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Positive Development and Resilience in Emerging Adulthood

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Abstract and Keywords

Recently, calls have been made for an increased focus on successful development in young people and how optimal developmental pathways can be promoted. The concept of healthy functioning or positive development is particularly relevant to the emerging-adulthood period because of the significant potential for positive change and redirection of life pathways observed during this time. This chapter focuses on one empirically tested model of positive development in emerging adulthood developed with data from the Australian Temperament Project. Positive development is conceptualized as comprising the dimensions of civic action and engagement, trust and tolerance of others, trust in authorities and organizations, social competence, and life satisfaction. A growing body of research suggests that positive development in emerging adulthood is an important asset for young people, with distinct developmental antecedents and consequences for later functioning. The findings provide possible targets for interventions to promote healthy developmental pathways into adulthood.

Keywords: Emerging adulthood, resilience, positive development, Australian Temperament Project, developmental pathways

Over the past decade, increasing interest in the nature of positive human functioning has yielded an important new area of enquiry broadly referred to as *positive psychology* (Lopez & Snyder, 2011). This work provides a new lens on development from childhood to adulthood and substantially extends the scope of traditional developmental psychology from a predominant focus on deficits and problems (conceptualizing young people as “problems to be managed”) to a more complete picture of development that includes pathways to well-being (young people as “potentials to be realized”; Damon, 2004; Lerner, Brentano, Dowling, & Anderson, 2002). However, much less is known about the pathways through which young people become competent adults (Larson, 2000) and how the potential for positive development can be promoted in all young people (Lopez & Snyder, 2011).

The study of positive development seeks to address these calls and provide an approach to understanding pathways to successful social and psychological adjustment (Catalano & Toumbourou, 2009; M. Hawkins, Letcher, Sanson, Smart, & Toumbourou, 2009). Adaptational issues are particularly salient during the emerging-adulthood period because this challenging transition holds the capacity for positive change, but is one also characterized by a high incidence of mental health problems (Burt & Paysnick, 2012). This chapter explores positive development over the emerging-adulthood period and touches on the related concept of resilience.

Conceptualizing Positive Development and Resilience in Emerging Adulthood

Positive development is a relatively new area of study with some variation in the literature as to how it should be conceptualized and operationalized (Catalano & Toumbourou, 2009; M. Hawkins et al., 2009). Here, we focus on a model developed within one of Australia’s largest and most mature population-based longitudinal studies of social

and emotional development from birth to young adulthood: The Australian Temperament Project (ATP; M. Hawkins et al., 2009). The ATP model draws on aspects of many theoretical models of positive functioning such as developmental assets, social capital theory, and developmental psychopathology. Although different researchers have emphasized different aspects of positive development, in this chapter, we define it in terms of positive social and psychological adjustment (M. Hawkins et al., 2009). The positive development framework emphasizes a positive, asset-building orientation that views young people as resources to be developed rather than categorizing youth according to their deficits (Lerner et al., 2002). It further emphasizes the plasticity of human development, as well as the importance of relations between individuals and their real-world ecological settings (Silbereisen & Lerner, 2007).

We distinguish this concept from resilience, which addresses a related dimension of positive development referring to good outcomes in spite of serious threats to adaptation (Masten, 2001). In emerging adulthood, an individual can be said to be resilient when (1) they are adapting well or meeting the expectations for behavior across major psychosocial domains, which during the transition to adulthood in contemporary Western society includes challenges such as beginning to establish romantic relationships and engaging in the workforce (Masten, Obradović, & Burt, 2006); and (2) they have faced significant adversity experiences in the past or present (Masten et al., 2006). Adversities can take on many forms, such as poverty, surviving a natural disaster, experiences of foster care, or coping with a chronic illness (Burt & Paysnick, 2012). Interest in resilience began with the observation that many children growing up in disadvantaged circumstances or experiencing a number of stressors develop well. Resilience research aims to identify what factors account for these better-than-expected outcomes (Burt & Paysnick, 2012; Masten, 2001; Masten & Coatsworth, 1998; Masten & Tellegen, 2012).

