarching theory that explains many different kinds of behavior (Fischer & Pruyne, 2003).

The capacity for reflective thinking seems to emerge between ages 20 and 25. Not until then are the cortical regions of the brain that handle higher-level thinking fully myelinated. At the same time, the brain is forming new neurons, synapses, and dendritic connections. Environmental support can stimulate the development of thicker, denser cortical connections. Although almost all adults develop the *capacity* for becoming reflective thinkers, few attain optimal proficiency in this skill, and even fewer can apply it consistently to various kinds of problems. For example, a young adult may understand the concept of justice but may have difficulty weighing it in relation to other concepts such as social welfare, law, ethics, and responsibility. This may help explain why, as we discuss later in this chapter, few adults reach Kohlberg’s highest levels of moral reasoning. For many adults, college education stimulates progress toward reflective thinking (Fischer & Pruyne, 2003).

**Postformal Thought** Research and theoretical work since the 1970s suggest that mature thinking is richer and more complex than Piaget described. It is characterized by the ability to deal with uncertainty, inconsistency, contradiction, imperfection, and compromise. This higher stage of adult cognition is sometimes called **postformal thought**, and it generally begins in emerging adulthood, often through exposure to higher education (Labouvie-Vief, 2006).

Postformal thought is flexible, open, adaptive, and individualistic. It draws on intuition and emotion as well as on logic to help people cope with a seemingly chaotic world. It applies the fruits of experience to ambiguous situations.



**Guidepost 4**

What is distinctive about adult thought?

**reflective thinking** Type of logical thinking that may emerge in adulthood, involving continuous, active evaluation of information and beliefs in the light of evidence and implications.

**postformal thought** Mature type of thinking that relies on subjective experience and intuition as well as logic and is useful in dealing with ambiguity, uncertainty, inconsistency, contradiction, imperfection, and compromise.

Postformal thought is relativistic. Like reflective thinking, it enables adults to transcend a single logical system (such as Euclidean geometry or a particular theory of human development or an established political system) and reconcile or choose among conflicting ideas or demands (such as those of the Israelis and Palestinians or those of two romantic partners), each of which, from its perspective, may have a valid claim to truth (Labouvie-Vief, 1990a, 1990b; Sinnott, 1996, 1998, 2003). Immature thinking sees black and white (right versus wrong, intellect versus feelings, mind versus body); postformal thinking sees shades of gray. Like reflective thinking, it often develops in response to events and interactions that open up unaccustomed ways of looking at things and challenge a simple, polarized view of the world.

One prominent researcher, Jan Sinnott (1984, 1998, 2003), has proposed the following criteria of postformal thought.

- *Shifting gears.* Ability to think within at least two different logical systems and to shift back and forth between abstract reasoning and practical, real-world considerations. (“This might work on paper but not in real life.”)
- *Problem definition.* Ability to define a problem as falling within a class or category of logical problems and to define its parameters. (“This is an ethical problem, not a legal one, so judicial precedents don’t really help solve it.”)
- *Process-product shift.* Ability to see that a problem can be solved either through a *process*, with general application to similar problems, or through a *product*, a concrete solution to the particular problem. (“I’ve come up against this type of problem before, and this is how I solved it” or “In this case, the best available solution would be . . .”)
- *Pragmatism.* Ability to choose the best of several possible logical solutions and to recognize criteria for choosing. (“If you want the cheapest solution, do this; if you want the quickest solution, do that.”)
- *Multiple solutions.* Awareness that most problems have more than one cause, that people may have differing goals, and that a variety of methods can be used to arrive at more than one solution. (“Let’s try it your way; if that doesn’t work, we can try my way.”)
- *Awareness of paradox.* Recognition that a problem or solution involves inherent conflict. (“Doing this will give him what he wants, but it will only make him unhappy in the end.”)
- *Self-referential thought.* A person’s awareness that he or she must be the judge of which logic to use: in other words, that he or she is using postformal thought.

The shift to postformal thought can be emotionally unsettling. “Emerging adults may be easily swayed by their emotions to distort their thinking in self-serving and self-protective ways” (Labouvie-Vief, 2006, p. 79). Young adults over age 30 may be better able to live comfortably with complexity.

Postformal thinking often operates in a social and emotional context. Unlike the problems Piaget studied, which involve physical phenomena and require dispassionate, objective observation and analysis, social dilemmas are less clearly structured and are often fraught with emotion. It is in these kinds of situations that adults tend to call on postformal thought (Berg & Klaczynski, 1996; Sinnott, 1996, 1998, 2003).



Research has found a progression toward postformal thought throughout young and middle adulthood, especially when emotions are involved. In one study, participants were asked to judge what caused the outcomes of a series of hypothetical situations, such as a marital conflict. Adolescents and young adults tended to blame individuals, whereas middle-aged people were more likely to attribute behavior to the interplay among persons and environment. The more ambiguous the situation, the greater were the age differences in interpretation (Blanchard-Fields & Norris, 1994). We further discuss postformal thought in Chapter 15.

## Schaie: A Life-Span Model of Cognitive Development

K. Warner Schaie's life-span model of cognitive development (1977–1978; Schaie & Willis, 2000) looks at the developing uses of intellect within a social context. His seven stages revolve around motivating goals that come to the fore at various stages of life. These goals shift from acquisition of information and skills (*what I need to know*) to practical integration of knowledge and skills (*how to use what I know*) to a search for meaning and purpose (*why I should know*). The seven stages are as follows:

1. *Acquisitive stage* (childhood and adolescence). Children and adolescents acquire information and skills mainly for their own sake or as preparation for participation in society.
2. *Achieving stage* (late teens or early twenties to early thirties). Young adults no longer acquire knowledge merely for its own sake; they use what they know to pursue goals, such as career and family.
3. *Responsible stage* (late thirties to early sixties). Middle-aged people use their minds to solve practical problems associated with responsibilities to others, such as family members or employees.
4. *Executive stage* (thirties or forties through middle age). People in the executive stage, which may overlap with the achieving and responsible stages, are responsible for societal systems (such as governmental or business organizations) or social movements. They deal with complex relationships on multiple levels.
5. *Reorganizational stage* (end of middle age, beginning of late adulthood). People who enter retirement reorganize their lives and intellectual energies around meaningful pursuits that take the place of paid work.
6. *Reintegrative stage* (late adulthood). Older adults may be experiencing biological and cognitive changes and tend to be more selective about what tasks they expend effort on. They focus on the purpose of what they do and concentrate on tasks that have the most meaning for them.
7. *Legacy-creating stage* (advanced old age). Near the end of life, once reintegration has been completed (or along with it), older people may create instructions for the disposition of prized possessions, make funeral arrangements, provide oral histories, or write their life stories as a legacy for their loved ones. All of these tasks involve the exercise of cognitive competencies within a social and emotional context.

Not everyone goes through these stages within the suggested time frames. Indeed, Schaie's stages of adulthood may apply less widely in an era of varied and rapidly changing choices and paths, when medical and other societal advances



## Checkpoint

### Can you . . .

- ◆ Differentiate between reflective and postformal thinking?
- ◆ Tell why postformal thought may be especially suited to solving social problems?
- ◆ Identify Schaie's seven stages of cognitive development?

keep many people active and engaged in constructive, responsible endeavors into old age.

If adults do go through stages such as these, then traditional psychometric tests, which use the same kinds of tasks to measure intelligence at all periods of life, may be inappropriate for them. Tests developed to measure knowledge and skills in children may not be suitable for measuring cognitive competence in adults, who use knowledge and skills to solve practical problems and achieve self-chosen goals. We may instead need means to assess competence in dealing with real-life challenges, such as balancing a checkbook, reading a railroad timetable, and making informed decisions about medical problems. Robert Sternberg's work has taken this direction.

## Sternberg: Insight and Know-How

Alix, Barbara, and Courtney applied to graduate programs at Yale University. Alix had earned almost straight A's in college, scored high on the Graduate Record Examination (GRE), and had excellent recommendations. Barbara's grades were only fair, and her GRE scores were low by Yale's standards, but her letters of recommendation enthusiastically praised her exceptional research and creative ideas. Courtney's grades, GRE scores, and recommendations were good but not among the best.

Alix and Courtney were admitted to the graduate program. Barbara was not admitted but was hired as a research associate and took graduate classes on the side. Alix did very well for the first year or so, but less well after that. Barbara confounded the admissions committee by doing outstanding work. Courtney's performance in graduate school was only fair, but she had the easiest time getting a good job afterward (Trotter, 1986).

According to Sternberg's (1985, 1987) triarchic theory of intelligence (introduced in Chapter 9), Barbara and Courtney were strong in two aspects of intelligence that psychometric tests miss: creative insight (what Sternberg calls the *experiential element*) and practical intelligence (the *contextual element*). Because insight and practical intelligence are important in adult life, psychometric tests are much less useful in gauging adults' intelligence and predicting their life success than in measuring children's intelligence and predicting their school success. As an undergraduate, Alix's analytical ability (the *componential element*) helped her sail through examinations. However, in graduate school, where original thinking is expected, Barbara's superior experiential intelligence—her fresh insights and innovative ideas—began to shine. So did Courtney's practical, contextual intelligence—her street smarts. She knew her way around. She chose hot research topics, submitted papers to the right journals, and knew where and how to apply for jobs.

An important aspect of practical intelligence is *tacit knowledge* (defined in Chapter 9): "inside information," "know-how," or "savvy" that is not formally taught or openly expressed (Sternberg, Grigorenko, & Oh, 2001; Sternberg & Wagner, 1993; Sternberg et al., 1995; Wagner & Sternberg, 1986). Tacit knowledge is commonsense knowledge of how to get ahead—how to win a promotion or cut through red tape. It is not well correlated with measures of general cognitive ability, but it may be a better predictor of managerial success (Sternberg, Grigorenko, & Oh, 2001).

Tacit knowledge may include *self-management* (knowing how to motivate oneself and organize time and energy), *management of tasks* (knowing how to write a term paper or grant proposal), and *management of others* (knowing when and how to reward or criticize subordinates) (E. A. Smith, 2001). Sternberg's method

of testing tacit knowledge in adults is to compare a test-taker's chosen course of action in hypothetical, work-related situations (such as how best to angle for a promotion) with the choices of experts in the field and with accepted rules of thumb. Tacit knowledge, measured in this way, seems to be unrelated to IQ and predicts job performance better than do psychometric tests (Herbig, Büssing, & Ewert, 2001; Sternberg et al., 1995).

Of course, tacit knowledge is not all that is needed to succeed; other aspects of intelligence count, too. In studies of business managers, tests of tacit knowledge *together with* IQ and personality tests predicted virtually all of the variance in performance, measured by such criteria as salary, years of management experience, and the company's success (Sternberg et al., 1995). In one study, tacit knowledge was related to the salaries managers earned at a given age and to how high their positions were, independent of family background and education. The most knowledgeable managers were not those who had spent many years with a company or many years as managers, but those who had worked for the most companies, perhaps gaining a greater breadth of experience (Sternberg et al., 2000).

## Emotional Intelligence

In 1990, two psychologists, Peter Salovey and John Mayer (Mayer & Salovey, 1997; Salovey & Mayer, 1990), coined the term **emotional intelligence (EI)**. It refers to four related skills: the abilities to *perceive*, *use*, *understand*, and *manage*, or regulate, emotions—our own and those of others—so as to achieve goals. Emotional intelligence enables a person to harness emotions to deal more effectively with the social environment. It requires awareness of the type of behavior that is appropriate in a given social situation.

To measure emotional intelligence, psychologists use the Mayer-Salovey-Caruso Emotional Intelligence Test (MSCEIT) (Mayer, Salovey, & Caruso, 2002), a 40-minute battery of questions that generates a score for each of the four abilities, as well as a total score. The test includes such questions as, “Tom felt anxious and became a bit stressed when he thought about all the work he needed to do. When his supervisor brought him an additional project, he felt (a) overwhelmed, (b) depressed, (c) ashamed, (d) self-conscious, or (e) jittery.” Answers may be scored by a panel of emotion researchers or by a worldwide sample of laypersons; both methods yield similar scores.

Emotional intelligence affects the quality of personal relationships. Studies have found that college students who score high on the MSCEIT are more likely to report positive relationships with parents and friends (Lopes, Salovey, & Straus, 2003), that college-age men who score low on the MSCEIT report engaging in more drug use and consuming more alcohol (Brackett, Mayer, & Warner, 2004), and that close friends of college students who score well on the MSCEIT rate them as more likely to provide emotional support in time of need (Lopes et al., 2004). College-age couples in which both partners scored high on the MSCEIT reported the happiest relationships, whereas couples who scored low were unhappiest (Brackett, Cox, Gaines, & Salovey, 2005).

Emotional intelligence also affects effectiveness at work. Among a sample of employees of a Fortune 500 insurance company, those with higher MSCEIT scores were rated higher by colleagues and supervisors on sociability, interpersonal sensitivity, leadership potential, and ability to handle stress and conflict. High scores also were related to higher salaries and more promotions (Lopes, Grewal, Kadis, Gall, & Salovey, 2006).

Ultimately, acting on emotions often comes down to a value judgment. Is it smarter to obey or disobey authority? To inspire others or exploit them? “Emotional



### Can you . . .

- ◆ Tell why Sternberg's three kinds of intelligence may be especially applicable to adults?

### emotional intelligence (EI)

Salovey and Mayer's term for ability to understand and regulate emotions; an important component of effective, intelligent behavior.

### What's Your View?

- In what kinds of situations would reflective thought be most useful? Give specific examples. Do the same for postformal thought, tacit knowledge, and emotional intelligence.
- Who is the most intelligent person you know? Why do you consider this person exceptionally intelligent? Would you ask this person for advice about a personal problem? Why or why not?





## Checkpoint

Can you . . .

- ◆ Explain the concept of emotional intelligence and how it is tested?



## Guidepost 5

How does moral reasoning develop?

skills, like intellectual ones, are morally neutral. . . . Without a moral compass to guide people in how to employ their gifts, emotional intelligence can be used for good or evil” (Gibbs, 1995, p. 68). Let’s look next at the development of that “moral compass” in adulthood.

## Moral Reasoning

In Kohlberg’s theory, introduced in Chapter 11, moral development of children and adolescents accompanies cognitive maturation. Young people advance in moral judgment as they shed egocentrism and become capable of abstract thought. In adulthood, however, moral judgments become more complex.

According to Kohlberg, advancement to the third level of moral reasoning—fully principled, postconventional morality—is chiefly a function of experience. Most people do not reach this level until their twenties, if ever (Kohlberg, 1973). Two experiences that spur moral reasoning in young adults are encountering conflicting values away from home (as may happen in college or the armed services or in foreign travel) and being responsible for the welfare of others (as in parenthood).

Experience may lead adults to reevaluate their criteria for what is right and fair. Some adults spontaneously offer personal experiences as reasons for their answers to moral dilemmas. For example, people who have had cancer, or whose relatives or friends have had cancer, are more likely to condone a man’s stealing an expensive drug to save his dying wife, and to explain this view in terms of their own experience (Bielby & Papalia, 1975). With regard to moral judgments, then, cognitive stages do not tell the whole story. Of course, someone whose thinking is still egocentric is unlikely to make moral decisions at a postconventional level; but even someone who can think abstractly may not reach the highest level of moral development unless experience catches up with cognition.

Shortly before his death in 1987, as we mentioned in Chapter 11, Kohlberg proposed a seventh stage of moral reasoning, which moves beyond considerations of justice. In the seventh stage, adults reflect on the question, “*Why* be moral?” (Kohlberg & Ryncarz, 1990, p. 192; emphasis added). The answer, said Kohlberg, lies in achieving a cosmic perspective: “a sense of unity with the cosmos, nature, or God,” which enables a person to see moral issues “from the standpoint of the universe as a whole” (Kohlberg & Ryncarz, 1990, pp. 191, 207). The achievement of such a perspective is so rare that Kohlberg himself had questions about calling it a stage of development. Kohlberg did note that it parallels the most mature stage of faith that the theologian James Fowler (1981) identified (Box 13-2), in which “one experiences a oneness with the ultimate conditions of one’s life and being” (Kohlberg & Ryncarz, 1990, p. 202).

## Culture and Moral Reasoning

Heinz’s dilemma, described in Chapter 11, was revised for use in Taiwan. In the revision, a shopkeeper will not give a man *food* for his sick wife. This version would seem unbelievable to Chinese villagers, who are more accustomed to hearing a shopkeeper in such a situation say, “You have to let people have things whether they have money or not” (Wolf, 1968, p. 21).

Whereas Kohlberg’s system is based on justice, the Chinese ethos leans toward conciliation and harmony. In Kohlberg’s format, respondents make an either-or decision based on their own value system. In Chinese society, people faced with moral dilemmas are expected to discuss them openly, be guided by community standards, and try to find a way of resolving the problem to please as many parties as possible. In the West, even good people may be harshly punished if, under the force of



## Development of Faith across the Life Span

What is faith, and how does it develop? James Fowler (1981, 1989) defined *faith* broadly as a way of seeing or knowing the world. To find out how people arrive at this knowledge, Fowler and his students at Harvard Divinity School interviewed more than 400 people of all ages with various ethnic, educational, and socioeconomic backgrounds and various religious or secular identifications and affiliations.

