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The period of emerging adulthood as critical for shaping health-related behaviors

Okres wschodzącej dorosłości jako krytyczny dla kształtowania zachowań związanych ze zdrowiem

Abstrakt:
Artykuł stanowi próbę ukazania, że okres wschodzącej dorosłości to istotny czas, kiedy kształtują się zachowania związane ze zdrowiem. Ten okres jest szczególnie interesujący także ze względu na to, że młodzi ludzie stają przed szansą osiągnięcia pełnej niezależności. Usamodzielnienie się od rodziców daje możliwość stworzenia własnego stylu życia – sprzyjającego zdrowiu czy też szkodliwego dla zdrowia.
Słowa kluczowe: okres wschodzącej dorosłości, zachowanie a zdrowie

Abstract:
The article attempts to show that the period of emerging adulthood is a significant time in the formation of health-related behaviors. This time in young people's life is also of particular interest because it is when young people begin to have the opportunity to achieve full independence. This process of becoming free from their parents' authority provides them with an opportunity to create their own unique lifestyle, which may be either pro-health or in some ways damaging to health.
Key words: that the period of emerging adulthood, relationship between behavior and health

Introduction

This paper is an attempt to show the significance of the period of emerging adulthood in shaping health-related behaviours. Many different terms are used in the literature regarding the relationship between behavior and health; these are referred to as health behaviors, health activities, health habits, healthy lifestyle, positive health behaviors, anti-health behaviors, healthy or health-threatening behaviors, health related activities and health damaging behaviors (Puchalski, 1990, Sęk, 2000, Słońska, Misiuna, 1993).

Nowadays a group of definitions of health-related behaviors focuses on the health effects of the activities in which individuals get involved. These behaviors may have a positive or negative impact on health, so a distinction is made between behaviors conducive to good health and those that are harmful, in other words pro- and anti-health behaviors. By definition, these are "behaviors, in relation to which there are in principle unquestionable assumptions or evidence that they affect health positively or negatively" (Puchalski, 1990, p. 49). The terminology used in this article refers directly to this sense.

According to the terminology proposed by Arnett (2000, 2001) emerging adulthood is a phase between adolescence and fully-fledged adulthood, spanning the years between 18 and 25, although according to Bańka (2006) the period can be extended to the age of 30. This age group has become a focus of our considerations as in this phase of life, on the threshold of adulthood, young people face many important decisions. This is when it is also possible to assess the effectiveness of the prophylactic activities previously organized by schools, parents and local community, and evaluate the role of education in young people's development to see if it has provided them not only with knowledge but also with cognitive skills and social competencies. This is the period in which young people choose their path in life, when they need to acquire more knowledge self-knowledge and have an interest in their future stimulated. These young people face choices between various personal decisions, analyze the different aspects of personality and try to independently assess which choices they can make that may form the basis of their future investigations, personal growth and realization of the developmental tasks related to adulthood.

This phase of life is also when young people are on the threshold of reaching full autonomy (Ziarko, 2006) and, as they become independent of their parents, are capable of making their own lifestyle decisions, which are either beneficial or damaging to their health.

1. Late adolescence

The transitional phase of human life linking childhood with adulthood begins at approximately 10 to 12 and ends at 22 to 25 years of age. The young person's road to the discovery of who they really are, what they can or cannot do, how they are seen by others and what are their expectations towards the world are is long and meandering. Many changes take place at this time, from physical ones to the emergence of new goals and expectations and even changes in immediate environment. The period of 'growing towards adulthood', from the Latin *adolescere,* is when young people become capable of giving life and of independently creating their own life (Obuchowska, 2000). The readiness of the organism to reproduce arrives in early adolescence (puberty) and the capacity to acquire personal and social competences is the phase of late adolescence (early adulthood) (Brzezińska, 2013, Obuchowska, 2000, Wiliński, 2007).

Adolescence poses new challenges and presents young people with novel developmental goals resulting from physical, cognitive, social and emotional changes. Usually the beginning of this phase is the period of puberty, of intense maturation until the full ability to reproduce is developed. It is more difficult to identify the moment at which growing up ends and adulthood begins (Zimbardo, 2012). The time after the adolescence is, however, often discussed in terms of life events which have a developmental significance to individuals. Teenagers' own activities may be influential in modifying the tempo, rhythm and harmony of development, which is only possible when they engage in these successive developmental tasks.