A number of large longitudinal studies have been inspired by the resilience framework (e.g., Project Competence, Garmezy, Masten, & Tellegen, 1984; and the Kauai Longitudinal Study of Hawaiian children exposed to multiple risk factors, Werner, 1993). These studies have identified a range of factors that promote resilience, with consistent evidence of the importance of relationships with caring adults and strong cognitive abilities (Masten & Coatsworth, 1998; Tiet et al., 1998). The resilience framework is particularly helpful for understanding developmental outcomes for young people who are at significant risk of poor outcomes, whereas the positive development framework is useful when considering outcomes for young people across diverse circumstances (and hence is the main focus of this chapter).

The Salience of Adaptational Issues in Emerging Adulthood

Adaptational issues are particularly salient during the emerging-adulthood period because this is a time of great but often unrealized potential for positive change. Shifts in both environments and individual neurocognitive capacities contribute to a period of flux during which change can more easily occur (Burt & Paysnick, 2012; Masten et al., 2004). The transition to adulthood may be particularly conducive to long-term changes in developmental trajectories as young people move from a relatively structured and contained role in adolescence, to a relative lack of structure or institutional support in emerging adulthood, where new pathways may be forged as new opportunities and experiences arise (Masten et al., 2006; Schulenberg, Sameroff, & Cicchetti, 2004). Success in meeting the developmental tasks associated with the transition to adulthood in turn provides a firmer foundation for the challenges of the next adult development period (Schulenberg et al., 2004).

However, adaptational problems are also salient during this time because it can be a challenging period for young people. The social and institutional structures that both supported and restricted individuals in the course of their transition to adulthood in earlier generations have weakened, so the counterpoint to greater freedom is a lack of institutional structure as young people move into adulthood (Arnett, 2000). Hence, young people are more reliant on their own resources than on outside institutions and, to some extent, must be able to stand alone as an independent person, capable of making choices from a wide range of possibilities (Arnett, 2006; Cote, 2006). This challenge may be particularly overwhelming for those with less capacity for autonomous functioning (Arnett, 2006; Schulenberg & Zarrett, 2006). Consistent with this, relatively high incidences of problem outcomes are observed in emerging adulthood. For example, emerging adults have a higher incidence of depression than any other age group (Kessler & Walters, 1998).

Operationalizing Positive Development in Emerging Adulthood

The ATP model of positive development is a theoretically informed and empirically supported model of positive psychosocial functioning in emerging adulthood, which we suggest provides a strong basis for positive development research. This model incorporates perspectives from developmental psychopathology (Cicchetti, 1984; Masten & Curtis, 2000), life course and lifespan psychology (Lerner, 2006), and social capital theory (Whitley & McKenzie, 2005), and was initially developed by M. Hawkins et al. (2009) as an empirical model of positive development in emerging adulthood (at 19–20 years). Empirical testing was conducted with data from the Australian Temperament Project (ATP), a large-scale longitudinal study following the psychosocial development of a community sample from infancy to early adulthood (Prior, Sanson, Smart, & Oberklaid, 2000; Vassallo & Sanson, 2013).

ATP families were initially recruited in 1983 through Maternal and Child Health Centres in the state of Victoria, Australia. Mothers of every 4–8 month old who attended a center in a designated 2-week period were given an ATP questionnaire for completion and return in a prepaid envelope. This resulted in the recruitment of a representative sample of 2,443 infants and their families, of whom 52% were male and 48% were female. Since the study began in 1983, 15 waves of data have been collected from parents (usually mothers), primary school teachers (at 5, 7, and 11 years of age, with parental consent), maternal and child health nurses (at 4–8 months), and from the age of 11 onward, from the participants themselves.

Three waves of data collection have fallen across the transition to adulthood, when participants were 19–20, 23–24, and 27–28 years of age, respectively, allowing rich data from participants and their parents to be collected from the start to the end of the emerging adulthood period. Current data collection is focusing on recruitment of participants' offspring as many begin to make the transition to parenthood (Vassallo & Sanson, 2013).