According to Fowler, faith develops—as do other aspects of cognition—through interaction between the maturing person and the environment. As in other stage theories, each of Fowler's stages of faith builds on those that went before. New experiences—crises, problems, or revelations—that challenge or upset a person's equilibrium may prompt a leap from one stage to the next. The ages at which these transitions occur are variable, and some people never leave a particular stage. Fowler's stages correspond roughly to those described by Piaget, Kohlberg, and Erikson.

- *Stage 1: Intuitive-projective faith* (ages 18–24 months to 7 years). The beginnings of faith, says Fowler, come after children have developed what Erikson called *basic trust*: the sense that their needs will be met by powerful others. As young children struggle to understand the forces that control their world, they form powerful, imaginative images of God, heaven, and hell, drawn from the stories adults tell or read to them. Still egocentric, they have difficulty distinguishing God's point of view from their own or their parents'. They think of God mainly in terms of expecting obedience to avoid punishment.
- *Stage 2: Mythic-literal faith* (ages 7 to 12 years). Children begin to develop a more logical, coherent view of the universe. They tend to take religious stories and symbols literally. They can now see God as having a perspective and judgment beyond their own, which takes into account effort and intent. They believe that God is fair and that people get what they deserve.
- *Stage 3: Synthetic-conventional faith* (adolescence or beyond). Adolescents, now capable of abstract thought, begin to adopt belief systems and commitments to ideals. As they search for identity, they may seek a more personal relationship with God, but they look to others (often to peers) for moral authority. Their faith typically is unquestioning and conforms to community standards. About 50 percent of adults may remain at this stage.
- *Stage 4: Individuative-reflective faith* (early to middle twenties or beyond). Adults who reach this stage examine their faith critically and think out their own beliefs, independent of external authority and group norms.
- *Stage 5: Conjunctive faith* (midlife or beyond). Middle-aged people may become more aware of the limits of reason. They recognize life's paradoxes and contradictions, and they

often struggle with conflicts between fulfilling their own needs and sacrificing for others. As they begin to anticipate death, they may achieve a deeper understanding and acceptance through faith.

- *Stage 6: Universalizing faith* (late life). In this rare category Fowler placed such moral and spiritual leaders as Mahatma Gandhi, Martin Luther King Jr., and Mother Teresa, whose vision or commitment profoundly inspires others. Because they threaten the established order, they may become martyrs; and though they love life, they do not cling to it. This stage parallels Kohlberg's proposed seventh stage of moral development.

As one of the first researchers to systematically study how faith develops, Fowler has had great impact; his work has become required reading in many divinity schools. It also has been criticized on several counts (Koenig, 1994). Critics point out that his sample was not random or representative. They say Fowler's concept of faith is at odds with conventional definitions, which involve acceptance, not introspection. They challenge his emphasis on cognitive knowledge and maintain that he underestimates the maturity of a simple, solid, unquestioning faith. Critics also question whether faith develops in stages—at least in those Fowler identified. Fowler himself has cautioned that his advanced stages should not be seen as better or truer than others, though he does portray people at his highest stage as moral and spiritual exemplars.

Some of these criticisms resemble those made against other major models of life-span development. Piaget's, Kohlberg's, and Erikson's initial samples were not randomly selected either, and the validity of their proposed stages has been questioned. More research is needed to confirm, modify, or extend Fowler's theory, especially in non-Western cultures.

### What's Your View?

Is faith in God necessary to be a religious person? Do you fit into one of the stages of faith that Fowler described?

### Check It Out

For more information on this topic, go to [www.psywww.com/psyrelig](http://www.psywww.com/psyrelig) (a website intended as an introduction to psychology of religion, which describes "what psychologists have learned about how religion influences people's lives").

**Table 13-1** Gilligan's Levels of Moral Development in Women

Stage	Description
Level 1: Orientation of individual survival <i>Transition 1: From selfishness to responsibility</i>	The woman concentrates on herself—on what is practical and what is best for her. The woman realizes her connection to others and thinks about what the responsible choice would be in terms of other people (including her unborn baby), as well as herself.
Level 2: Goodness as self-sacrifice <i>Transition 2: From goodness to truth</i>	This conventional feminine wisdom dictates sacrificing the woman's own wishes to what other people want—and will think of her. She considers herself responsible for the actions of others, while holding others, responsible for her own choices. She is in a dependent position, one in which her indirect efforts to exert control often turn into manipulation, sometimes through the use of guilt. The woman assesses her decisions not on the basis of how others will react to them but on her intentions and the consequences of her actions. She develops a new judgment that takes into account her own needs, along with those of others. She wants to be "good" by being responsible to others, but also wants to be "honest" by being responsible to herself. Survival returns as a major concern.
Level 3: Morality of nonviolence	By elevating the injunction against hurting anyone (including herself) to a principle that governs all moral judgment and action, the woman establishes a "moral equality" between herself and others and is then able to assume the responsibility for choice in moral dilemmas.

Source: Reprinted and adapted by permission of the publisher from *In a Different Voice: Psychological Theory and Women's Development* by Carol Gilligan, Cambridge, Mass. Harvard University Press. Copyright © 1982, 1993 by Carol Gilligan.

### What's Your View?

- Have you ever observed or had an experience with a person from another culture that revealed cultural differences in moral principles?

circumstances, they break a law. The Chinese are unaccustomed to universally applied laws; they are taught to abide by the decisions of a wise judge (Dien, 1982).

However, we need to be careful to avoid making broad-brush generalizations about cultural attitudes. Concepts of rights, welfare, and justice exist in all cultures, though they may be applied differently. To say that Western cultures are individualistic and Eastern cultures are collectivist ignores individual differences and even diametrically opposed attitudes within each culture, and the specific contextual situations in which moral judgments are applied (Turiel, 1998). For example, the outpouring of relief funds from the United States for survivors of the tsunami in Southeast Asia and of Hurricane Katrina in New Orleans and the Gulf coast showed that compassion may be as strong a part of the American ethos as competition.

## Gender and Moral Reasoning

Carol Gilligan suggested that a woman's central moral dilemma is the conflict between her needs and those of others (see Chapter 11). To find out how women make moral choices, Gilligan (1982/1993) interviewed 29 pregnant women about their decisions to continue or end their pregnancies. These women saw morality in terms of selfishness versus responsibility, defined as an obligation to exercise care and avoid hurting others. Gilligan concluded that women think less about abstract justice and fairness than men do and more about their responsibilities to specific people. (Table 13-1 lists Gilligan's proposed levels of moral development in women.)



However, other research has not, on the whole, found significant gender differences in moral reasoning (Brabeck & Shore, 2003). One analysis comparing results from 66 studies found no significant differences in men's and women's responses to Kohlberg's dilemmas across the life span. In the few studies in which men scored slightly higher, the findings were not clearly gender-related, as the men generally were better educated and had better jobs than the women (L. J. Walker, 1984). A more recent analysis of 113 studies reached a slightly more nuanced conclusion. Although women were more likely to think in terms of care, and men in terms of justice, these differences were small, especially among university students. Ages of respondents and the types of dilemmas or questions presented were more significant factors than gender (Jaffee & Hyde, 2000). Thus, the weight of evidence does not appear to back up either of Gilligan's original contentions: a male bias in Kohlberg's theory or a distinct female perspective on morality (L. Walker, 1995).

In her later research, Gilligan has described moral development in *both* men and women as evolving beyond abstract reasoning. In studies using real-life moral dilemmas (such as whether a woman's lover should confess their affair to her husband), rather than hypothetical dilemmas like the ones Kohlberg used, Gilligan and her colleagues found that many people in their twenties become dissatisfied with a narrow moral logic and become more able to live with moral contradictions (Gilligan, Murphy, & Tappan, 1990). It seems, then, that if Gilligan's earlier research reflected an alternative value system, it was not gender-based. At the same time, with the inclusion of his seventh stage, Kohlberg's thinking evolved to a point of greater agreement with Gilligan's. Both theories now place responsibility to others at the highest level of moral thought. Both recognize the importance for both sexes of connections with other people and of compassion and care.

## Education and Work

Unlike young people in past generations, who typically could expect to move directly from school to work and financial independence, many emerging adults today do not have a clear career path. Some alternate between education and work; others pursue both at the same time. Most of those who do not enroll in postsecondary education, or do not finish, enter the job market, but many return later for more schooling (Furstenberg et al., 2005; Hamilton & Hamilton, 2006; NCES, 2005b). Some, especially in the United Kingdom, take a year off from formal education or the workplace—a *gap year*—to gain new skills, do volunteer work, travel, or study abroad (Jones, 2004). And some combine college with marriage and child rearing (Fitzpatrick & Turner, 2007). Many emerging adults who are in school or living in their parents' homes are financially dependent (Schoeni & Ross, 2005).

Educational and vocational choices after high school may present opportunities for cognitive growth. Exposure to a new educational or work environment offers the opportunity to hone abilities, question long-held assumptions, and try out new ways of looking at the world. For the increasing number of students of non-traditional age (age 25 and up), college or workplace education is rekindling intellectual curiosity, improving employment opportunities, and enhancing work skills.

## The College Transition

College is an increasingly important path to adulthood, though it is only one such path and, until recently, not the most common one (Montgomery & Côté, 2003). Between 1972 and 2005, the proportion of U.S. high school graduates who went

### What's Your View?

- Which, if either, do you consider to be higher moral priorities: justice and rights, or compassion and responsibility?

### Checkpoint

#### Can you . . .

- ◆ Give examples of the roles of experience and culture in adult moral development?
- ◆ State Gilligan's original position on gender differences in moral development, and summarize research findings on the subject?

### Guidepost 6

How do emerging adults make the transitions to higher education and work, and how do these experiences affect cognitive development?



College enrollments in the United States are at an all-time high. More than 2 out of 3 high school graduates go right to college.

right on to a two- or four-year college grew from less than half (49 percent) to more than two-thirds (69 percent), and 58 percent of all 25- to 29-year-olds had completed at least some college work (NCES, 2007a). Six out of ten undergraduate students attend four-year, degree-granting institutions (Knapp, Kelly-Reid, Whitmore, & Miller, 2007), but an increasing proportion attend college part-time or go to two-year, vocationally oriented community colleges (NCES, 2004a; Seftor & Turner, 2002).

College courses and even complete degree or certificate programs are now widely available by *distance learning*, in which courses are delivered via mail, e-mail, the Internet, or other technological means (NCES, 2004a). About 3.5 million students, nearly 20 percent of all U.S. higher educa-

tion enrollees, took at least one online course during the fall of 2006 (Allen & Seaman, 2007).

**Gender, Socioeconomic Status, and Race/Ethnicity** U.S. college enrollment reaches record highs each year, thanks largely to a faster-growing number of female students. In a reversal of the traditional gender gap, women now make up 57 percent of U.S. undergraduate students and 57.4 percent of those earning bachelor's degrees, up from 42 percent in 1970 (NCES, 2007a). This development is due in part to a decline in gender discrimination and in part to women's growing awareness of the need to support themselves (Buchmann & DiPrete, 2006). Similarly, women have higher postsecondary enrollment rates than men in most European countries, as well as Australia, Canada, New Zealand, Japan, and the Russian Federation (Buchmann & DiPrete, 2006; Sen et al., 2005). U.S. women are more likely than men to enroll in graduate school and earn master's degrees (59 percent) and almost as likely to complete doctoral degrees (NCES, 2007a).

Still, gender differences are evident at these highest educational levels (Halpern et al., 2007). In the United States, women, with their stronger verbal facility, remain more likely than men to major in traditionally women's fields, such as education, nursing, English literature, and psychology, and not in math and science (NCES, 2007a). Although women generally do better than men in high school math and science courses, they tend to score lower on standardized college and graduate school entrance tests—a fact that may relate to men's advantage at the upper end of the mathematical, visual, and spatial ability range or perhaps to differences in the way men and women solve novel problems (Halpern et al., 2007). Even so, women have made gains in almost every field (NCES, 2006b). More women than in the past now earn engineering degrees, though at least 80 percent of bachelor's degrees in that field still go to men (Halpern et al., 2007; NCES, 2007a). The percentage of professional degrees (law, medicine, dentistry, and so forth) awarded to women has risen dramatically since 1970 (NCES, 2005c).

Socioeconomic status and race/ethnicity affect access to postsecondary education. In 2005, 81 percent of high school graduates from high-income families, as compared with only 53.5 percent from low-income families, enrolled in college immediately after high school. Minority participation, however, has risen at all

levels. More than 50 percent of Hispanics and blacks who finished high school in 2005 went directly to college. Although white students earned about 73 percent of bachelor's degrees, minority students accounted for about half the increase in those degrees (NCES, 2007a).

**Adjusting to College** Many freshmen feel overwhelmed by the demands of college. Family support seems to be a key factor in adjustment, both for students commuting from home and for those living on campus. Students who are adaptable, have high aptitude and good problem-solving skills, become actively engaged in their studies and in the academic environment, and enjoy close but autonomous relationships with their parents tend to adjust best and get the most out of college. Also important is being able to build a strong social and academic network among peers and instructors (Montgomery & Côté, 2003).

**Cognitive Growth in College** College can be a time of intellectual discovery and personal growth, especially in verbal and quantitative skills, critical thinking, and moral reasoning (Montgomery & Côté, 2003). Students change in response to (1) the curriculum, which offers new insights and new ways of thinking; (2) other students who challenge long-held views and values; (3) the student culture, which is different from the culture of society at large; and (4) faculty members, who provide new role models. In terms of both immediate and long-term benefits, going to college—any college—is more important than which college a person attends (Montgomery & Côté, 2003).

The college experience may lead to fundamental change in the way students think (Fischer & Pruyne, 2003). In a groundbreaking study that foreshadowed more recent research on reflective and postformal thought, William Perry (1970) interviewed 67 Harvard and Radcliffe students throughout their undergraduate years and found that their thinking progressed from *rigidity* to *flexibility* and ultimately to *freely chosen commitments*. Many students come to college with rigid ideas about truth; they cannot conceive of any answer but the “right” one. As students begin to encounter a wide range of ideas and viewpoints, said Perry, they are assailed by uncertainty. They consider this stage temporary, however, and expect to learn the “one right answer” eventually. Next, they come to see all knowledge and values as relative. They recognize that different societies and different individuals have different value systems. They now realize that their opinions on many issues are as valid as anyone else's, even those of a parent or teacher; but they cannot find meaning or value in this maze of systems and beliefs. Chaos has replaced order. Finally, they achieve *commitment within relativism*: They make their own judgments and choose their own beliefs and values despite uncertainty and the recognition of other valid possibilities.

A diverse student body can contribute to cognitive growth. In one experiment, small-group discussions were held among 357 students at three selective universities. Each group consisted of three white students and a fourth student, collaborating with the researchers, who was either white or black. Discussions in which a black collaborator participated produced greater novelty and complexity of ideas than those in which all participants were white. So, to a lesser extent, did discussions in which the collaborator (black or white) disagreed with the other participants (Antonio et al., 2004).

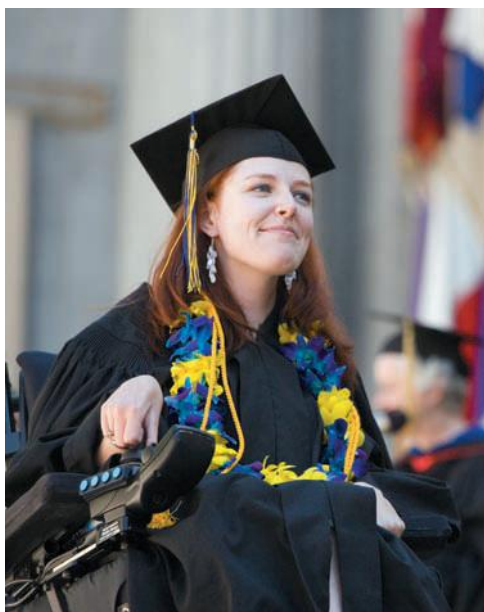
**Community College and Occupational Education** About 37 percent of undergraduates are enrolled in two-year community colleges (Knapp, Kelly-Reid, Whitmore, & Miller, 2007). Compared with students in four-year institutions, these students tend to be 24 or older, female, from minority or low-income



### What's Your View?

- From your observation, does college students' thinking typically seem to follow the stages Perry outlined?
- Have you found that ethnic diversity increases the intellectual level of a discussion?





*The future looks bright for this young woman. Today, more women than men enter college and earn degrees, and many colleges offer support and facilities for students with disabilities. A college education is often the key to a successful career and a healthy, satisfying life.*

## ✓ Checkpoint

Can you . . .

- ◆ Discuss factors affecting who goes to college and who finishes?
- ◆ Tell how college can affect cognitive development?

families, and independent of their parents. They are likely to attend classes part-time and work full-time (Horn & Nevill, 2006). Many of these students are pursuing occupational rather than academic studies (Hudson, Kienzl, & Diehl, 2007).

As compared with students in four-year colleges, community college students tend to be less likely to complete a degree (Gardenhire-Crooks, Collado, & Ray, 2006; Hamilton & Hamilton, 2006). A significant proportion of these students enroll to enhance job skills or for reasons of personal interest (Horn & Nevill, 2006).

**Completing College** Although college entrance has become more common in the United States, *finishing* college has not. Only 1 out of 4 young people who start college (1 out of 2 at four-year institutions) have received a degree after five years (Horn & Berger, 2004; NCES, 2004a). This does not mean that the rest drop out. A growing number of students, especially men, remain in college more than five years or switch from two-year to four-year institutions (Horn & Berger, 2004; Peter & Horn, 2005).