The beginnings of adolescence are initially marked by bodily developments resulting from ongoing hormonal changes (Bee, 2004) - from the changes in the size and proportions of the body to the way it functions, and the physiological processes related to sexual maturation which appear at this time, e.g. menstruation, nocturnal emissions. These changes, accompanied by various tensions, are compounded by emerging sexual needs and the first romantic relationships.

Intense social development is also prominent at this time, with a peer group becoming an important point of reference. Teenagers search for new ideas, people they can trust, settings in which they can manifest being different and distinct from others. This is the period of entering the moratorium, i.e. the active, independent search for individual identity within the immediate environment. A young person becomes open to new perspectives, develops critical thinking and begins to reflect on past experiences. In fact, the sheer number of these changes, the self-focus and concentration on one's own needs, accumulates to such an extent that young people often cross boundaries or fail to see the limits set out for them by adults. This encourages behaviors that are focused on momentary satisfaction, quick benefits and pleasures which are often associated with risk or simply with discovering previously unknown areas. It is the time of experimenting with what is new, impossible, forbidden and of testing the limits defined by adults (Brzezińska, 2007; Wiliński, 2007).

The most important developmental tasks characteristic of this period are: reconciliation with physical maturation, entering new levels of cognitive development, redefining social roles and emotional issues, dealing with opportunities and pressures in the sexual sphere, and the development of moral standards. All these elements comprise the main developmental task of this period: the creation of one's own identity (Zimbardo, 2012).

Erikson claimed that development lasts a lifetime and that people enter different developmental tasks at each stage of their lives. During adolescence the most crucial developmental task is to form an identity, which, in Erikson's theory, is a coherent sense of who you are. The emergence of an independent self in this period is an essential element of adolescence. The construct of identity itself is a result of the different roles played by adolescents in front of different audiences. The overcoming of the identity crisis requires the development of a coherent sense of self (Erikson, 2000).

The development of identity takes place in two stages. The first, the early stage falls between the age of 10 and 16 and consists in the exploration of one's surrounding environment, experimenting and discovering boundaries, things that are permitted or allowed only under certain conditions, discovering what is possible often through risky behavior. This is when the likelihood of conflict with parents is higher, as is experiencing extreme emotions (Arnett, 1999). For some young people this is when they experience problems with others and with their self-esteem (Myers, Diener, 1995).

The second stage falls between the ages of 16 and 20 and this is the period of becoming committed to a chosen lifestyle and system of values. Typical for this period is taking over the responsibility for oneself and for the consequences of one's choices. It is only

after going through these two stages that young people's identity eventually matures. If, as happens in some cases, a person moves directly to the second stage, committing before the period of exploration, the resulting identity is of the 'taken over', mirror type. A young person can also become too engaged in the exploration of alternatives, which results in a prolonged crisis, failure to get seriously involved in anything, changing university courses, jobs, friends, partners or plans for the future – this is when the individual remains immersed in moratorium stage. Marcia's research demonstrates that this kind of person places a value on independence but is often anxious, experiences mood swings and is known as non-conformist and rebellious (Brzezińska, 2013).

At the time of transition into adulthood the individual's life plans are usually strongly in place and begin to be realized. This is the time in which many decisions regarding further education, career and intimate relationships are made. Making these decisions and accepting their consequences are the main tasks of this period, at the same time marking the direction in which the individual's psychological development is taking place.

According to Erikson (2000) early adulthood produces the challenge of creating close, loving relationships with others. Erikson labelled this period as the 'intimacy versus isolation' stage. Intimacy is the ability to be fully committed sexually, emotionally and morally to a relationship with another person. This requires a compromise in terms of personality preferences, accepting responsibility and giving up parts of one's independence and territory (privacy), but it also creates many benefits. This is also the time for resolving the conflict between the need for closeness and fear of defenselessness, of total unveiling and the risks it carries. These difficulties, if unresolved, may lead to isolation, manifested in an inability to be in a close relationship with another person.