Positive Development Model

Reviewing the existing literature, Hawkins et al. (2009) identified a number of important domains of positive functioning during the emerging adulthood period. *Social competence*, including domains such as empathy, responsibility, and self-control, is an important characteristic that helps individuals to meet everyday functional demands, be responsible for themselves and others, and to interact effectively in social relationships (Gresham & Elliot, 1990; Gresham, Sugai, & Horner, 2001). *Life satisfaction* reflects a sense of contentment and feelings of congruency between wants or needs and accomplishments or resources (Keyes & Waterman, 2003) and can be taken as a measure of quality of life (Huebner, 2004; Park, 2004). *Civic action and engagement* refers to the willingness of an individual to take up the role of being a citizen and is essential for successful democratic society. Furthermore, civic engagement and ethnic tolerance are central to political socialization (Flanagan & Sherrod, 1998; Winter, 2000). *Trust and tolerance of social groups and institutions* and the capacity to work harmoniously with people from different backgrounds and cultures are also important aspects of social capital (Putnam, 1995).

Integrating these important domains of functioning, M. Hawkins et al. (2009) tested this model using structural equation modeling with ATP data, when participants were 19–20 years of age. Five first-order constructs, including social competence, life satisfaction, trust and tolerance of others, trust in authorities and organizations, and civic action and engagement, contributed to a second-order latent factor reflecting positive development. This model was found to fit the data very well, and the positive development construct accounted for almost half of the variance in the five first-order constructs, indicating that the five dimensions were highly interrelated.

Subsequently, the same multidimensional model of positive development has been successfully replicated for the participants at age 23–24 (M. Hawkins et al., 2011) and 27–28 years (M. Hawkins et al., in preparation). We found that at each time point, the model was a good fit for the data. Hence, these findings suggest that positive development can be characterized according to five important dimensions during the early, middle, and late stages of emerging adulthood. Findings also indicated that the young person who is developing well is increasingly taking on norms of trust and tolerance, attaining social competence, experiencing satisfaction with life, is less trusting of authorities and organizations, and is more engaged and active in civic and social groups as he or she moves further into adulthood. These studies thus provide evidence of a cohesive higher order construct of positive development in emerging adulthood, representing a significant advance in the field and providing a robust measure during the emerging-adulthood period for positive developmental research to build on.

Pathways of Positive Development over Emerging Adulthood

Understanding pathways of positive development over the emerging-adulthood period can assist us in identifying the factors that optimize behavior and development during this time. As noted previously, this is a period of substantial change during which young people progress toward becoming fully functioning adult contributors to society, and it may hold opportunities for improving life-course developmental outcomes. Using the positive development models from the three ATP data collection waves in one structural equation model, we found that positive development was remarkably stable across emerging adulthood. This was evidenced by the very strong covariance of .71 between positive development at 19–20 and 23–24 years, and an even higher covariance of .82 between 23–24 and 27–28 years, indicating that stability increased as young people progressed further into adulthood (M. Hawkins et al., in preparation).

Within the context of this strong variable-level stability, person-oriented analyses of the 19- to 20-year-olds' and the 23- to 24-year-olds' data identified four distinct patterns of positive development over time (M. Hawkins et al., 2011). These pathways included stable high (just over one-third, 34.5%), low/average increasing (just under one-third, 30.4%), average decreasing (just under one-quarter, 23.5%), and stable very low (approximately one-tenth, 11.6%). Thus, of the young people who experienced change in their levels of positive development, somewhat more increased than decreased in positive development. This mirrors findings from the resilience literature showing significant heterogeneity in developmental outcomes among samples of emerging adults (Masten et al., 2004) and reinforces the need to combine variable-centered and person-centered analytic methodologies. It also supports the notion (e.g., of Masten et al., 2004) that emerging adulthood presents significant opportunities for resilience and positive change in life course trajectories. Slightly less than half of the young people were stable, with most of these being high in positive development. However, some young people experienced persistently very low levels of positive development at both times, and others showed decreasing levels of positive development. Therefore, although a substantial number of young people are thriving and taking advantage of opportunities for positive change during emerging adulthood, a smaller but still substantial number are struggling and vulnerable to setbacks.

There were notable differences in the proportion of males and females in each longitudinal profile (with the exception of the average decreasing group in which proportions were similar). Specifically, more females than males were in the largest cluster, stable high. In contrast, more males than females were in the low/average increasing and the stable very low groups. This gender imbalance concurs with findings that females consistently report higher levels of developmental assets than do males (Benson, Scales, Hamilton, & Sesma, 2006) but extends them with the suggestion that some males may be "catching up" with their female peers as they move toward adulthood. Identifying other factors that differentiate these groups of young people is a critical area for future research, so that we can better understand the factors that promote change (in both positive and negative directions) and how this potential can be capitalized on to support turning points in initially poor developmental trajectories.