Whether a person completes college may depend, not only on motivation, academic aptitude and preparation, and ability to work independently, but also on social integration and social support: employment opportunities, financial support, suitability of living arrangements, quality of social and academic interactions, and the fit between what the college offers and what the student wants and needs. Intervention programs for at-risk students have improved college attendance rates by creating meaningful bonds between students and teachers, finding opportunities for students to work while in college, providing academic assistance, and helping students see how college can move them toward a better future (Montgomery & Côté, 2003).

## Entering the World of Work

By their midtwenties, most emerging adults have moved out of their parents' households and are either working or pursuing advanced education (Hamilton & Hamilton, 2006). Those who enter the workforce face a rapidly changing picture. The nature of work is changing, and work arrangements are becoming more varied and less stable. Manufacturing jobs in the United States have virtually disappeared. More and more adults are self-employed, working at home, telecommuting, on flexible work schedules, or acting as independent contractors. These changes, together with a more competitive job market and the demand for a highly skilled workforce, make education and training more vital than ever before (Corcoran & Matsudaira, 2005).

Higher education expands employment opportunities and earning power (Figure 13-4) and enhances long-term quality of life for adults worldwide (Centre for Educational Research and Innovation, 2004; Montgomery & Côté, 2003). In the United States, adults with advanced degrees earn four times more than those with less than a high school diploma (U.S. Census Bureau, 2007b). For adults without higher education, unemployment rates are high (U.S. Census Bureau, 2006a), and it may be difficult to earn enough to establish an independent household. A cross-national survey in Belgium, Canada, Germany, and Italy found a decline in economic self-sufficiency among 18- to 34-year-old men and among women in their early twenties between the mid-1980s and 1995–2000. Women in their late twenties and early thirties were doing better than before, but still not as well as men their age. North America and, to some extent, the United Kingdom showed more positive

trends: improved employment rates and more stable or slightly increased earnings (Bell, Burtless, Gornick, & Smeeding, 2007). Still, workers in their twenties, especially their early twenties, tend to be concentrated in low-wage, low-skilled positions and frequently change jobs (Hamilton & Hamilton, 2006).

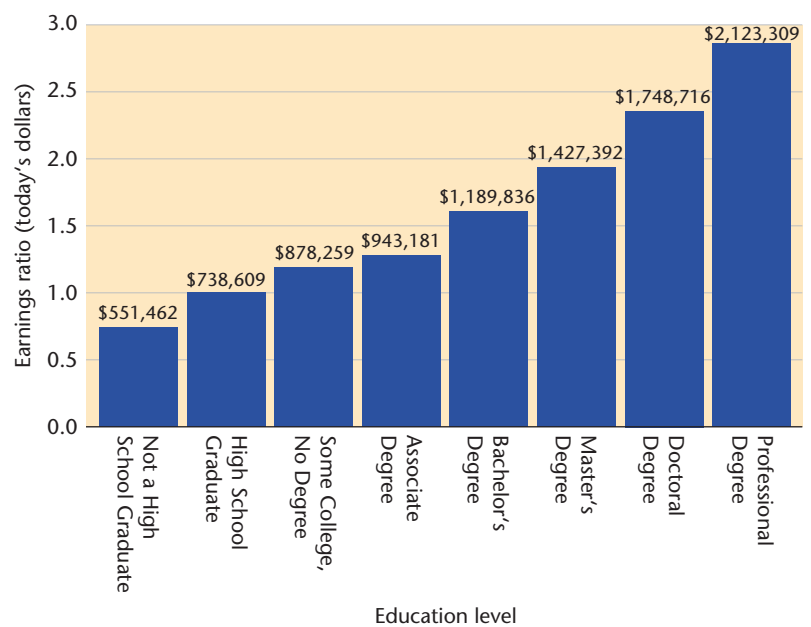
Although income differentials between male and female workers exist at all levels of educational attainment, these gaps have narrowed considerably. In 1980, the average young man with a bachelor's degree earned 36 percent more than the average young woman; in 2002 the difference was 23 percent (NCES, 2007a). However, a report by the American Association of University Women (2007) found that the earnings gap increases during the 10 years after graduation, so that women at that point earn only 69 percent of what their male counterparts do. Furthermore, one-fourth of the pay gap is unexplained by such factors as hours, occupations, and parenthood, suggesting that it stems from gender discrimination.

**Combining Work and Schooling** Nearly half (49 percent) of full-time U.S. college students were employed, usually part-time, in 2005 (NCES, 2007a). How does juggling work and study affect cognitive development and career preparation? One longitudinal study followed a random sample of incoming freshmen through their first three years of college. During the first two years, on- or off-campus work had little or no effect on reading comprehension, mathematical reasoning, or critical thinking skills. By the third year, part-time work had a positive effect, perhaps because employment forces students to organize their time efficiently and learn better work habits. However, working more than 15 to 20 hours a week tended to have a negative impact (Pascarella, Edison, Nora, Hagedorn, & Terenzini, 1998).

**Cognitive Growth at Work** Do people change as a result of the kind of work they do? Some research says yes: People seem to grow in challenging jobs, the kind that are becoming increasingly prevalent today. This research has revealed a reciprocal relationship between the **substantive complexity** of work—the degree of thought and independent judgment it requires—and a person's flexibility in coping with cognitive demands (Kohn, 1980).

Brain research casts light on how people deal with complex work. Full development of the frontal lobes during young adulthood may equip people to handle several tasks at the same time. Magnetic resonance imaging shows that the most frontward part of the frontal lobes has a special function in problem solving and planning. This portion of the brain springs into action when a person needs to put an unfinished task on hold and shift attention to another task. It permits a worker to keep the first task in working memory while attending to the second—for example, to resume reading a report after being interrupted by the telephone (Koechlin, Basso, Pietrini, Panzer, & Grafman, 1999).

Cognitive growth need not stop at the end of the workday. According to the **spillover hypothesis**, cognitive gains from work carry over to nonworking hours. Studies support this hypothesis: Substantive complexity of work strongly influences the intellectual level of leisure activities (Kohn, 1980; K. Miller & Kohn, 1983).



**Figure 13-4**

Expected lifetime earnings (present value) by educational level: United States, 2007. Even considering the cost of an education, higher educational levels mean more lifetime earnings. *Note:* Based on the sum of median 2005 earnings from ages 25 to 64 for each education level. Future earnings are discounted using a 3 percent annual rate to account for the reality that, because of foregone interest, dollars received in the future are not worth as much as those received today. Data from U.S. Census Bureau. (Source: Adapted from Baum & Ma, 2007, p.10.)

**substantive complexity** Degree to which a person's work requires thought and independent judgment.

**spillover hypothesis** Hypothesis that a positive correlation exists between intellectuality of work and of leisure activities because of a carryover of cognitive gains from work to leisure.

**Smoothing the Transition to the Workplace** Although some emerging adults successfully navigate the worlds of education and work, others flounder or sink. What does it take to achieve a successful transition from school to work? A review of the literature points to four key factors: (1) competence (in general and at work); (2) personal characteristics such as initiative, flexibility, purposefulness, and a sense of urgency; (3) positive personal relationships; and (4) links between schooling and employment (Blustein, Juntunen, & Worthington, 2000).

Some developmental scientists (Furstenberg et al., 2005; Settersten, 2005) suggest measures to strengthen the links between work and educational institutions, especially community colleges.

- Improve dialogue between educators and employers.
- Modify school and work schedules to adapt to the needs of working students.
- Let employers help design work-study programs.
- Increase availability of temporary and part-time work.
- Relate better what students learn at work and in school.
- Improve training of vocational guidance counselors.
- Make better use of study and support groups and tutoring and mentoring programs.
- Provide scholarships, financial aid, and health insurance to part-time as well as full-time students and employees.

Work affects day-to-day life, not only on the job but at home, and it brings both satisfaction and stress. In Chapter 14, we explore the effects of work on relationships as we look at psychosocial development in young adulthood.



### Checkpoint

#### Can you . . .

- ◆ Summarize recent changes in the workplace?
- ◆ Discuss the impact of combining work and schooling?
- ◆ Explain the relationship between substantive complexity of work and cognitive development?
- ◆ List proposals for easing the transition to the workplace?

## Summary and Key Terms

### Emerging Adulthood

**Guidepost 1:** *What does it mean to be an adult, and what factors affect the timing of entrance to adulthood?*

- For many young people in advanced technological societies, entrance into adulthood is not clearly marked; it takes longer and follows more varied routes than in the past. Some developmental scientists suggest that the late teens through the midtwenties has become a transitional period called *emerging adulthood*.
- Emerging adulthood consists of multiple milestones or transitions, and their order and timing varies. Passage of these milestones, or other culture-specific criteria, may determine when a young person becomes an adult.

emerging adulthood (423)

### PHYSICAL DEVELOPMENT

#### Health and Fitness

**Guidepost 2:** *In what physical condition is the typical young adult, and what factors affect health and well-being?*

- Physical and sensory abilities are typically excellent in emerging and young adulthood.
- Accidents are the leading cause of death in this age group.
- The mapping of the human genome is enabling the discovery of genetic bases for certain disorders.
- Lifestyle factors such as diet, obesity, exercise, sleep, smoking, and substance use or abuse can affect health and survival.



- Good health is related to higher income and education. African Americans and some other minorities tend to be less healthy than other Americans, in part due to SES.
- Social relationships, especially marriage, tend to be associated with physical and mental health.
- Mental health is generally good in early adulthood, but certain conditions, such as depression, become more prevalent. Alcohol abuse and alcoholism are the most common substance disorders.

alcoholism (430)

## Sexual and Reproductive Issues

**Guidepost 3:** *What are some sexual and reproductive issues at this time of life?*

- Almost all U.S. young adults have sexual relations before marriage.
- Sexually transmitted diseases, menstrual disorders, and infertility can be concerns during young adulthood.
- The highest rates of STDs in the United States are among emerging adults, particularly among young women.
- The most common cause of infertility in men is a low sperm count; the most common cause in women is blockage of the fallopian tubes.
- Infertile couples now have several options for assisted reproduction. These techniques involve ethical and practical issues.

premenstrual syndrome (PMS) (432)

infertility (433)

# COGNITIVE DEVELOPMENT

## Perspectives on Adult Cognition

**Guidepost 4:** *What is distinctive about adult thought?*

- Some investigators propose distinctively adult forms of cognition beyond formal operations. Reflective thinking emphasizes complex logic; postformal thought involves intuition and emotion as well.
- Schaie proposed seven stages of age-related cognitive development: acquisitive (childhood and adolescence), achieving (young adulthood), responsible and executive (middle adulthood), and reorganizational, reintegrative, and legacy-creating (late adulthood).
- According to Sternberg's triarchic theory of intelligence, the experiential and contextual elements become particularly important during adulthood. Tests that

measure tacit knowledge can be useful complements to traditional intelligence tests.

- Emotional intelligence may play an important part in life success.

reflective thinking (435)

postformal thought (435)

emotional intelligence (EI) (439)

## Moral Reasoning

**Guidepost 5:** *How does moral reasoning develop?*

- According to Kohlberg, moral development in adulthood depends primarily on experience, though it cannot exceed the limits set by cognitive development. Experience may be interpreted differently in various cultural contexts.
- Gilligan initially proposed that women have an ethic of care, whereas Kohlberg's theory emphasizes justice. However, later research, including her own, has not supported a distinction between men's and women's moral outlook.

## Education and Work

**Guidepost 6:** *How do emerging adults make the transitions to higher education and work, and how do these experiences affect cognitive development?*

- A majority of emerging adults now go to college, either to two-year or four-year institutions. More women than men now go to college, and an increasing percentage pursue advanced degrees even in traditionally male-dominated fields. Minority participation is growing, but more slowly.
- According to Perry, college students' thinking tends to progress from rigidity to flexibility to freely chosen commitments.
- Research has found a relationship between substantive complexity of work and cognitive growth, as well as between complex work and intellectually demanding leisure activities.
- Changes in the workplace call for higher education or training. Higher education greatly expands workplace opportunities and earnings.
- The transition to the workplace could be eased through measures to strengthen vocational education and its links with work.

substantive complexity (447)

spillover hypothesis (447)





Every adult is in need of help, of warmth, of protection . . . in many ways differing [from] and yet in many ways similar to the needs of the child.

—Erich Fromm, *The Sane Society*, 1955

### ***Did You Know . . .***

- Emerging adults reportedly are happiest when they are in college, have not yet married, and have no children?
- About half of emerging adults ages 18 to 24 in the United States live at home with one or both parents?
- Historically and across cultures, the most common way of selecting a mate has been through arrangement, either by the parents or by professional matchmakers?
- The proportion of young adults ages 25 to 34 in the United States who have not yet married has approximately tripled since 1970?
- Half of young parents say they have too little time with their children, according to national surveys?
- The U.S. divorce rate in 2006 was at its lowest point since 1970?

These are just a few of the interesting and important topics we will cover in this chapter. Personal choices made in emerging and young adulthood establish a framework for the rest of life. How have paths to adulthood changed in recent decades? How does identity develop in emerging adulthood, and how do emerging adults renegotiate relationships with parents? Does personality stop growing when the body does, or does it keep developing throughout life? In this chapter, we explore questions such as these. We also examine the choices that frame personal and social life: adopting a sexual lifestyle; marrying, cohabiting, or remaining single; having children or not; and establishing and maintaining friendships. After you have read and studied this chapter, you should be able to answer each of the Guidepost questions on the following page.

## **OUTLINE**

### **Emerging Adulthood: Patterns and Tasks**

*Varied Paths to Adulthood* • *Identity Development in Emerging Adulthood* • *Developing Adult Relationships with Parents*

### **Personality Development: Four Views**

*Normative-Stage Models* • *Timing-of-Events Model* • *Trait Models: Costa and McCrae's Five Factors* • *Typological Models*

### **Foundations of Intimate Relationships**

*Friendship* • *Love*

### **Marital and Nonmarital Lifestyles**

*Single Life* • *Gay and Lesbian Relationships* • *Cohabitation* • *Marriage*

### **Parenthood**

*Parenthood as a Developmental Experience* • *How Dual-Income Families Cope*

### **When Marriage Ends**

*Divorce* • *Remarriage and Stepparenthood*

### **BOX 14-1: Research in Action: Intimate Partner Violence**



## Guideposts *for Study*

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1. What influences today's varied paths to adulthood, and how do emerging adults develop a sense of adult identity and an autonomous relationship with their parents?
  2. Does personality change during adulthood, and, if so, how?
  3. How is intimacy expressed in friendship and love?
  4. When and why do young adults choose to remain single, form gay or lesbian relationships, cohabit, or marry, and how satisfying and stable are those lifestyles?
  5. When do most adults become parents, and how does parenthood affect a marriage?
  6. What are the trends in divorce rates, and how do young adults adjust to divorce, remarriage, and stepparenthood?
- 



### Guidepost 1

What influences today's varied paths to adulthood, and how do emerging adults develop a sense of adult identity and an autonomous relationship with their parents?

## Emerging Adulthood: Patterns and Tasks

Mark, Alissa, and Molly grew up in a middle-class family. Their father, as was typical in his generation, had gone straight from high school to college and into a job as an accountant. Their mother, also typically, had stayed home while they were growing up and then had begun a midlife career selling real estate. The three siblings, born near the end of the baby boom, all graduated from high school and went on to college. But from there on, the similarity ends.

Mark, the oldest, was a talented tenor who majored in music but dropped out of college after his freshman year. After exploring various options, from a temporary job as a carpenter's helper to a summer gig as a singing waiter on a cruise ship, in his late twenties he hired a vocal coach and began to get singing engagements. By his early thirties he had established a vocal career. He remained single.

Alissa graduated from college and took a one-year internship as a teaching assistant before applying to graduate school. At 24 she earned a master's degree in special education and found a job teaching students with learning disabilities. At 28, she married and, by age 36, had four children, whom she stayed home and raised.

Molly, the youngest, had a head for figures. After graduating from college, she spent five years as a bookkeeper while living with a man she had met at work. At 29 she earned an M.B.A. and was hired by a major corporation, where she met the man she married at age 32. With three young children in five years, she and her husband juggled the responsibilities of corporate careers and parenthood.

## Varied Paths to Adulthood

Paths to adulthood are far more varied than in the past. Before the 1960s, young people in the United States typically finished school, left home, got a job, got married, and had children, in that order. By the 1990s, only 1 in 4 young adults followed that sequence (Mouw, 2005).

For many young people today, emerging adulthood is a time of experimentation before assuming adult roles and responsibilities. A young man or woman may get a job and an apartment and revel in the single life. A young married couple may move in with parents while they finish school or get on their feet or after a



job loss. Such traditional developmental tasks as finding stable work and developing long-term romantic relationships may be postponed until the thirties or even later (Roisman, Masten, Coatsworth, & Tellegen, 2004). What influences affect these varied paths to adulthood?

**Influences on Paths to Adulthood** Individual paths to adulthood are influenced by such factors as gender, academic ability, early attitudes toward education, expectations in late adolescence, and social class. Increasingly, emerging adults of both sexes extend education and delay parenthood (Osgood et al., 2005), and these decisions are usually keys to future success (Sandefur, Eggerling-Boeck, & Park, 2005) as well as to current well-being. In a longitudinal study that followed a nationally representative sample of high school seniors each year since 1975, emerging adults with the highest well-being were those who were not yet married, had no children, attended college, and lived away from their childhood home (Schulenberg et al., 2005). In another study, youth who were downwardly mobile tended to leave home earlier, get less support from parents, forgo higher education, and have children earlier. Early parenthood particularly limited future prospects (Mollenkopf, Waters, Holdaway, & Kasinitz, 2005).