Arnett (2000, 2001, 2011) proposed the concept of a distinct period between adolescence and adulthood and defined it as 'emerging adulthood', which covers the period of the last two years of being a teenager and the early twenties. Young people on the threshold of adulthood already have adolescence and puberty behind them but are still at the stage of not seeing themselves as fully grown adults. Arnett justifies this concept with reference to the changes that have occurred between the understanding of adulthood of earlier generations and those in the present time in terms of developmental tasks and the possibilities of achieving them. In previous generations, it was such commitments as getting married, having a child or embarking on a professional career that marked the beginning of adulthood. Today, important life events are no longer considered as criteria for entering into another developmental phase. In fact, young people themselves think that adulthood is marked by taking responsibility for yourself and accepting it, making independent decisions and being self-reliant; these criteria are certainly less distinctive than those of the past (Arnett, 1997).

Research also suggests that emerging adulthood or the threshold of adulthood is a time of experimenting in all possible areas, when young people take on various jobs, and

examine different lifestyles and ways of looking at the world. It is also the period of trying to find the kind of partner that would be suitable for a long-term relationship. It is believed that, compared to other stages in life, in the case of this age group it is not easy to predict their activities in relation to education, place of residence or degree of financial independence. Nearly 50% of people of this age move out of the family home al only to move back later, 60% begin their university studies immediately after secondary school, but only half of them complete their degree before the age of 30 (Biachi, Spain, 1996). Young people in the phase of emerging adulthood are also more likely to engage I risky activities than in other developmental periods; interestingly, this is even more likely than in the period of adolescence. At this stage, the highest rates of substance abuse are noted for stimulants and psychoactive substances but also risky driving and unprotected sex (Arnett, 1992). Biachi explains these behaviours in terms of not taking full responsibility for the roles in which young people find themselves while at the same time being entirely free of parental supervision.

2. Emerging adulthood and the formation of health-related behaviours.

From the point of view of the formation of health-related behaviors, growing up is the most important time in human development. The previously acquired pro-health behaviors become consolidated in this critical period while at the same time young people still feel the need to experiment, hence they become involved in various anti-health behaviors.

Many researchers have sought to give answers to the question of what makes adolescents choose their health-related behaviours, although their research often focused exclusively on unhealthy behaviours. One of the suggestions is that young people engage in ill-advised behaviours under the influence of three factors: stress, lack of life skills and negative peer pressure (Gaś, 2006). In the psychological and pedagogical literatures, various authors often focus on giving reasons for specific health-damaging behaviours.

Research conducted among adolescents from lower secondary and secondary school (PBS, 2011) indicates the importance of individual expectations. These young people declared that they experienced positive effects from drinking alcohol, such as having fun, being more relaxed, sociable and friendly, and enjoying a subjective sense of happiness. They also identified negative effects of drinking, such as doing things they regretted later, bad health effects or getting involved in fights. In turn, Grudziak-Sobczyk (1992) mentions the following factors that drive young people to alcohol use: becoming more forthcoming in interpersonal contacts and hence being able to establish contacts and experiencing less anxiety; but there are also different motivations such as, among others, curiosity, a need for fun and relaxation, the alleviation of boredom, the need to escape from school or family related problems, attention seeking behavior in school or family environment, and rebellion.

Obuchowski (1996), on the other hand, who also analyzed young people's motivations for reaching for intoxicating substances, identified the following themes: escapism (from fear, loneliness, family, school, boredom, monotony), conformism (peer pressure), existential considerations (feelings of pointlessness, emptiness), experimentation (curiosity, new experiences), hedonistic motivations, prestige and snobbism (attempts to behave like an adult and becoming popular).

Izdebski (2006) and Pawelski (1997), who investigated the behaviors related to sexual contacts, concluded that the main causes of early sexual initiation are sexual desire, love, and curiosity but also being submissive towards a partner, peer pressure, fear of rejection, self-esteem issues, the impact of chemical substances, and, interestingly, the need for new sensations.

Engaging in such behaviours helps young people satisfy some of their most important psychological needs for love, acceptance, admiration, safety and belonging as well as the realizing of important developmental tasks (defining one's identity, becoming independent) and coping with life difficulties (reducing frustration and anxiety) (Szymańska, 2002).