Resilience research has also contributed to understanding continuity and change over this period and the factors that can lead to "turning point" experiences (enduring changes in functioning in a more positive direction), which are common during the emerging-adulthood period (Elnick, Margrett, Fitzgerald, & Labouvie-Vief, 1999; Grob, Krings, & Bangerter, 2001; Starr, 1994). Data from the Project Competence Longitudinal Study (PCLS) have been particularly influential in identifying factors that can lead to turning point experiences (Masten & Tellegen, 2012). These include experiences such as military service, marriage and romantic relationships, higher education, religious affiliations, and work opportunities (Masten et al., 2004; 2006). Individual attributes and social resources may also be important in differentiating which individuals are able to capitalize on these opportunities, including motivation and planfulness about the future, adult support and mentorship, and supportive romantic relationships (Masten et al., 2006). Person-centered analyses of turnaround cases have also highlighted that there are many pathways to resilience during this time (Masten et al., 2004).

Overall, exploration of positive development and resilience across the emerging-adulthood period has provided evidence of both stability and change in young people's positive functioning. Findings from the resilience literature suggest that there are many factors that impact on who is likely to benefit most from this potential for change. It is anticipated that future analysis of the 27- to 28-year-olds' ATP data will shed further light on the nature of positive development in the later stages of emerging adulthood.

Positive Development and Mental Health Problems

Understanding the relationship between positive functioning and negative outcomes is important for theory development in this area. Are positive development and psychopathology separate constructs or dimensions of a single construct? And if positive development and psychopathology are separate constructs, what is the nature and strength of the relationship between them? Lazarus (2003b) observed that if a model of positive psychological functioning does not include some reference to the negative aspects of life, it invites the same criticism as that leveled against traditional, deficit-based psychological theory. That is, a focus solely on the positive presents a distorted view of what life is like for most people: "One should not deny that calamity and death are always present even if one avoids thinking about them. Life is always a diverse mixture of emotions, both positive and negative, rather than a never-ending delight" (Lazarus, 2003b, p. 184). Hence, models and theories of positive functioning need to incorporate an indication of how positive functioning relates to poor functioning.

This question also has important repercussions for whether separate interventions are necessary to promote positive development on the one hand and to reduce the incidence of negative outcomes on the other. For example, if positive development and negative functioning reflect a single underlying dimension, efforts to reduce negative outcomes should simultaneously promote positive functioning and vice versa. In contrast, if positive development and negative outcomes are related but independent constructs, then distinct intervention strategies may be needed to reduce negative outcomes and facilitate positive outcomes (Jelicic, Bobek, Phelps, Lerner, & Lerner, 2007).

A number of hypotheses have emerged from the literature about the nature of the relationship between positive development and mental health problems. One hypothesis arising from a "medical model" understanding of human behavior is that "the absence of mental illness is the presence of mental health" (Keyes, 2007, p. 95). The assumption that positive development and psychopathology form poles of a single dimension has been carried forward in several empirical models of positive development during the transition to adulthood. For example, Gambone et al.'s (2002) model of positive functioning includes the absence of a range of negative outcomes (such as not being a drug user), in addition to the presence of numerous positive dimensions of functioning (such as being in employment), as indicators of positive development.

A second hypothesis about this relationship is that positive development and psychopathology are largely independent constructs. This hypothesis is implicit in aspects of the positive psychology literature, which strongly emphasizes that adaptation cannot be understood in terms of maladaptation (Sheldon & King, 2001) and that knowledge of an individual's level of maladaptation provides little indication of his level of successful functioning (Joseph & Linley, 2006). Supporting this view, some studies have found nonsignificant or surprisingly weak relationships between positive and negative outcomes. For example, drawing on a school-based adolescent sample, Boles, Biglan, and Smolkowski (2006) found that positive behaviors provided little protection against the likelihood of negative behaviors, particularly in later adolescence.