Some emerging adults have more resources—financial and developmental—than others. Much depends on *ego development*: a combination of ability to understand oneself and one's world, to integrate and synthesize what one perceives and knows, and to take charge of planning one's life course. Some emerging adults have more highly developed egos than others and are therefore more ready to learn to stand alone (Tanner, 2006).

## Identity Development in Emerging Adulthood

As we discussed in Chapter 12, Erikson saw the search for identity as a lifelong task focused largely on adolescence. Increasingly, in postindustrialized countries today, the active search for identity extends into emerging adulthood (Côté, 2006). Emerging adulthood offers a moratorium, or time out, from developmental pressures and the freedom to experiment with various roles and lifestyles, but it also represents a turning point during which adult role commitments gradually crystallize. By the end of these years, the self “consolidates around a set of roles and beliefs that define a relatively stable adult personality” (Tanner, 2006, p. 24), and young adulthood begins. Until and unless that task is accomplished, however, identity confusion may set in (Côté, 2006).

**Recentering** **Recentering** is a proposed name for the process that underlies the shift to an adult identity. It is the primary task of emerging adulthood. Recentering is a three-stage process in which power, responsibility, and decision making gradually shift from the family of origin to the independent young adult (Tanner, 2006):

- At *stage 1*, the beginning of emerging adulthood, the individual is still embedded in the family of origin, but expectations for self-reliance and self-directedness begin to increase.
- In *stage 2*, during emerging adulthood, the individual remains connected to (and may be financially dependent on) but no longer embedded within the family of origin. Temporary, exploratory involvements in a variety of college courses, jobs, and intimate partners mark this stage. Toward the end of this stage, the individual is moving toward serious commitments and gaining the resources to support them.



### What's Your View?

- What path have you taken, or are you taking, toward adulthood? Do you have friends who took other paths?



### Checkpoint

Can you . . .

- ◆ Give examples of various paths to adulthood?
- ◆ Discuss influences on paths young people take to adulthood?

**recentering** Process that underlies the shift to an adult identity.

- In *stage 3*, usually by age 30, the individual moves into young adulthood. This stage is marked by independence from the family of origin (while retaining close ties to it) and commitment to a career, a partner, and possibly children.

**The Contemporary Moratorium** A fragmented, postindustrial society offers many emerging adults little guidance and less pressure to grow up. As a result, they need to fall back on their own resources (Heinz, 2002). They must construct their life course out of the opportunities and constraints they find around them. Not everyone is equally up to the task (Côté, 2006).

Identity status research has found that only 10 to 30 percent of Western youth seem to go through what Marcia termed the *moratorium* status, a self-conscious crisis that leads to a resolution. Most seem to do little active, conscious deliberation, instead taking a passive (diffused) approach or taking the lead from their parents (foreclosure). For some, an extended moratorium can lead to a dead-end state called *youthhood*, a more or less permanent alternative to adulthood. Nevertheless, about 3 out of 4 settle on some sort of occupational identity by the end of their twenties. Identity confusion persists for 10 to 20 percent, who lack what Erikson called *fidelity*: faith in something larger than themselves (Côté, 2006).

**Racial/Ethnic Identity Exploration** Identity exploration is somewhat different for racial/ethnic minorities than for the majority white population. Many minority youth must take on adult responsibilities earlier than their peers. At the same time, they tend to value close and interdependent family relations and may feel obligated to assist their families financially. They may be under pressure to marry and have children at an early age. Thus, for them, emerging adulthood may be curtailed. On the other hand, they must deal with special identity issues regarding their ethnicity, and this process may extend well beyond the twenties (Phinney, 2006).

If they are living in settings different from their culture of origin, they may begin to question the traditional values of their ethnic group. To achieve a secure ethnic identity, they must come to understand themselves both as part of an ethnic group and of the wider, diverse society. Multiracial young people have the added challenge of figuring out where they fit in. Still, many reach a resolution that leads to identity achievement, as in the following:

“When I was younger I felt I didn’t belong anywhere. But now I’ve just come to the conclusion that . . . that’s just the way I am, . . . and my home is inside myself. . . . I no longer feel the compulsion to fit in ‘cause if you’re just trying to fit in you never do.” (Alipuria, 2002, p. 143)

## Developing Adult Relationships with Parents

A measure of how successfully emerging adults handle the developmental task of leaving the childhood home is their ability to maintain autonomous but connected relationships with their parents (Aquilino, 2006a; Scharf et al., 2004). As young people leave home, they must complete the negotiation of autonomy begun in adolescence and redefine their relationship with their parents as one between adults. Parents who are unable to acknowledge this change may slow their children’s development (Aquilino, 2006a).

**Influences on Relationships with Parents** Even though they are no longer children, emerging adults still need parental acceptance, empathy, and support, and attachment to the parents remains a key ingredient of well-being. Financial support from parents, especially for education, enhances emerging adults’ chances of success in adult roles (Aquilino, 2006a).



### Checkpoint

#### Can you . . .

- ◆ Define *recentering* and summarize its three stages?
- ◆ Discuss identity status research on emerging adults in postindustrial societies?
- ◆ Explain why identity development of racial/ethnic minorities is complex?

In a longitudinal study of more than 900 New Zealand families, positive parent-child relationships during early adolescence predicted warmer and less conflicted relationships with both mothers and fathers when the children reached age 26 (Belsky, Jaffee, Hsieh, & Silva, 2001). These relationships were better when the young adult was married but childless, engaging in productive activity (either school, employment, or homemaking), and not living in the childhood home. This finding suggests that parents and young adult children get along best when the young adult is following a normative life course but has deferred the responsibility of parenthood until other adult roles are well established (Belsky, Jaffee, Caspi, Moffitt, & Silva, 2003).

The quality of the parent-adult child relationship may be affected by the relationship between the mother and father (Aquilino, 2006a). If that relationship is conflicted, young adult children may feel caught in the middle (Amato & Afifi, 2006a).

**Failure to Launch** In the 2006 movie *Failure to Launch*, Matthew McConaughey plays a 30-year-old man who still lives with his parents. This scenario has become increasingly common in the United States. In 2005, 53 percent of young men and 46 percent of young women ages 18 to 24 lived with one or both parents in their home (U.S. Census Bureau, 2007c). Emerging adults from high-income families are more likely to live with parents than those from low-income families (Hill & Holzer, 2007). Reasons include the high cost of college and of housing and difficulties in finding jobs (Matsudaira, 2006).

Adult children who continue to live with parents may have trouble renegotiating their relationship. The process may be a gradual one that takes many years, especially when the adult child still needs parental financial support (Aquilino, 2006a).

The trend for emerging adults to live in the parents' home also exists in some European countries where government benefits to unemployed youth are lacking; in Italy, more than half of young men live with their parents until age 30. Although living with parents has been associated with lower life satisfaction, this is becoming less true as the practice becomes widespread. Indeed, Europeans may be witnessing a new developmental stage, *in-house adulthood*, in which live-in adult children and their parents treat each other as equals (Newman & Aptekar, 2007; Figure 14-1).

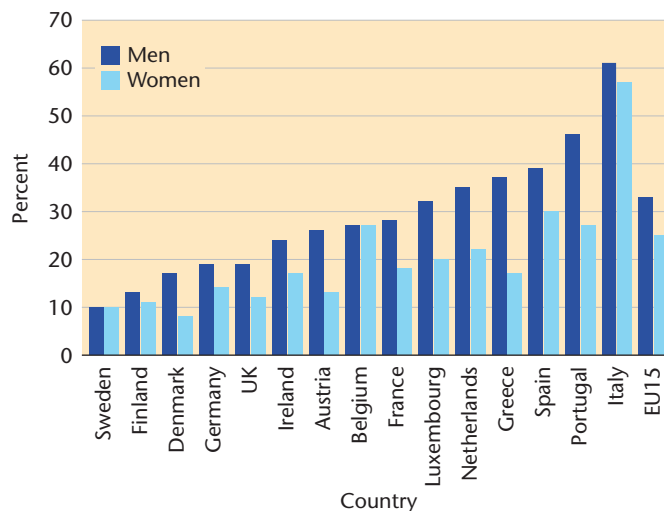


*Though emerging adults may no longer rely on parents for basic sustenance, they still may benefit from parental companionship and social support.*

## ✓ Checkpoint

Can you . . .

- ◆ Explain how relationships with parents affect adjustment to adulthood and how emerging adults renegotiate their relationships with their parents?
- ◆ Discuss the failure-to-launch trend?



**Figure 14-1**

Percent of European young adults ages 18 to 34 living with parents without their own partners or children. Many young adults fail to launch from the nest at the expected time or return to it in times of trouble. (Source: Newman & Aptekar, 2007, Fig. 1.)

**Table 14-1** Four Views of Personality Development

Models	Questions Asked	Methods Used	Change or Stability
Normative-stage models	Does personality change in typical ways at certain periods throughout the life course?	In-depth interviews, biographical materials	Normative personality changes having to do with personal goals, work, and relationships occur in stages.
Timing-of-events model	When do important life events typically occur? What if they occur earlier or later than usual?	Statistical studies, interviews, questionnaires	Nonnormative timing of life events can cause stress and affect personality development.
Trait models	Do personality traits fall into groups, or clusters? Do these clusters of traits change with age?	Personality inventories, questionnaires, factor analysis	Personality changes substantially until age 30, more slowly thereafter.
Typological models	Can basic personality types be identified, and how well do they predict the life course?	Interviews, clinical judgments, Q-sorts, behavior ratings, self-reports	Personality types tend to show continuity from childhood through adulthood, but certain events can change the life course.



## Guidepost 2

Does personality change during adulthood, and if so, how?

## Personality Development: Four Views

Does personality primarily show stability or change? The answer depends in part on how we study and measure it. Four approaches to adult psychosocial development are represented by *normative-stage models*, the *timing-of-events model*, *trait models*, and *typological models*. These four approaches ask different questions about adult personality, look at different aspects of its development, and often use different methods (Table 14-1). It is not surprising, then, that researchers within these traditions often come out with results that are difficult to reconcile or even to compare.

### Normative-Stage Models

**Normative-stage models** hold that adults follow a basic sequence of age-related psychosocial changes. The changes are *normative* in that they seem to be common to most members of a population; and they emerge in successive periods, or *stages*, sometimes marked by emotional crises that pave the way for further development.

**Erikson: Intimacy versus isolation** Erikson's sixth stage of psychosocial development, **intimacy versus isolation**, turns on what he saw as the major issue of young adulthood. If young adults cannot make deep personal commitments to others, said Erikson, they risk becoming overly isolated and self-absorbed. However, they do need some isolation to reflect on their lives. As they work to resolve conflicting demands of intimacy, competitiveness, and distance, they develop an ethical sense, which Erikson considered the mark of the adult. Intimate relationships demand sacrifice and compromise. Young adults who have developed a strong sense of self are ready to fuse their identity with that of another person. (As we have discussed, for many people today the process of identity formation extends well into adulthood, and, thus, according to Erikson, the achievement of intimacy also must be postponed.)

Resolution of this stage results in the virtue of *love*: mutual devotion between partners who have chosen to share their lives, have children, and help those children achieve their own healthy development. A decision not to fulfill the natural procreative urge has serious consequences for development, according to Erikson.

#### normative-stage models

Theoretical models that describe psychosocial development in terms of a definite sequence of age-related changes.

#### intimacy versus isolation

Erikson's sixth stage of psychosocial development, in which young adults either make commitments to others or face a possible sense of isolation and self-absorption.



His theory has been criticized for excluding single, celibate, homosexual, and childless people from his blueprint for healthy development, as well as for taking the male pattern of developing intimacy after identity as the norm.

### **Erikson's Heirs: Vaillant and Levinson**

Erik Erikson's belief that personality changes throughout life inspired classic studies by George Vaillant and Daniel Levinson. In 1938, Vaillant selected 268 self-reliant and emotionally and physically healthy 18-year-old Harvard undergraduates for the Grant Study. By the time the students reached midlife, Vaillant (1977) saw a typical developmental pattern emerge. At age 20, many men were still dominated by their parents. During their twenties, and sometimes their thirties, they achieved autonomy, married, had children, and deepened friendships. They worked hard at their careers and devoted themselves to their families, rarely questioning whether they had chosen the right woman or the right occupation.

Levinson (1978, 1980, 1986) and his colleagues at Yale University conducted in-depth interviews and personality tests of 40 men ages 35 to 45 and formulated a theory of personality development based on an evolving **life structure**: "the underlying pattern or design of a person's life at a given time" (1986, p. 6). Between about ages 17 and 33, a man builds his first provisional life structure. He leaves his parents' home, perhaps to go to college or into the armed services, and becomes financially and emotionally independent. He chooses an occupation, perhaps a wife, and forms a *dream* about what he hopes to achieve in the future. At about age 30, he reevaluates his first life structure. He then settles down and sets goals (a professorship, for instance, or a certain level of income) and a time for achieving them (say, by age 40). He anchors his life in family, occupation, and community. How he deals with the issues of this phase will affect how well he weathers the transition to midlife.

In a companion study of 45 women, Levinson (1996) found that women go through similar patterns of development. However, because of traditional cultural divisions between masculine and feminine roles, women may face different psychological and environmental constraints in forming their life structures, and their transitions tend to take longer.

**Evaluating Normative-Stage Models** Both the Grant Study and Levinson's early work were based on small groups of men born in the 1920s or 1930s. Likewise, Levinson's small sample of women born between about 1935 and 1945 was not representative. These men's and women's development was affected by societal events unique to their cohorts, as well as by their socioeconomic status, ethnicity, and gender. Today, young adults follow much more diverse developmental paths and, as a result, may develop differently than did the men and women in these studies. In addition, the findings of normative-stage research may not apply to other cultures, some of which have very different patterns of life course development.

Nevertheless, normative-stage research has had a continuing impact on the field. Psychologists, drawing especially on the work of Erikson, have identified



*Young adults who have a strong sense of self are likely to be ready for the demands of an intimate relationship, according to Erikson.*

**life structure** In Levinson's theory, the underlying pattern of a person's life at a given time, built on whatever aspects of life the person finds most important.

**developmental tasks** In normative-stage theories, typical challenges that need to be mastered for successful adaptation to each stage of life.

**timing-of-events model**

Theoretical model of personality development that describes adult psychosocial development as a response to the expected or unexpected occurrence and timing of important life events.

**normative life events** In the timing-of-events model, commonly expected life experiences that occur at customary times.

**social clock** Set of cultural norms or expectations for the times of life when certain important events, such as marriage, parenthood, entry into work, and retirement, should occur.

**trait models** Theoretical models of personality development that focus on mental, emotional, temperamental, and behavioral traits, or attributes.

**five-factor model** Theoretical model of personality, developed and tested by Costa and McCrae, based on the “Big Five” factors underlying clusters of related personality traits: neuroticism, extraversion, openness to experience, conscientiousness, and agreeableness.

**developmental tasks** that need to be accomplished for successful adaptation to each stage of life (Roisman, Masten, Coatsworth, & Tellegen, 2004). Among the developmental tasks of young adulthood are leaving the childhood home for advanced schooling, work, or military service; developing new and more intimate friendships and romantic relationships; and developing a sense of efficacy and *individuation*—a sense of the self as independent and self-reliant (Arnett, 2000, 2004; Scharf, Mayseless, & Kivenson-Baron, 2004). Other developmental tasks of this period, discussed in Chapter 13, include completing education, entering the world of work, and becoming financially independent.

Perhaps the most important message of normative-stage models is that development does not end with attainment of adulthood. Whether or not people follow the specific patterns suggested by these models, normative-stage research supports the idea that human beings do continue to change and develop throughout their lives.

## Timing-of-Events Model

Instead of looking at adult personality development purely as a function of age, the **timing-of-events model**, supported by Bernice Neugarten and others (Neugarten, Moore, & Lowe, 1965; Neugarten & Neugarten, 1987), holds that the course of development depends on when certain events occur in people’s lives. **Normative life events** (also called *normative age-graded events*; refer to Chapter 1) are those that typically happen at certain times of life—such events as marriage, parenthood, grandparenthood, and retirement. According to this model, people usually are keenly aware of both their timing and the **social clock**, their society’s norms or expectations for the appropriate timing of life events.

If events occur on time, development proceeds smoothly. If not, stress can result. Stress may come from an unexpected event (such as losing a job), an event that happens off time (being widowed at age 35 or being forced to retire at 50), or the failure of an expected event to occur at all (never being married, or being unable to have a child). Personality differences influence the way people respond to life events and may even influence their timing. For example, a resilient person is likely to experience an easier transition to adulthood and the tasks and events that lie ahead than an overly anxious person, who may put off relationship or career decisions.