Health-related behaviours are also influenced by the developmental stage. Many authors indicate that adolescence, as the period between childhood and adulthood, is particularly critical when it comes to health damaging behaviours. As a transitional period, it is often referred to as the time of "storm and stress", of conflicts and dysfunctions. G. Stanley Hall, who at the beginning of the twentieth century was the first psychologist to discuss the development of teenagers, promoted the term "storm and stress" in relation to the abundance of the physical and psychological changes. Although the popularity of the term itself changed with time (Arnett, 1999) it still turns up in developmental theories, particularly of psychoanalytic origin. Anna Freud herself (1958) looked at the related issues through the prism of emotions such as anger, which she thought unavoidable, although admittedly she also thought of behaviors considered to be within the developmental norm as evidence of serious dysfunctions. Even though her position was widely considered unsustainable at the time, it was only relatively recently that most researchers rejected her views as wrong and unfounded.

Even though today many specialists in adolescence still think of it in terms of conflict and dissonance (Birch, Malin, 2001; Conger, 1977), the latest research claims that the significance of the difficulties which are in excess of the developmental norm has been overblown. Research (Arnett, 1999) shows that during adolescence the most common problems are conflicts with parents (Laursen, Coy, Collins, 1998), considerable mood swings (Buchanan, Eccles, Becker, 1992; Larson and Richards, 1994; Petersen, Compas, Brooks-Gunn, Stemmler, Ey, Grant, 1993) and, already mentioned repeatedly here, a tendency to indulge in anti-health behaviors.

As G. Stanley Hall wrote in reference to teenage boys, at this stage "a period of semicriminality is normal for all healthy boys" (Hall, 1904). In reality, many adolescents get

involved in the behaviours that are harmful, such as risky sexual behavior, risky driving, and a tendency to commit forbidden acts (Arnett, 1992; Gottfredson, Hirschi, 1990; Johnston, O'Malley, Bachman, 1994), mostly in the period of late adolescence, although this is not true of the majority of young people.

The important questions here are why are such behaviors typical for adolescents, and do they appear more often in this period of life than in any other? The answer is partly related to hormonal changes during adolescence. The physiological changes in the teenage body are linked to changes in the perception of the self and the environment. These intense physical, emotional and cognitive changes influence self-esteem and behavior but also emotions (emotional lability, arousal) and the emergence of sexual needs. Additionally, a young person faces the need to make career choices, and resolve issues relating to the need to adjust to peer expectations and relations with parents. All these factors, and the experiential heterogeneity of the period itself, affect the choice of health-related behaviours. These transformations can in fact consolidate young people's sensitivity to the impact of risk factors. Brzezińska (2013) points out that the kinds of experiment normal for this time of life may become fixed as effective remedial strategies to be used by the adolescent in the future. The period of late adolescence is rich in various age-specific risk factors, which may gain regulatory significance, especially in the absence or lack of protective factors. In this context, self-destructive health-damaging behaviors can become remedial strategies therefore it is important to make sure that they are not the only forms of adaptation.

Research on the predictors of pro-health and health-damaging behaviors shows that lifestyle preferences are one of the most important factors. Following Sęk (2000), these can be interpreted as "health related behaviours characteristic of a person, conditioned by individual temperamental traits, level of knowledge, generalized views and beliefs about the world, life and oneself, competences, system of values, individual health experiences as well as social and cultural variables." (Sęk, 2000, p. 543). Therefore, it appears important to help young people form pro-healthy attitudes in emerging adulthood so as to make sure they take responsibility for their health. Among the negative health-related factors that contribute to shaping lifestyles are having friends who use alcohol and other substances excessively or having positive expectations as to the immediate effects of the substance. There are also personal characteristics that encourage behaviors harmful to health, such high anxiety, low self-esteem, poor self-control, unrealistic expectations towards oneself or others (Szymańska, 2002). Among the protective factors are various individual and environmental conditions which enhance an individual's health potential, such as personal predispositions, including a balanced temperament, or environmental characteristics, including the availability of emotional support, friendships (Garmez, 1985), personal and social skills, and self-control (Sheier, Carver, 2003). Also mentioned in this context are close ties with parents, observance of universally recognized norms and values, and religious commitment (Hawkins, 1992). The importance of the protective factors is strongly emphasized nowadays. It is believed that their inclusion and enhancement in the health protection process helps achieve positive

effects in young people's healthcare as part of the trend towards supporting positive development. Interventions developed in this vein include encouraging the development of social ties, feelings of efficacy, spiritual growth, and the development of social, emotional and moral competencies.