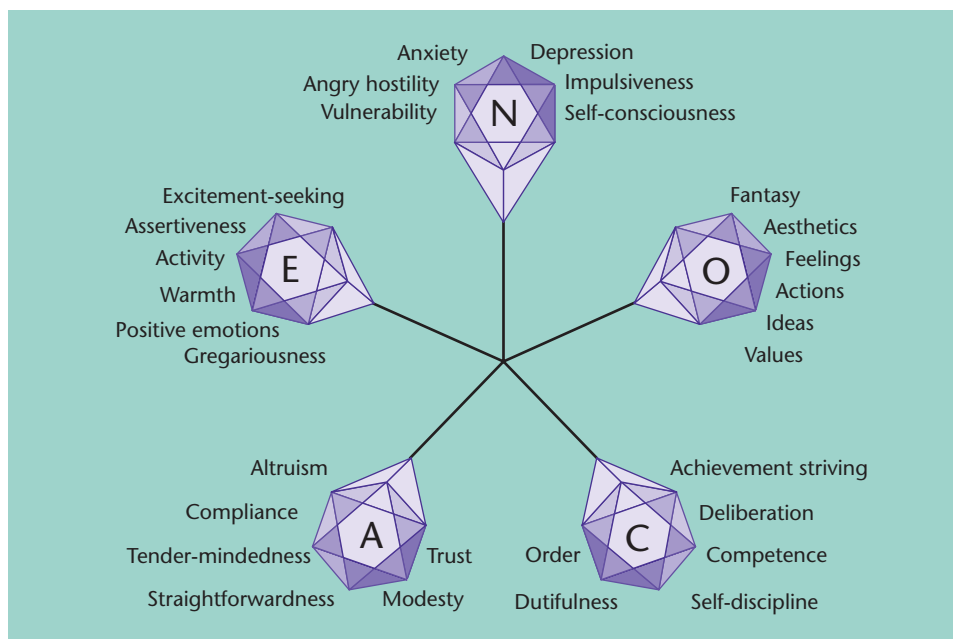
The typical timing of events varies from culture to culture and from generation to generation. The rise in the average age when adults first marry in the United States (U.S. Census Bureau, 2007a) and the trend toward delayed first childbirth (Martin et al., 2007) are two examples of events for which timing has shifted. A timetable that seems right to people in one cohort may not seem so to the next.

Since the mid-twentieth century, many Western societies have become less age-conscious. Today people are more accepting of 40-year-old first-time parents and 40-year-old grandparents, 50-year-old retirees and 75-year-old workers, 60-year-olds in jeans and 30-year-old college presidents. This widened range of age norms undermines the predictability on which the timing-of-events model is based.

The timing-of-events model has made an important contribution to our understanding of adult personality by emphasizing the individual life course and challenging the idea of universal, age-related change. However, its usefulness may well be limited to cultures and historical periods in which norms of behavior are stable and widespread.

## Trait Models: Costa and McCrae’s Five Factors

**Trait models** look for stability or change in personality traits. Paul T. Costa and Robert R. McCrae have developed and tested a **five-factor model** (Figure 14-2)



**Figure 14-2**

Costa and McCrae's five-factor model. Each factor, or dimension, of personality, represents a cluster of related traits, or facets. N = neuroticism, E = extraversion, O = openness to experience, A = agreeableness, C = conscientiousness. (Source: Adapted from Costa & McCrae, 1980.)

consisting of factors, or dimensions, that seem to underlie five groups of associated traits, known as the “Big Five.” They are (1) *neuroticism* (*N*), (2) *extraversion* (*E*), (3) *openness to experience* (*O*), (4) *conscientiousness* (*C*), and (5) *agreeableness* (*A*).

*Neuroticism* is a cluster of six traits, or facets, indicating emotional instability: anxiety, hostility, depression, self-consciousness, impulsiveness, and vulnerability. *Extraversion* also has six facets: warmth, gregariousness, assertiveness, activity, excitement-seeking, and positive emotions. People who are *open to experience* are willing to try new things and embrace new ideas. *Conscientious* people are achievers: They are competent, orderly, dutiful, deliberate, and disciplined. *Agreeable* people are trusting, straightforward, altruistic, compliant, modest, and easily swayed. Studies in more than 30 cultures, from Zimbabwe to Peru, have found the same five factors, which appear, therefore, to be universal. However, they may not be equally important in every culture, and additional factors may exist in some cultures (McCrae, 2002).

**Continuity and Change in the Five-Factor Model** In analyses of large longitudinal and cross-sectional samples of U.S. men and women of all ages, Costa and McCrae (1980, 1988, 1994a, 1994b, 2006; Costa et al., 1986; McCrae, 2002; McCrae & Costa, 1984; McCrae, Costa, & Busch, 1986) found considerable continuity as well as noticeable change in all five domains between adolescence and age 30, with much slower change thereafter. However, the *direction* of change varied for different personality factors. Agreeableness and conscientiousness generally increased, whereas neuroticism, extraversion, and openness to experience declined (McCrae et al., 2000). These patterns of age-related change appeared to be universal across cultures and, thus, according to these authors, maturational (McCrae, 2002). Heritability of the Big Five seemed to be between 40 and 66 percent (Bouchard, 1994).

In partial contradiction, other analyses of many longitudinal and cross-sectional studies found important change in almost *all* personality traits *throughout* adulthood (Roberts, Walton, & Viechtbauer, 2006a, 2006b; Roberts & Mroczek, 2008). True, traits changed more markedly in young adulthood than in any other period, but in a uniformly positive direction, with especially large increases in social dominance (assertiveness, a facet of extraversion), conscientiousness, and

emotional stability. Yet, as we discuss in Chapters 16 and 18, personality also showed clear, generally positive change after age 30, even in old age; and changes that occurred tended to be retained. Furthermore, there was little evidence for maturational or genetic causes for the early adult changes: “We believe that life experiences . . . centered in young adulthood are the most likely reason for the patterns of development we see” (Roberts et al., 2006a, p. 18).

Of course, some people change more, others less; and not all change is positive. People with successful, satisfying careers in young adulthood tend to show disproportionate increases in emotional stability and conscientiousness, whereas people who shirk or act aggressively at work tend to show decreases in those traits (Roberts & Mroczek, 2008).

The Big Five appear to be linked to various aspects of health and well-being. In a study of representative samples of adults ages 25 to 65 in the United States and Germany, the Big Five (especially neuroticism) were associated with subjective feelings of health and well-being (Staudinger, Fleeson, & Baltes, 1999). Conscientiousness has been linked with health-related behaviors that contribute to long life (Bogg & Roberts, 2004). Big Five traits also have been associated with marital satisfaction (Gattis, Berns, Simpson, & Christensen, 2004), parent-infant relationships (Kochanska, Friesenborg, Lange, & Martel, 2004), and personality disorders. People high in neuroticism tend to be subject to anxiety and depression; people low in extraversion are prone to social phobia and agoraphobia (fear of open spaces) (Bienvenu et al., 2001).

**Evaluating the Five-Factor Model** This body of work originally made a powerful case for continuity of personality, especially after age 30. More recent research has eroded that conclusion to the point where Costa and McCrae now acknowledge that change occurs throughout life.

However, the question of causation needs further study. Do maturational changes impel people to seek out social roles that fit their maturing personalities, or do adults change to meet the demands of their new roles? Or is change bidirectional? In a longitudinal study of 980 people in New Zealand, personality traits at age 18 affected work experiences in emerging adulthood, and these work experiences, in turn, affected changes in personality as measured at age 26. For example, adolescents who were sociable and affable tended to rise faster in their early careers; and, in turn, those who were in higher-status, more satisfying jobs tended to become more sociable and affable (Roberts, Caspi, & Moffitt, 2003). So it seems that personality in adulthood may be more malleable and more complex than previous trait research suggests.

Other criticisms of the five-factor model are methodological. Jack Block (1995a, 1995b) argues that, because the five-factor model is based largely on subjective ratings, it may lack validity unless supplemented by other measures. The selection of factors and their associated facets is arbitrary and perhaps not all-inclusive; other researchers have chosen different factors and have divided up the associated traits differently. (For example, is warmth a facet of extraversion, as in the Big Five model, or is it better classified as an aspect of agreeableness?) Finally, personality is more than a collection of traits. A model that looks only at individual differences in trait groupings offers no theoretical framework for understanding how personality works within the person.

## Typological Models

Jack Block (1971; Block & Block, 2006b) was a pioneer in the **typological approach**. Typological research seeks to complement and expand trait research by looking at personality as a functioning whole.

**typological approach** Theoretical approach that identifies broad personality types, or styles.



Researchers have identified three personality types: *ego-resilient*, *overcontrolled*, and *undercontrolled*. These three types differ in **ego-resiliency**, or adaptability under stress, and **ego-control**, or self-control. *Ego-resilient* people are well-adjusted: self-confident, independent, articulate, attentive, helpful, cooperative, and task-focused. *Overcontrolled* people are shy, quiet, anxious, and dependable; they tend to keep their thoughts to themselves and to withdraw from conflict, and they are the most subject to depression. *Undercontrolled* people are active, energetic, impulsive, stubborn, and easily distracted. These or similar personality types seem to exist in both sexes, across cultures and ethnic groups, and in children, adolescents, and adults (Caspi, 1998; Hart, Hofmann, Edelstein, & Keller, 1997; Pulkkinen, 1996; Robins, John, Caspi, Moffitt, & Stouthamer-Loeber, 1996; van Lieshout, Haselager, Riksen-Walraven, & van Aken, 1995).

A 30-year longitudinal study of 128 preschoolers, still ongoing when the participants were age 32, demonstrates the predictive power of these personality types. Children who had been overcontrolled as preschoolers, for example, were likely to be relatively conservative politically at age 23, whereas those who had been undercontrolled were more likely to be liberal (Block & Block, 2006a). Ego control and ego resiliency in preschool also predicted such diverse outcomes as drug usage in adolescence and depression in 18-year-olds.

A 19-year longitudinal study in Munich further supports the lasting influence of childhood personality. Teachers and parents assessed 103 children annually between ages 3 and 12, and then again at ages 17 and 23. Children who had been overcontrolled (contained their emotions) between ages 4 and 6 tended to be shy in late adolescence and emerging adulthood, whereas those who had been undercontrolled (emotionally expressive) in early childhood were more aggressive; and these traits became more accentuated between ages 17 and 23. In addition, both overcontrolled and undercontrolled types had more difficulty than more resilient types in assuming adult social roles: leaving the parental home, establishing romantic relationships, and getting part-time jobs (Dennissen, Asendorpt, & van Aken, 2008).

Of course, the finding of a tendency toward continuity of attitudes and behavior does not mean that personalities never change, or that certain people are condemned to a life of maladjustment. Undercontrolled children may get along better in early adulthood if they find niches in which their energy and spontaneity are considered a plus. Overcontrolled youngsters may come out of their shell if they find that their quiet dependability is valued. And, although personality types established in childhood may predict *trajectories*, or long-term patterns of behavior, certain events may change the life course (Caspi, 1998). For young people with adjustment problems, for example, marriage to a supportive person can lead to more positive outcomes.

## Foundations of Intimate Relationships

Erikson saw the development of intimate relationships as the crucial task of young adulthood. The need to form strong, stable, close, caring relationships is a powerful motivator of human behavior. An important element of intimacy is *self-disclosure*: “revealing important information about oneself to another” (Collins & Miller, 1994, p. 457). People become intimate—and remain intimate—through shared disclosures, responsiveness to one another’s needs, and mutual acceptance and respect (Harvey & Omarzu, 1997; Reis & Patrick, 1996).

Intimate relationships require self-awareness; empathy; the ability to communicate emotions, resolve conflicts, and sustain commitments; and, if the relationship

**ego-resiliency** Adaptability under potential sources of stress.

**ego-control** Self-control.



### What's Your View?

- Which of the models presented here seems to you to most accurately describe psychosocial development in adulthood?



### Checkpoint

Can you . . .

- ◆ Compare four theoretical approaches to adult psychosocial development?



### Guidepost 3

How is intimacy expressed in friendship and love?



*Intimate relationships involve self-awareness, empathy, and the ability to communicate. Such skills are pivotal as young adults decide whether to marry or form partnerships.*

is potentially a sexual one, sexual decision making. Such skills are pivotal as young adults decide whether to marry or form intimate partnerships and to have or not to have children (Lambeth & Hallett, 2002).

Let's look at two expressions of intimacy in young adulthood: friendship and love.

## Friendship

Friendships during emerging adulthood may be less stable than in earlier and later periods because of the frequency with which people this age relocate (Collins & Van Dulmen, 2006). Friendships in young adulthood tend to center on work and parenting activities and the sharing of confidences and advice. Some friendships are extremely intimate and supportive; others are marked by frequent conflict. Some friendships are lifelong; others are fleeting (Hartup & Stevens, 1999). Some "best friendships" are more stable than ties to a lover or spouse.

Young single adults rely more on friendships to fulfill their social needs than young married adults or young parents do (Carbery & Buhrmester, 1998). The number of friends and the amount of time spent with them generally decreases in the course of young adulthood. Still, friendships are important to young adults. People with friends tend to have a sense of well-being; either having friends makes people feel good about themselves, or people who feel good about themselves have an easier time making friends (Hartup & Stevens, 1999; Myers, 2000).

Women typically have more intimate friendships than men do. Men are more likely to share information and activities, not confidences, with friends (Rosenbluth & Steil, 1995). Women are more likely than men to talk with their friends about marital problems and to receive advice and support (Helms, Crouter, & McHale, 2003).

Many young adults incorporate friends into chosen family networks. These close, supportive friends are considered to be **fictive kin**. Among gays and lesbians, fictive kinship relationships are often with straight friends of the other sex. In one study, the relationships that lasted the longest tended to be those in which the straight friend was unmarried or lived an unconventional lifestyle (Muraco, 2006).

On the other hand, an increasing number of young adults today have no intimate confidants, according to a longitudinal study. During a 19-year period the number of people who said that there is no one with whom they discuss important matters nearly tripled. The declines were sharpest among educated, middle-class people, who may keep in touch with friends and family by e-mail or phone but not face-to-face (McPherson, Smith-Lovin, & Brashears, 2006).

## Love

Most people like love stories, including their own. According to Robert J. Sternberg's **triangular theory of love** (1995, 1998b, 2006), the way love develops is a story. The lovers are its authors, and the story they create reflects their personalities and their conceptions of love.

Thinking of love as a story may help us see how people select and mix the elements of the plot. According to Sternberg (1986, 1998a, 2006), the three elements, or components, of love are intimacy, passion, and commitment. *Intimacy*,

**fictive kin** Friends who are considered and behave like family members.

**triangular theory of love** Sternberg's theory that patterns of love hinge on the balance among three elements: intimacy, passion, and commitment.

**Table 14-2** Patterns of Loving

Type	Description
Nonlove	All three components of love—intimacy, passion, and commitment—are absent. This describes most interpersonal relationships, which are simply casual interactions.
Liking	Intimacy is the only component present. There is closeness, understanding, emotional support, affection, bondedness, and warmth. Neither passion nor commitment is present.
Infatuation	Passion is the only component present. This is “love at first sight,” a strong physical attraction and sexual arousal, without intimacy or commitment. Infatuation can flare up suddenly and die just as fast—or, given certain circumstances, can sometimes last for a long time.
Empty love	Commitment is the only component present. Empty love is often found in long-term relationships that have lost both intimacy and passion, or in arranged marriages.
Romantic love	Intimacy and passion are both present. Romantic lovers are drawn to each other physically and bonded emotionally. They are not, however, committed to each other.
Companionate love	Intimacy and commitment are both present. This is a long-term, committed friendship, often occurring in marriages in which physical attraction has died down but in which the partners feel close to each other and have made the decision to stay together.
Fatuous love	Passion and commitment are present without intimacy. This is the kind of love that leads to a whirlwind courtship, in which a couple make a commitment on the basis of passion without allowing themselves the time to develop intimacy. This kind of love usually does not last, despite the initial intent to commit.
Consummate love	All three components are present in this “complete” love, which many people strive for, especially in romantic relationships. It is easier to achieve it than to hold on to it. Either partner may change what he or she wants from the relationship. If the other partner changes, too, the relationship may endure in a different form. If the other partner does not change, the relationship may dissolve.

Source: Based on Sternberg, 1986.

the emotional element, involves self-disclosure, which leads to connection, warmth, and trust. *Passion*, the motivational element, is based on inner drives that translate physiological arousal into sexual desire. *Commitment*, the cognitive element, is the decision to love and to stay with the beloved. The degree to which each of the three elements is present determines what type of love people feel (Table 14-2).

Communication is an essential part of intimacy. In a cross-cultural study, 263 young adult couples in Brazil, Italy, Taiwan, and the United States reported on communication and satisfaction in their romantic relationships. In all four places, couples who communicated constructively tended to be more satisfied with their relationships than those who did not (Christensen, Eldridge, Catta-Preta, Lim, & Santagata, 2006).

## Marital and Nonmarital Lifestyles

In many Western countries, today’s rules for socially acceptable lifestyles are more flexible than they were during the first half of the twentieth century, and a person’s choices may change during the course of adulthood. People marry later, if at all; more people have children outside of marriage, if at all; and more break up their marriages. Many divorce and become single parents; others remain childless; some remarry. Some people remain single; others live with a partner of either sex. Some married couples with separate careers have *commuter marriages*, sometimes called *living apart together* (Adams, 2004).

In this section, we look more closely at marital and nonmarital lifestyles. In the next section we examine parenthood.

### Checkpoint

#### Can you . . .

- ◆ List skills that promote and maintain intimacy?
- ◆ Identify characteristic features of friendship in young adulthood?
- ◆ Identify the three components of love, according to Sternberg?

### Guidepost 4

When and why do young adults choose to remain single, form gay or lesbian relationships, cohabit, or marry, and how satisfying and stable are those lifestyles?



*Oprah Winfrey is just one of many African American women who remain single through young and middle adulthood.*

## Single Life

The proportion of young adults ages 25 to 34 in the United States who have not yet married approximately tripled between 1970 and 2005. For women, the increase was from 9 percent to 32 percent, and for men, from 15 percent to 43 percent (U.S. Census Bureau, 2007c). The trend is particularly pronounced among African American women, 35 percent of whom are still single in their late thirties (Teachman, Tedrow, & Crowder, 2000). In a study of 300 black, white, and Latina single women in the Los Angeles area (Tucker & Mitchell-Kernan, 1998), members of all three groups had difficulty finding eligible men with similar educational and social backgrounds; but unlike the other two groups, African American women, whose average age was 40, seemed relatively untroubled by the situation. Perhaps, as the timing-of-events model

might predict, this is because they saw singlehood as normative in their ethnic group.

While some young adults stay single because they have not found the right mates, others are single by choice. More women today are self-supporting, and there is less social pressure to marry. Some people want to be free to move across the country or across the world, pursue careers, further their education, or do creative work without worrying about how their quest for self-fulfillment affects another person. Some enjoy sexual freedom. Some find the lifestyle exciting. Some just like being alone. And some postpone or avoid marriage because of fear that it will end in divorce.

## Gay and Lesbian Relationships

Surveys suggest that 40 to 60 percent of gay men and 45 to 80 percent of lesbians in the United States are in romantic relationships, and 8 to 28 percent of these couples have lived together for at least 10 years (Kurdek, 2004).

In some ways, gay and lesbian relationships mirror heterosexual relationships. Gay and lesbian couples tend to be at least as satisfied with their relationships as heterosexual couples, though satisfaction tends to diminish over time. The factors that predict the quality of both homosexual and heterosexual relationships—personality traits, perceptions of the relationship by the partners, ways of communicating and resolving conflicts, and social support—are similar (Kurdek, 2004, 2005, 2006). Indeed, committed same-sex relationships are hardly distinguishable in quality from committed heterosexual relationships (Roisman, Clausell, Holland, Fortuna, & Elieff, 2008). In longitudinal studies of 80 gay and 53 lesbian cohabiting couples, all childless, and 80 married heterosexual couples with children, the homosexual relationships remained at least as healthy as the heterosexual ones (Kurdek, 2004). (The investigator chose to compare childless homosexual couples and heterosexual couples with children because this is the most common family form for each type of relationship.)

Differences between gay and lesbian couples and heterosexual couples also have emerged from research (Kurdek, 2006). First, gay and lesbian couples are more likely than heterosexual couples to negotiate household chores to achieve a balance that works for them and accommodates the interests, skills, and schedules of both partners. Second, they tend to resolve conflicts in a more positive atmosphere than heterosexual couples do. Third, gay and lesbian relationships are less



stable than heterosexual relationships, mainly due to the lack of institutional supports. On the basis of such research and in view of the similarities between same-sex and heterosexual relationships, the American Psychological Association (2004a) has declared it unfair and discriminatory to deny same-sex couples legal access to civil (i.e., nonreligious) marriage.

The Netherlands was the first country to legalize same-sex marriage, in 2001; Belgium followed suit in 2003 and Spain and Canada in 2005. By 2005, 16 European countries\* had recognized civil unions or domestic partnerships, in which couples have some of the economic and other benefits, rights, and responsibilities of marriage but without the title (Associated Press, 2005; Knox, 2004).

Gays and lesbians in the United States are struggling to obtain legal recognition of their unions and the right to adopt children or raise their own. They argue that same-sex marriage would offer benefits—tangible and intangible—that civil unions would not (Herek, 2006; King & Bartlett, 2006).

As of September 2008, Massachusetts and California were the only states where same-sex marriage was legal. Connecticut, New Hampshire, New Jersey, and Vermont permit civil unions, and Hawaii, Maine, Oregon, and Washington offer registration of domestic partnerships.



### What's Your View?

- Should gays and lesbians be allowed to marry? Adopt children? Be covered by a partner's health care plan?

## Cohabitation

Cohabitation is an increasingly common lifestyle in which an unmarried couple involved in a sexual relationship live together. Its rise in recent decades reflects the exploratory nature of emerging adulthood and the trend toward postponing marriage.

**Types of Cohabitation: International Comparisons** Surveys in 14 European countries, Canada, New Zealand, and the United States found wide variations in the probability that a woman will cohabit at least once before age 45, ranging from more than 83 percent in France down to less than 5 percent in Poland. In all countries the overwhelming majority of cohabiting women have never been married (Figure 14-3). Cohabitators who do not marry tend to stay together longer in countries where cohabitation is an *alternative* to or *tantamount to marriage* than in countries where it usually leads to marriage (Heuveline & Timberlake, 2004).

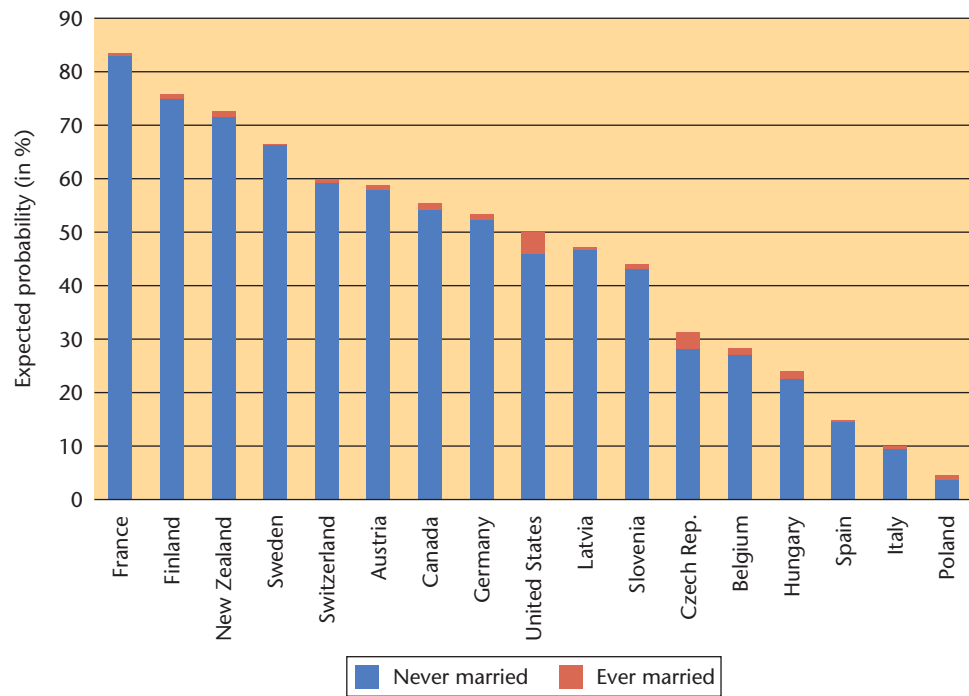
*Consensual or informal unions*, almost indistinguishable from marriage, have long been as accepted as marriage in many Latin American countries, especially for low-SES couples (Phillips & Sweeney, 2005). In such countries, cohabiting couples have practically the same legal rights as married couples (Popenoe & Whitehead, 1999; Seltzer, 2000). In Canada, too, cohabitators have gained legal benefits and obligations close to those of married couples (Cherlin, 2004; Le Bourdais & Lapierre-Adamcyk, 2004). In most Western countries, unmarried couples who cohabit typically intend to, and do, marry; and these cohabitations tend to be relatively short (Heuveline & Timberlake, 2004). Premarital cohabitation in Great Britain and in the United States has accompanied a trend toward delayed marriage (Ford, 2002).

**Cohabitation in the United States** The United States, according to one analysis, appears to be in transition as cohabitation becomes a lifestyle in itself instead of a transition to marriage (Cherlin, 2004).

\*Denmark, Norway, Sweden, Luxembourg, Iceland, Hungary, France, Germany, Portugal, Spain, Switzerland, Finland, Croatia, Poland, Britain, and Scotland. At this writing, the Czech Republic was considering recognition of civil unions.

**Figure 14-3**

Expected probability (%) of a woman's experiencing at least one adult cohabitation by about age 45, by previous marital status, selected countries. *Note:* Countries sorted in descending order by total percentage expected to cohabit. Estimates derived from single decrement life tables. (Source: Heuveline & Timberlake, 2004. Data come from Family and Fertility Surveys in member countries of the United Nations Economic Commission for Europe and were collected during the early to mid-1990s.)



The widespread acceptance of cohabitation is remarkable. In 2003, 4.6 million U.S. households—more than 4 percent of U.S. households—consisted of cohabiting couples, more than 10 times the number in 1960, and 41 percent of these households included children under 18. The increase in cohabitation in the United States has occurred among all racial/ethnic groups and at all educational levels, but people with less education are more likely to cohabit than those with higher education (Fields, 2004; Seltzer, 2004).

More than half of U.S. couples who marry have lived together first, and about half of cohabiting couples eventually marry, though that proportion has been declining (Seltzer, 2000, 2004). Although U.S. family law currently gives cohabitators few of the legal rights and benefits of marriage, this situation is changing, particularly with regard to protection for children of cohabiting couples (Cherlin, 2004; Seltzer, 2004).

Cohabiting relationships tend to be less satisfying and less stable than marriages (Binstock & Thornton, 2003; Bramlett & Mosher, 2002; Heuveline & Timberlake, 2004; Seltzer, 2000, 2004). In particular, cohabiting couples who have divergent expectations about the division of household labor are highly likely to break up (Hohmann-Marriott, 2006). Cohabitators who want to marry tend to put off marriage until they feel their economic circumstances permit it. This means getting out of debt and having enough money for a “real” wedding, home ownership, and financial stability (Smock, Manning, & Porter, 2005). The dissolution of cohabiting relationships is associated with a drop in household income. Some 20 percent of men and 30 percent of women end up in poverty after a cohabiting relationship (Avellar & Smock, 2005).

Some research suggests that cohabiting couples who marry tend to have unhappier marriages and greater likelihood of divorce than those who wait to live together until marriage (Bramlett & Mosher, 2002; Dush, Cohan, & Amato, 2003; Popenoe & Whitehead, 1999; Seltzer, 2000). However, in a nationally representative cross-sectional survey of 6,577 women ages 15 to 45, women who cohabited or had premarital sex *only with their future husbands* had no special risk of marital dissolution (Teachman, 2003).



### What's Your View?

- From your experience or observation, is it a good idea to cohabit before marriage? Why or why not? Does it make a difference whether children are involved?

Cohabitation patterns, and the stability of cohabitation, vary among racial/ethnic groups. Perhaps for economic reasons, black and Hispanic couples are less likely than non-Hispanic white couples to regard cohabitation as a trial marriage and more likely to regard it as a substitute for marriage (Phillips & Sweeney, 2005).

The meaning of cohabitation is different for older adults than for younger adults. Older couples are more likely to view their relationship as an alternative to marriage, whereas young couples tend to view cohabitation as a prelude to marriage. Older cohabitators who have no plans to marry report more satisfaction with the relationship and more stability than younger cohabitators do (King & Scott, 2005).

Cohabitation after divorce is more common than premarital cohabitation and may function as a form of remarriage mate selection. However, postdivorce cohabitation, especially with serial partners, greatly delays remarriage and contributes to instability in a new marriage (Xu, Hudspeth, & Bartkowski, 2006).

## Marriage

In most societies, the institution of marriage is considered the best way to ensure the protection and raising of children. It allows for a division of labor and a sharing of material goods. Ideally, it offers intimacy, commitment, friendship, affection, sexual fulfillment, companionship, and an opportunity for emotional growth, as well as new sources of identity and self-esteem (Gardiner & Kosmitzki, 2005; Myers, 2000). In certain Eastern philosophical traditions, the harmonious union of male and female is considered essential to spiritual fulfillment and the survival of the species (Gardiner & Kosmitzki, 2005). However, the United States and other postindustrial societies have seen a weakening of the social norms that once made marriage almost universal and its meaning universally understood.

U.S. marriage rates vary by race/ethnicity. In 2005, 56 percent of non-Hispanic whites and 58 percent of Asian Americans ages 15 and older were married, as compared with only 31 percent of African Americans and 46 percent of Hispanic Americans (U.S. Census Bureau, 2007a).

**What Marriage Means to Emerging and Young Adults Today** The proportion of emerging and young adults in the United States who choose marriage is not much different from what it was among young adults at the beginning of the twentieth century (Fussell & Furstenberg, 2005), but they seem to think about it differently. This finding comes from in-depth, open-ended interviews with 22- to 38-year-olds in three urban areas and in rural Iowa. These respondents view the traditional marriage with its rigid gender roles as no longer viable in today's world. Instead, they expect greater space for individual interests and pursuits, both within and outside of the marriage. They put more emphasis on friendship and compatibility and less on romantic love (Kefalas, Furstenberg, & Napolitano, 2005).

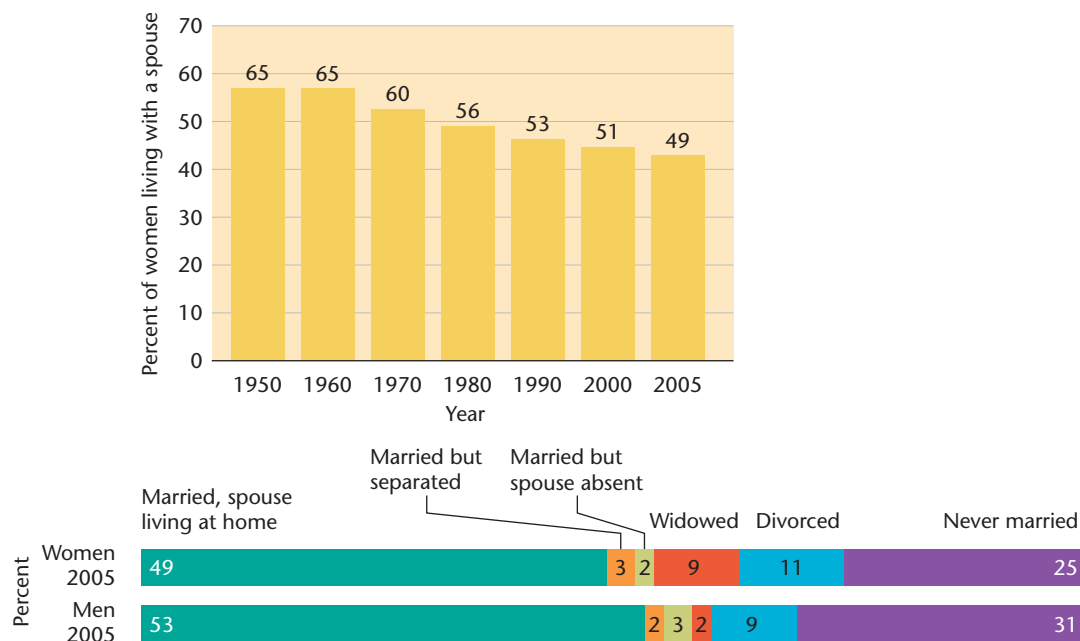
Instead of seeing marriage as an inevitable step toward adulthood, as in the past, today's young adults tend to believe that, to be married, one should already *be* an adult. Most plan to marry, but only when they feel ready; and they see getting on their feet financially and establishing themselves in stable jobs or careers as formidable obstacles. A minority, typically in rural areas, simply drift into marriage (Kefalas et al., 2005).

**Entering Matrimony** For the reasons just mentioned—as well as because of the increasing enrollment in higher education—the typical marrying age has increased

## ✓ Checkpoint

### Can you . . .

- ◆ State reasons why people remain single?
- ◆ Compare gay and lesbian relationships with heterosexual relationships?
- ◆ Give reasons for the rise in cohabitation, compare types of cohabitation, and cite factors in outcomes?



**Figure 14-4**

Percentage of women age 15 and over living with a spouse, United States, 1950–2005. A little less than half of U.S. women, compared with more than half of U.S. men, are now married and living with a spouse.

(Source: U.S. Census Bureau, 2005.)

in industrialized countries. Thirty to 50 years ago, most people married in or before their early twenties. In the United States in 2006 the average age of first-time bridegrooms was 27.5 and of first-time brides, 25.9—a rise of more than four years since the 1970s (U.S. Census Bureau, 2007a). For the first time, slightly more women are living without a spouse than with one (Figure 14-4). In England, France, Germany, and Italy the average marrying age is even higher: 29 or 30 for men and 27 for men (van Dyk, 2005). In Canada, the average age of first marriage for men has risen since 1961 from about 26 to 28, and for women from about 23 to 26 (van Dyk, 2005; Wu, 1999).

Historically and across cultures, the most common way of selecting a mate has been through arrangement, either by the parents or by professional match-makers. Sometimes betrothal takes place in childhood. The bride and groom may not even meet until their wedding day. Only in modern times has free choice of mates on the basis of love become the norm in the Western world (Broude, 1994; Ingoldsby, 1995).

The transition to married life brings major changes in sexual functioning, living arrangements, rights and responsibilities, attachments, and loyalties. Among other tasks, marriage partners need to redefine the connection with their original families, balance intimacy with autonomy, and establish a fulfilling sexual relationship.