At this stage it is useful to mention the role of other protective and risk-related factors. For example, the family home is an environment that has an immediate impact on children's health on the one hand and; on the other, it can influence their future inclinations towards health-damaging behaviours. It is important for children to be taught to take responsibility for their health and for health-related content to be included in the educational process within the family along with learning pro-health patterns of behavior, undergoing regular medical examinations, and maintaining a proper life-work balance and healthy eating habits.

The study of the eating patterns of teenagers shows that almost every fifth individual eats fruit more than once a day and every sixth eats more than one portion of vegetables (Mazur, 2015), but statistics also show that the consumption of unhealthy products is also common – almost 30% of teenagers eat sweets every day and 25% consume sweet drinks. HSBC research (Mazur, 2015) confirmed that in 2010–2014 there was an increase in eating healthy products and a drop in eating health-damaging foods. Also, the percentage of teenagers who eat a healthy diet lowers with age. Among the influential social factors there are the impact of the level of family income on the frequency of eating fruit and vegetables and the influence of the place of residence on the frequency of eating sweets. What is more, the same research showed that the health of over three quarters of adolescents in Poland was under threat due to low physical activity, which deteriorated with age. Consequently, older adolescents did not meet the minimum physical activity quota necessary for healthy development. Girls were confirmed to be in a worse position than boys as they took less physical activity, as did adolescents from lower-income families. Spending many hours without physical activity, for example in front of a screen (watching TV, playing computer games) is a significantly higher problem in older youth, with a growing percentage of young people spending at least 4 hours a day in front of the computer. Living in a family with low material status increases the risk of watching TV for too long. Family structure and place of residence affect the frequency of playing computer games and computer use for other purposes while the presence of both biological parents at home is a protective factor.

Other research conducted among people in early adulthood has shown a moderate intensity of health-related behaviors relating to the somatic dimension of health: washing hands after using the toilet and adequate oral hygiene. The least common were the behaviors associated with regular physical activity and acquiring knowledge about health and health protection. The respondents in this study paid too little attention to resting, sleeping and healthy ways of spending their free time (Ziarko, 2006).

Summing up, young people display a positive approach towards health related behaviours by taking care of their health in various ways, but mostly in its social and psychological dimensions rather than the somatic aspects of health.

3. Health prophylactics

The first reflections about one's behavior and the impact it has on one's health, which appear at the time of transition between adolescence and early adulthood, are the first steps in taking care of one's health.

Health education classes, prophylactic workshops designed to increase young people's knowledge related to risky anti-health behaviors and help them form the attitudes and skills necessary to take action to reduce such behaviors and replace them with health enhancing behaviors, can be postulated in this context (Woynarowska, 2017)

At the family level, the parents of teenagers should be supported in taking effective educational steps, teaching young people about the consequences of their actions and also about the ways of presenting certain expectations towards one's child, particularly at this developmental stage, when the perception of the parents' authority is changing (Skałbania, 2009). The relationship between parents and teenager are particularly important when it comes the bond between them, parental support and engagement in the life of the maturing child.

There are also prophylactic programs that stimulate the activity of young people, consolidating their relationship with the school and the local community. It is important to mention the peer setting in this context. In this developmental period, constructive and pro-social peers who accept social norms and have educational aspirations play a significant role (Ostaszewski, 2003; Woynarowska, 2017). Looking further at the resources inherent in the relationships with people in the immediate environment, good and competent adults can become role models who are important as sources of trust and support; these can be teachers, priests, school psychologists or sports coaches.

What is more, at the community level these changes should be linked with the positive climate of the school, and cooperation between the school and youth organizations in encouraging good habits and in promoting disapproval of anti-health behaviours – and also in, cooperating in the creation of a safe and friendly immediate environment through the provision of access to leisure facilities, advice centers or crisis intervention centers.

It is also worth focusing on interventions at the level of state policy, for example on the prophylactic programs organized by the ministries, research institutes, local governments and non-governmental organizations. Social campaigns should make use of a variety of communication channels, i.e. through health professionals, mass media, public transport, public offices or churches (Ostaszewski, 2003; Skałbania, 2009; Woynarowska, 2017).

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