**Sexual Activity after Marriage** Americans apparently have sex less often than media images suggest, and married people have sex more often than singles, though not as often as cohabitators. Face-to-face interviews with a random sample of 3,432 men and women ages 18 to 59 found that only about one-third, including 40 percent of married couples, have intercourse at least twice a week (Laumann et al., 1994; Laumann & Michael, 2000; Michael et al., 1994). However, married couples report more emotional satisfaction from sex than single or cohabiting couples (Waite & Joyner, 2000).

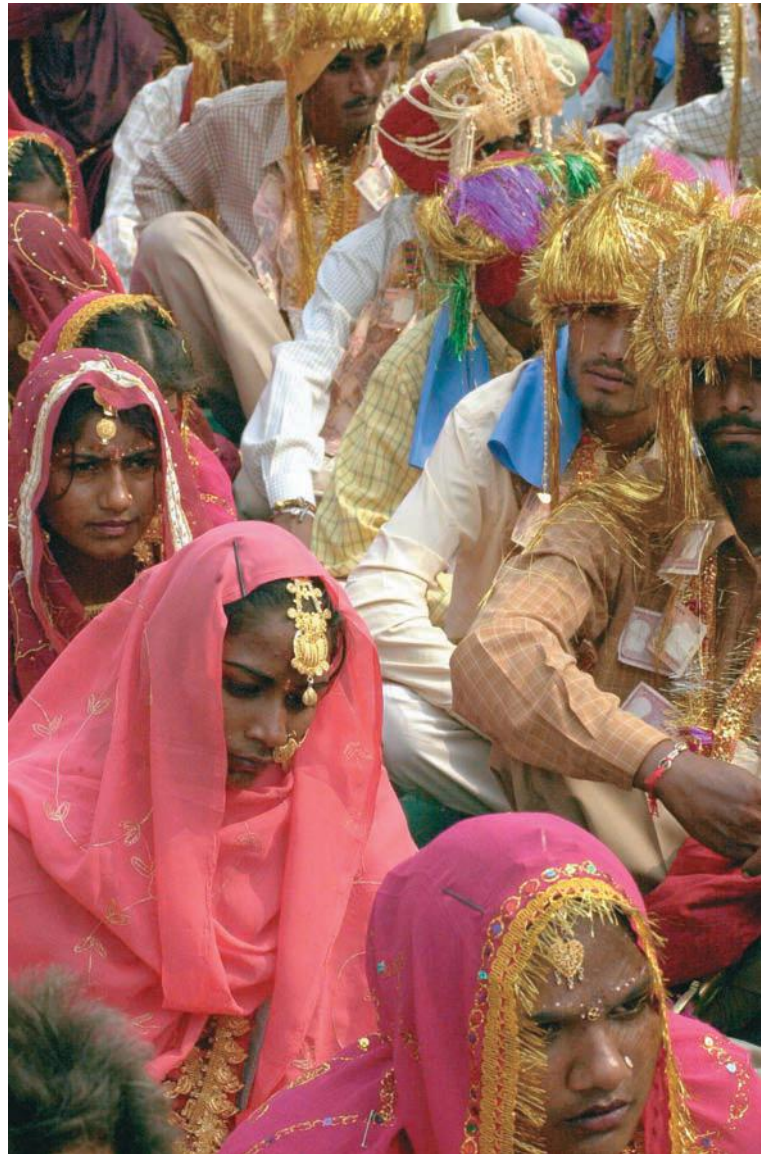


It is hard to know just how common extramarital sex is, because there is no way to tell how truthful people are about their sexual practices, but surveys suggest that it is much less common than is generally assumed. An estimated 3 percent of married people reported having a sexual partner other than their spouse in 2002, and about 18 percent reported having had extramarital relations at some time during their married lives. Current extramarital activity is most prevalent among younger adults and about twice as common among husbands as among wives (4.3 percent versus 1.9 percent) (T. W. Smith, 2003).

Young adults of both sexes have become less permissive in their attitudes toward extramarital sex (T. W. Smith, 2005). In fact, disapproval of extramarital sex is even greater in U.S. society today (94 percent) than disapproval of homosexuality. The pattern of strong disapproval of homosexuality, even stronger disapproval of extramarital sex, and far weaker disapproval of premarital sex also holds true in such European countries as Britain, Ireland, Germany, Sweden, and Poland, though degrees of disapproval differ from one country to another. The United States has more restrictive attitudes than any of these countries except Ireland, where the influence of the Catholic Church is strong (Scott, 1998).

**Marital Satisfaction** Married people tend to be happier than unmarried people, though those in unhappy marriages are less happy than those who are unmarried or divorced (Myers, 2000). People who marry and stay married, especially women, tend to become better off financially than those who do not marry or who divorce (Hirschl, Altabelli, & Rank, 2003; Wilmoth & Koso, 2002). However, we do not know that marriage causes wealth; it may be that people who seek wealth and who have characteristics favorable to obtaining it are more likely to marry and to stay married (Hirschl et al., 2003). Nor is it certain that marriage causes happiness; it may be that the greater happiness of married people reflects a greater tendency of happy people to marry (Lucas, Clark, Georgellis, & Diener, 2003).

Marriages, by and large, are just about as happy as they were a quarter-century ago, but husbands and wives spend less time doing things together. Those conclusions come from two national surveys of married persons. Marital happiness was positively affected by increased economic resources, equal decision making, nontraditional gender attitudes, and support for the norm of life-long marriage but was negatively affected by premarital cohabitation, extramarital affairs, wives' job demands, and wives' longer working hours. Increases in husbands' share of housework appeared to lower marital satisfaction among husbands but improve it among wives (Amato, Johnson, Booth, & Rogers, 2003).



*This mass wedding in India, organized by social workers for members of impoverished families, is an example of the variety of marriage customs around the world.*

In a study of 197 Israeli couples, a tendency toward emotional instability and negativity in either spouse was a strong predictor of marital unhappiness (Lavee & Ben-Ari, 2004).

One factor underlying marital satisfaction may be a difference in what the man and woman expect from marriage. Women tend to place more importance on emotional expressiveness—their own and their husbands’—than men do (Lavee & Ben-Air, 2004). Wives also tend to prolong discussion of an issue and resent it if their husbands seek to retaliate or avoid responsibility for their role in a quarrel. Husbands, on the other hand, tend to be satisfied if their wives simply want to make up (Fincham, Beach, & Davila, 2004).

At least four theoretical perspectives on women’s happiness in marriage have been advanced (Wilcox & Nock, 2006):

- The *companionate model* holds that egalitarian marriages, in which both husband and wife share work and family responsibilities, are likely to be happiest and the most intimate.
- The *institutional model* suggests that women are happier in marriage if they are committed to the traditional institution of marriage.
- The *equity model* claims that a woman’s *perception* of fairness in the marriage, and not the actual division of labor, affects marital quality.
- The *gender model* suggests that women are happiest in marriages characterized by gender-typical roles.

Data from a nationally representative survey gave little support to either the companionate model or the gender model. Instead, the study found that most women are happier in a marriage that combines gender equity with a normative commitment to the institution of marriage. Men’s efforts to express positive emotion to their wives, to pay attention to the dynamics of the relationship, and to set aside time for activities focused on building the relationship are important to women’s perceptions of marital quality (Wilcox & Nock, 2006).

**Factors in Marital Success** Can the outcome of a marriage be predicted before the couple ties the knot? In one study, researchers followed 100 mostly European American couples for 13 years, starting when they were not yet married. Such factors as premarital income and education levels, whether a couple cohabited before marriage or had premarital sex, and how long they had known each other or dated before marriage had no effect on marital success. What did matter were the partners’ happiness with the relationship, their sensitivity to each other, their validation of each other’s feelings, and their communication and conflict management skills (Clements, Stanley, & Markman, 2004). Couples who engaged in premarital counseling tend to be more satisfied with and committed to their marriages than couples who did not have such counseling, and their marriages are less likely to end in divorce (Stanley, Amato, Johnson, & Markman, 2006).

The way people describe their marriage can tell much about its likelihood of success. In a nationally representative longitudinal study, 2,034 married people age 55 or younger were asked what held their marriages together. Those who perceived the cohesiveness of their marriage as based on *rewards*, such as love, respect, trust, communication, compatibility, and commitment to the partner, were more likely to be happy in marriage and to remain married after 14 years than people who referred to *barriers* to leaving the marriage, such as children, religious beliefs, financial interdependence, and commitment to the institution of marriage (Previti & Amato, 2003).



### Checkpoint

#### Can you . . .

- ◆ Identify several benefits of marriage?
- ◆ Discuss differences between traditional views of marriage and the way emerging and young adults view it today?
- ◆ Note cultural differences in methods of mate selection and historical changes in marrying age?
- ◆ Cite findings on sexual relations in and outside of marriage?
- ◆ Identify factors in marital satisfaction and success?

## Parenthood

People in industrial societies typically have fewer children today than in earlier generations, and they start having them later in life, in many cases because they spend their emerging adult years getting an education and establishing a career. As the average age of first births in the United States has risen (Figure 14-5), the percentage of women who give birth for the first time in their late thirties and even in their forties has increased dramatically, often with the help of fertility treatments.

A woman's age of first birth varies with ethnic and cultural background. In 2006, Asian American and Pacific Islander women had their first babies at an average age of 28.5, whereas American Indian and Alaska Native women gave birth for the first time, on average, at just under age 22 (Martin et al., 2007). In 2005, 36.9 percent of U.S. births were to unmarried women, and about 40 percent of these women were cohabiting (Martin et al., 2007). The U.S. fertility rate is higher than that in several other developed countries, such as Japan and the United Kingdom, where the average age of first birth is about 29 (Martin, Hamilton, Ventura, Menacker, & Park, 2002; van Dyk, 2005).

At the same time, an increasing proportion of U.S. couples remain childless. The percentage of households with children has fallen from 45 percent in 1970 to about 32 percent today (Fields, 2004). The aging of the population as well as delays in marriage and childbearing may help explain these data, but some couples undoubtedly remain childless by choice. Some see marriage primarily as a way to enhance their intimacy, not as an institution dedicated to the bearing and raising of children (Popenoe & Whitehead, 2003). Others may be discouraged by the financial burdens of parenthood and the difficulty of combining parenthood with employment. Better child care and other support services might help couples make truly voluntary decisions.

### Parenthood as a Developmental Experience

A first baby marks a major transition in parents' lives. This totally dependent new person changes a man and woman and changes their relationship. As children develop, parents do, too.

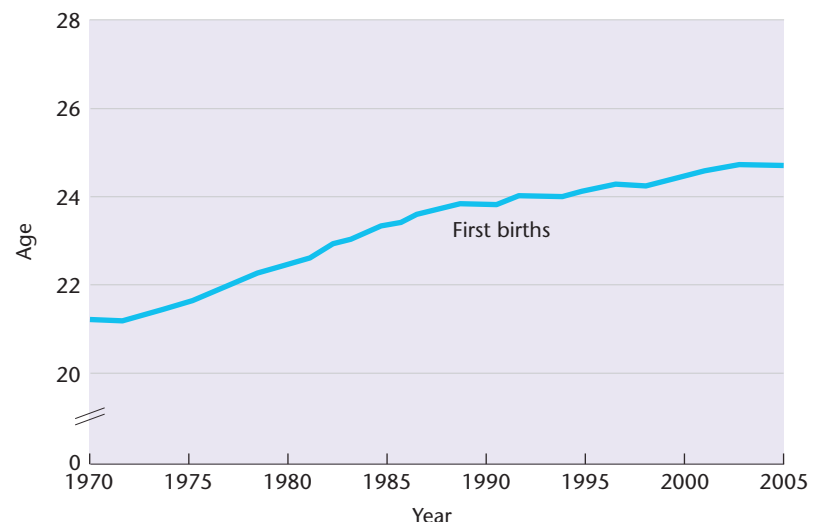
Along with feeling excitement, wonder, and awe, most new parents experience some anxiety about the responsibility of caring for a child, the commitment of time and energy it entails, and the feeling of permanence that parenthood imposes on a marriage. Pregnancy and the recovery from childbirth can affect a couple's relationship, sometimes increasing intimacy and sometimes creating barriers.

**Men's and Women's Involvement in Parenthood** Most women's expectations about parenthood and its influence on their well-being are matched or exceeded by their experience, according to a survey of 71 first-time mothers before and after giving birth. When the parenting experience did *not* meet expectations, women tended to show signs of depression and a poorer adjustment to parenthood (Harwood, McLean, & Durkin, 2007).



### Guidepost 5

When do most adults become parents, and how does parenthood affect a marriage?



**Figure 14-5**

Mean age of mother at first birth: United States, 1970–2005. Many women today start families at a later age than in their parents' generation, raising the average age at first birth. (Source: Martin et al., 2007, Fig. 5.)





*Celebrating a child's birthday is one of the many joys of parenthood. Today most families are smaller than in preindustrial times.*

Even though most mothers now work outside the home, women spend more time on child care than their counterparts did in the 1960s, when 60 percent of children lived with a breadwinner father and a stay-at-home mother. Today, only about 30 percent of children live in such families. Yet, married mothers spent 12.9 hours a week on child care in 2000 compared with 10.6 hours in 1965, and single mothers spent 11.8 hours a week on child care as compared with 7.5 hours in 1965 (Bianchi, Robinson, & Milkie, 2006).

How and why do they do it? For one thing, many people delay parenting until a time when they want to spend time with their children. Families are smaller and parents tend to have more financial resources to invest in their children. Also, social norms

have changed; today's parents feel more pressure to invest time and energy in child rearing. And they feel a need to keep a closer eye on their children because of concerns about crime, school violence, and other negative influences (Bianchi et al., 2006).

Fathers today are more involved in their children's lives and in child care and housework than ever before. In 2000, married fathers spent 9.7 hours on housework and 6.5 hours on child care each week, more than twice as much as in 1965 (Bianchi et al., 2006). Nonetheless, most fathers are not as involved as mothers are. The time fathers spend with children is more nearly equal to mothers' on weekends and increases as children get older (Yeung, Sandberg, Davis-Kean, & Hofferth, 2001).

Despite these trends, half of parents say they have too little time with their children, according to two national surveys of 2,817 adults. Fathers with long working hours, especially, expressed this feeling (Milkie, Mattingly, Nomaguchi, Bianchi, & Robinson, 2004).

Besides time spent in direct child care, fatherhood may change other aspects of men's lives. Among 5,226 men ages 19 to 65, fathers living with their dependent children were less involved in their own outside social activities than those who had no children but were *more* likely to be engaged in school-related activities, church groups, and community service organizations. The most involved fathers were more satisfied with their lives (Eggebeen & Knoester, 2001).

**How Parenthood Affects Marital Satisfaction** Marital satisfaction typically declines during the child-raising years. An analysis of 146 studies including nearly 48,000 men and women found that parents report lower marital satisfaction than nonparents do, and the more children, the less satisfied parents are with their marriage. The difference is most striking among mothers of infants; 38 percent report high marital satisfaction compared with 62 percent of childless wives, probably due to restriction on mothers' freedom and the need to adjust to a new role (Twenge, Campbell, & Foster, 2003). Two prospective longitudinal studies had similar findings: Young couples who had babies reported a small but steady decline in marital satisfaction, while couples who remained childless did not (Schulz, Cowan, & Cowan, 2006; Shapiro & Gottman, 2003).

What accounts for the typical decline in satisfaction? New parents are likely to experience stressors, which may affect their health and state of mind. They may feel



isolated and lose sight of the fact that other parents are going through similar problems. The division of household tasks between the man and the woman can become an issue, for example, if the woman was working outside the home before becoming a mother, is now staying home, and the burden of housework and child care falls mostly on her (Cowan & Cowan, 2000; Schulz et al., 2006). Something as simple as a baby's crying, which keeps the parents up at night, can lessen marital satisfaction during the first year of parenthood (Meijer & van den Wittenboer, 2007).

Parents who participate in professionally led couples discussion groups about parenting issues and relationships, beginning in the last trimester of pregnancy, report significantly smaller declines in satisfaction. Such discussions can help new parents take stock of the way the changes in their lives are affecting their relationships with each other and with their babies and can encourage them to search for their own solutions (Schulz et al., 2006).

## How Dual-Income Families Cope

Most families with children in the United States today are dual-income families. Dual-income families take diverse forms (Barnett & Hyde, 2001). In most of these families, traditional gender roles prevail, with the man as the main provider and the woman as secondary provider; but this pattern is changing (Gauthier & Furstenberg, 2005). In 2003, wives' earnings accounted for an average of 35 percent of their families' incomes as compared with only 26 percent in 1973, and 25 percent of working wives earned more than their husbands (Bureau of Labor Statistics, 2005).

In some families, both earners have high-powered careers and high earnings. In other families, one or both partners scale back: Cut back on working hours or refuse overtime or turn down jobs that require excessive travel, so as to increase family time and reduce stress (Barnett & Hyde, 2001; Becker & Moen, 1999; Crouter & Manke, 1994). Or a couple may make trade-offs: trading a career for a job, or trading off whose work takes precedence, depending on shifts in career opportunities and family responsibilities. Women are more likely to do the scaling back, which usually occurs during the early years of child rearing (Becker & Moen, 1999; Gauthier & Furstenberg, 2005).

Combining work and family roles is generally good for both men's and women's mental and physical health and for the strength of their relationship (Barnett & Hyde, 2001). Contributing to family income makes women more independent and gives them a greater share of economic power, and it reduces the pressure on men to be providers. Less tangible benefits may include a more equal relationship between husband and wife, greater self-esteem for the woman, and a closer relationship between a father and his children (Gilbert, 1994).

However, the benefits of multiple roles depend on how many roles each partner carries, the time demands of each role, the success or satisfaction the partners derive from their roles, and the extent to which couples hold traditional or non-traditional attitudes about gender roles (Barnett & Hyde, 2001; Voydanoff, 2004). Working couples may face extra demands on time and energy, conflicts between work and family, possible rivalry between spouses, and anxiety and guilt about meeting children's needs. The family is most demanding, especially for women who are employed full-time, when there are young children (Milkie & Peltola, 1999; Warren & Johnson, 1995). Careers are especially demanding when a worker is getting established or being promoted. Both kinds of demands frequently occur in young adulthood.

In one study, 82 husbands and wives with an oldest child in kindergarten each completed questionnaires at the end of their workday and at bedtime for three



### Can you . . .

- ◆ Describe trends in family size and age of parenthood?
- ◆ Compare men's and women's attitudes toward and exercise of parental responsibilities?
- ◆ Discuss how parenthood affects marital satisfaction?

days. Daily fluctuations in men's and women's workday pace and in their mood at the end of the workday affected their behavior with their spouses after work, suggesting that the emotions aroused by tension at work spill over to marital relations (Schulz, Cowan, Cowan, & Brennan, 2004).

To lessen the pressures on dual-income families, most countries have adopted workplace protection for such families (Heymann, Siebert, & Wei, 2007). Fathers in 65 countries—but not in the United States—get *paid* paternity leave. (The U.S. Family and Medical Leave Act of 1993 grants 12 weeks of *unpaid* leave.) At least 34 countries—but not the United States—set a maximum length for the work week. Proposals for paid family leave have been introduced in the U.S. Senate and in the New York and Oregon legislatures, but California, New Jersey, and Washington are currently the only states to adopt paid family leave. Washington's law, which is limited to care of newborns or newly adopted children, goes into effect in October 2009.



### Checkpoint

Can you . . .

- ◆ Identify benefits and drawbacks of a dual-earner household?



### Guidepost 6

What are the trends in divorce rates, and how do young adults adjust to divorce, remarriage, and stepparenthood?

## When Marriage Ends

In the United States, the average marriage that ends in divorce does so after seven to eight years (Kreider, 2005). Divorce, more often than not, leads to remarriage with a new partner and the formation of a stepfamily, which includes children born to or adopted by one or both partners before the current marriage.

### Divorce

The U.S. divorce rate in 2006 was at its lowest point since 1970—3.6 divorces per 1,000 married women ages 15 and older, according to provisional data (Eldridge & Sutton, 2007). This rate is about twice what it was in 1960 but has fallen gradually since its peak in 1981. About 1 in 5 U.S. adults has been divorced (Kreider, 2005).

The sharpest drop in divorce has occurred among younger cohorts—those born since the mid-1950s (U.S. Census Bureau, 2007c). College-educated women, who previously had the most permissive views about divorce, have become less so, whereas women with lower educational levels have become more permissive and thus more likely to divorce (Martin & Parashar, 2006). Age at marriage is another predictor of whether a union will last. Thus, the decline in divorce may reflect higher educational levels as well as the later age of first marriages, both of which are associated with marital stability (Popenoe & Whitehead, 2004). It also may reflect the rise in cohabitation, which, if it ends, does not end in divorce (A. Cherlin, personal communication, in Lopatto, 2007). Teenagers, high school dropouts, and nonreligious persons have higher divorce rates (Bramlett & Mosher, 2001, 2002; Popenoe & Whitehead, 2004). The rates of marital disruption for black women remain higher than for white women (Sweeney & Phillips, 2004).

**Why Do Marriages Fail?** Looking back on their marriages, 130 divorced U.S. women who had been married an average of eight years showed remarkable agreement on the reasons for the failure of their marriages. The most frequently cited reasons were incompatibility and lack of emotional support; for more recently divorced, presumably younger, women, this included lack of career support. Spousal abuse was third, suggesting that intimate partner violence may be more frequent than is generally realized (Dolan & Hoffman, 1998; Box 14-1).



## BOX 14-1 Research in Action

### Intimate Partner Violence

*Intimate partner violence (IPV)*, or *domestic violence*, is the physical, sexual, or psychological maltreatment of a spouse, a former spouse, or an intimate partner. Each year, U.S. women are the victims of about 4.8 million intimate partner–related physical assaults, and U.S. men are the victims of about 2.9 million such assaults (Tjaden & Thoennes, 2000). In 2004, intimate partner violence resulted in 1,544 deaths, 25 percent of them males and 75 percent females (Bureau of Justice Statistics, 2006). The true extent of domestic violence is difficult to ascertain because the victims are often too ashamed or afraid to report what has happened, especially if the victim is male.

Most studies in the United States find that men are far more likely than women to perpetrate intimate partner violence (Tjaden & Thoennes, 2000). Women's violence against men in domestic relationships does happen, but it is typically less injurious, and less likely to be motivated by a desire to dominate or control their partners (Kimmel 2002). Both women and men who have been victimized or threatened by IPV tend to report more chronic health conditions and health risk behaviors than those who have not experienced IPV. However, it is not clear whether these conditions and behaviors are a cause or a result of the violence (Black & Breiding, 2008).

Research on intimate partner violence has identified three types of violence: *situational couple violence*, *emotional abuse*, and *intimate terrorism* (DeMaris, Benson, Fox, Hill, & Van Wyk, 2003; Frye & Karney, 2006; Leone, Johnson, Cohan, & Lloyd, 2004). *Situational couple violence* refers to physical confrontations that develop in the heat of an argument. This type of violence, in the context of marriage, may reflect poor marital adjustment or acute stress (Frye & Karney, 2006). It may be initiated by either partner and is unlikely to escalate in severity (DeMaris et al., 2003).

*Emotional abuse*, such as insults and intimidation, may occur either with or without physical violence (Kaukinen, 2004; WHO, 2005). In a survey of 25,876 Canadian men and women, emotional abuse of women tended to occur when a woman's education, occupational status, and income were higher than her partner's. Such behavior may be a man's way of asserting dominance (Kaukinen, 2004).

The most serious type of partner violence is *intimate terrorism*—systematic use of emotional abuse, coercion, and, sometimes, threats and violence to gain or enforce power or control over a partner. This type of abuse tends to become more frequent and more severe as time goes on. Its most important distinguishing characteristic is its underlying control-seeking motivation (DeMaris et al., 2003; Leone et al., 2004). Victims of

intimate terrorism are most likely to be female and to experience physical injuries, time lost from work, poor health, and psychological distress (Leone et al., 2004).

Why do victims stay with partners who abuse or terrorize them? Some blame themselves. Constant ridicule, criticism, threats, punishment, and psychological manipulation destroy their self-confidence and overwhelm them with self-doubt. Some are more concerned about preserving the family than about protecting themselves. Often victims feel trapped in an abusive relationship. Their partners isolate them from family and friends. They may be financially dependent and lack outside social support. Some are afraid to leave—a realistic fear, as some abusive husbands track down, harass, and beat or even kill their estranged wives (Fawcett, Heise, Isita-Espejel, & Pick, 1999; Harvard Medical School, 2004b; Walker, 1999).

The U.S. Violence Against Women Act, adopted in 1994, provides for tougher law enforcement, funding for shelters, a national domestic violence hotline, and educating judges and court personnel, as well as young people, about domestic violence. To be effective, shelters need to offer expanded employment and educational opportunities for abused women who are economically dependent on their partners. Health providers need to question women about suspicious injuries and tell them about the physical and mental health risks of staying with abusive partners (Kaukinen, 2004). Community standards can make a difference. In communities where neighborhood cohesion and informal social control are strong, rates of intimate partner violence and homicide tend to be low, and women are more likely to disclose their problems and seek social support (Browning, 2002).

#### What's Your View?

What more do you think can or should be done to prevent or stop intimate partner violence?

#### Check It Out

For more information on this topic, go to [www.ncadv.org](http://www.ncadv.org) (the website of the National Coalition Against Domestic Violence, with links to information about the problem, community response, getting help, public policy, and other resources).

According to a randomized telephone survey of 1,704 married people, the greatest likelihood of *either* spouse's bringing up divorce exists when the couple's economic resources are about equal and their financial obligations to each other are relatively small (Rogers, 2004). Instead of staying together "for the sake of the children," many embattled spouses conclude that exposing children to continued parental conflict does greater damage. And, for the increasing number of childless couples, it's easier to return to a single state (Eisenberg, 1995).

Divorce breeds more divorce. Adults with divorced parents are more likely to expect that their marriages will not last (Glenn & Marquardt, 2001) and to become divorced themselves than those whose parents remained together (Shulman, Scharf, Lumer, & Maurer, 2001).

**Adjusting to Divorce** Ending even an unhappy marriage can be painful for both partners, especially when there are young children in the home. Issues concerning custody and visitation often force divorced parents to maintain contact with each other, and these contacts may be stressful (Williams & Dunne-Bryant, 2006). (Children's adjustment to divorce was discussed in Chapter 10.)

Divorce tends to reduce long-term well-being, especially for the partner who did not initiate the divorce or does not remarry (Amato, 2000). Especially for men, divorce can have negative effects on physical or mental health or both (Wu & Hart, 2002). Women are more likely than men to experience a sharp reduction in economic resources and living standards after separation or divorce (Kreider & Fields, 2002; Williams & Dunne-Bryant, 2006). People who were—or thought they were—happily married tend to react more negatively and adapt more slowly to divorce (Lucas et al., 2003). On the other hand, when a marriage was highly conflicted, its ending may improve well-being (Amato, 2000).

An important factor in adjustment is emotional detachment from the former spouse. People who argue with their ex-mates or who have not found a new partner or spouse experience more distress. An active social life, both at the time of divorce and afterward, helps (Amato, 2000; Thabes, 1997; Tschann, Johnston, & Wallerstein, 1989).

## Remarriage and Stepparenthood

Remarriage, said the essayist Samuel Johnson, "is the triumph of hope over experience." Evidence for the truth of that statement is that remarriages are more likely than first marriages to end in divorce (Adams, 2004; Parke & Buriel, 1998).

In the United States and abroad, rates of remarriage are high and rising (Adams, 2004). More than 1 out of 3 U.S. marriages are remarriages for both bride and groom (Kreider, 2005). Half of those who remarry after divorce from a first marriage do so within three to four years (Kreider & Fields, 2002; Kreider, 2005). Men and women living with children from a previous relationship are most likely to form a new union with someone who also has resident children, thus forming a his-and-hers stepfamily (Goldscheider & Sassler, 2006). About one-fourth of stepfamilies in the United States and one-half in Canada are formed by cohabitation (Cherlin, 2004).

The more recent the current marriage and the older the stepchildren, the harder stepparenting seems to be. Women, especially, seem to have more difficulties in raising stepchildren than in raising biological children, perhaps because women generally spend more time with the children than men do (MacDonald & DeMaris, 1996).



Still, the stepfamily has the potential to provide a warm, nurturing atmosphere, as does any family that cares about all its members. One researcher (Papernow, 1993) identified several stages of adjustment: At first, adults expect a smooth, rapid adjustment, while children fantasize that the stepparent will go away and the original parent will return. As conflicts develop, each parent may side with his or her biological children. Eventually, the adults form a strong alliance to meet the needs of all the children. The stepparent gains the role of a significant adult figure, and the family becomes an integrated unit with its own identity.

The bonds forged in young adulthood with friends, lovers, spouses, and children often endure throughout life and influence development in middle and late adulthood. The changes people experience in their more mature years also affect their relationships, as we'll see in upcoming chapters.



#### Can you . . .

- ◆ Give reasons for the decrease in divorce since 1981?
- ◆ Discuss factors in adjustment to divorce?
- ◆ Discuss factors in adjustment to remarriage and stepparenthood?

## Summary and Key Terms

### Emerging Adulthood: Patterns and Tasks

**Guidepost 1:** *What influences today's varied paths to adulthood, and how do emerging adults develop a sense of adult identity and an autonomous relationship with their parents?*

- Emerging adulthood is often a time of experimentation before assuming adult roles and responsibilities. Such traditional developmental tasks as finding stable work and developing long-term romantic relationships may be postponed until the thirties or even later.
- Paths to adulthood may be influenced by such factors as gender, academic ability, early attitudes toward education, expectations in late adolescence, social class, and ego development.
- Identity development in emerging adulthood may take the form of recentering, the gradual development of a stable adult identity. For racial/ethnic minorities, the task of identity formation may be accelerated.
- Emerging adulthood offers a moratorium, a period in which young people are free from pressure to make lasting commitments. However, some emerging adults remain in a perpetual moratorium, a dead-end status called *youthhood*.
- A measure of how successfully emerging adults handle the developmental task of leaving the childhood home is their ability to maintain close but autonomous relationships with their parents.
- Failure to launch is increasingly common, often for financial reasons, and can complicate the negotiation of an adult relationship with parents.

recentering (453)

### Personality Development: Four Views

**Guidepost 2:** *Does personality change during adulthood, and, if so, how?*

- Four theoretical perspectives on adult personality development are normative-stage models, the timing-of-events model, trait models, and typological models.
- Normative-stage models hold that age-related social and emotional change emerges in successive periods sometimes marked by crises. In Erikson's theory, the major issue of young adulthood is intimacy versus isolation.
- The timing-of-events model, advocated by Neugarten, proposes that adult psychosocial development is influenced by the occurrence and timing of normative life events. As society becomes less age-conscious, however, the social clock has less meaning.
- The five-factor model of Costa and McCrae is organized around five groupings of related traits: neuroticism, extraversion, openness to experience, conscientiousness, and agreeableness. Current studies find that each of these traits changes during young adulthood and to some extent throughout life.
- Typological research, pioneered by Jack Block, has identified personality types that differ in ego-resiliency and ego-control. These types seem to persist from childhood through adulthood.

normative-stage models (456)

intimacy versus isolation (456)

life structure (457)

developmental tasks (458)

timing-of-events model (458)

normative life events (458)

social clock (458)

trait models (458)

five-factor model (458)

typological approach (460)

ego-resiliency (461)

ego-control (461)

## Foundations of Intimate Relationships

### **Guidepost 3:** *How is intimacy expressed in friendship and love?*

- Young adults seek intimacy in relationships with peers and romantic partners. Self-disclosure is an important aspect of intimacy.
- Most young adults have friends but have increasingly limited time to spend with them. Women's friendships tend to be more intimate than men's.
- Many young adults, particularly gays and lesbians, have friends who are considered fictive kin.
- According to Sternberg's triangular theory of love, love has three aspects: intimacy, passion, and commitment.

fictive kin (462)

triangular theory of love (462)

## Marital and Nonmarital Lifestyles

### **Guidepost 4:** *When and why do young adults choose to remain single, form gay or lesbian relationships, cohabit, or marry, and how satisfying and stable are those lifestyles?*

- Today, more adults than in the past postpone marriage or never marry. The trend is particularly pronounced among African American women.
- Reasons for staying single include career opportunities, travel, sexual and lifestyle freedom, a desire for self-fulfillment, women's greater self-sufficiency, reduced social pressure to marry, fear of divorce, difficulty in finding a suitable mate, and lack of dating opportunities or of available mates.
- Both gay men and lesbians form enduring sexual and romantic relationships.
- The ingredients of long-term satisfaction are similar in homosexual and heterosexual relationships.
- Gays and lesbians in the United States are fighting for rights other people enjoy, such as the right to marry.
- With the new stage of emerging adulthood and the delay in age of marriage, cohabitation has increased and has become the norm in some countries.
- Cohabitation can be a trial marriage, an alternative to marriage, or, in some places, almost indistinguishable from marriage. Cohabiting relationships in the United States tend to be less stable than marriages.

- Marriage (in a variety of forms) is universal and meets basic economic, emotional, sexual, social, and child-raising needs.
- Mate selection and marrying age vary across cultures. People in industrialized nations now marry later than in past generations.
- Fewer people appear to be having extramarital sexual relationships than in the past.
- Success in marriage may depend on partners' sensitivity to each other, their validation of each other's feelings, and their communication and conflict management skills. Men's and women's differing expectations may be important factors in marital satisfaction.

## Parenthood

### **Guidepost 5:** *When do most adults become parents, and how does parenthood affect a marriage?*

- Today women in industrialized societies are having fewer children and having them later in life, and an increasing number choose to remain childless.
- Fathers are usually less involved in child raising than mothers, but more so than in previous generations.
- Marital satisfaction typically declines during the childbearing years.
- In most cases, the burdens of a dual-earner lifestyle fall most heavily on the woman.
- Family-friendly workplace policies may help alleviate marital stress.

## When Marriage Ends

### **Guidepost 6:** *What are the trends in divorce rates, and how do young adults adjust to divorce, remarriage, and stepparenthood?*

- Divorce rates in the United States have fallen from their high in 1981. Among the likely reasons are increasing educational levels, the delay in age of marriage, and the rise in cohabitation.
- Adjusting to divorce can be painful. Emotional distance from the ex-spouse is a key to adjustment.
- Many divorced people remarry within a few years, but remarriages tend to be less stable than first marriages.
- Stepfamilies may go through several stages of adjustment.