A third hypothesis is that positive development and poor functioning are distinct dimensions that share a strong inverse relationship (Silbereisen & Lerner, 2007). Hence, interventions should focus on promoting positive development, thereby reducing the likelihood of negative outcomes and the need to invest in problem-based interventions (Silbereisen & Lerner, 2007). This hypothesis has received the greatest empirical support. J. Hawkins, Catalano, Kosterman, Abbott, and Hill (1999) drew on data from the Seattle Social Development Project and found that, at age 18, the intervention group showed both higher levels of positive outcomes, including school bonding and academic achievement, and lower levels of problem behaviors, such as heavy drinking and violent delinquent behavior. Similarly, Oesterle, Hill, Hawkins, and Abbott (2008) examined the longitudinal relationship between alcohol use and positive functioning during the transition to adulthood. Using path analysis, they found that positive functioning in adolescence significantly decreased the likelihood of later alcohol use disorders at ages 21 and 24, independently of adolescent binge drinking, prior alcohol abuse, and demographic factors.

Research from the ATP also supports this third hypothesis. Using structural equation modeling, we compared three models reflecting these different conceptualizations of the relationship between positive development and psychopathology. The results suggested that positive development and psychopathology are best modeled as separate but correlated constructs (O'Connor et al., 2011). Hence, development in one domain is likely to influence the other, although separate and specific developmental pathways are also likely to be operating. We also

explored this question using person-centered methods, given the diversity of pathways observed during this transition period and thus the likelihood of significant heterogeneity in young people's experiences (O'Connor et al., 2012). Using latent profile analysis, we identified six subgroups. For most, higher positive development was associated with lower psychopathology and vice versa. One group (33.6%) was high across all positive development measures and low on psychopathology, and another (47.7%) was average in both areas. The remaining four groups were low on positive development but differentiated by average psychopathology (4.7%), high internalizing (5.5%), and moderate (7.2%) and severe (1.3%) externalizing problems.

Together, these results suggest that positive development and mental health problems are distinct outcomes that interact in more complex ways than has traditionally been assumed. Given the diversity of pathways through the emerging adulthood period, it is perhaps not surprising that there is considerable heterogeneity among young people in their experiences of the intersection of positive development and psychopathology. Tailored intervention strategies that address both the promotion of competence and prevention of problem outcomes are thus likely to be needed.

Eudaimonic Approaches to Positive Development

There is increasing interest in how moral development ties into pathways of both positive development and mental health problems. Over 2,000 years ago, Plato and Aristotle polarized thinking on well-being into two diametrically opposed philosophical positions. The first, advocated by Plato, argued that "the good life" was a happy or pleasurable life (hedonia). The second, advocated by Aristotle, argued that "the good life" was a moral life, one structured by virtues of kindness, trust, loyalty, honesty, and so forth (eudaimonia). This philosophical divide remains in Western culture. *Utilitarianism* in philosophy (Bentham, 1789) and *enlightened self-interest* in many cognitive-behavior therapies (Walen, DiGiuseppe, & Dryden, 1992) are modern versions of the hedonic position. *Virtue ethics* in philosophy (Irwin, 1994; Waterman, 2004) and *self-actualization* in modern humanistic psychology (Erikson, 1968; Rogers, 1961; Sheldon, Arndt, & Hauser-Marko, 2003) are modern equivalents of the eudaimonic position.

Within psychology, there has been increasing interest in understanding the determinants and consequences of eudaimonic well-being. There are now several theoretical frameworks that attempt to integrate eudaimonic concepts, such as Ryff's theory of Personal Well-Being (Ryff, 1989) and Self-Determination Theory (Ryan & Deci, 2001). Despite being theoretically rich, the claims of these frameworks have been strongly criticized for lacking a rigorous basis in empirical science (Tiberius, 2006). This is largely because few longitudinal studies have assessed positive developmental constructs in a way that allows exploration of the determinants and consequences of eudaimonic development.

The ATP has invested substantially in the measurement of eudaimonic behaviors and their development. In their late teens, participants were asked about a broad range of activities that could be taken to reflect a commitment to moral values relating to kindness, generosity, trust, and care. This provided a unique opportunity to investigate relationships between the development of eudaimonic behaviors in adolescence and emotional health (indicated by emotional competencies) in young adulthood. We tested two related hypotheses: (1) that eudaimonic behaviors in adolescence (indicated by activities aimed at benefiting other individuals, the community, or society) would predict greater emotional competence in young adulthood (indicated by sense of responsibility, autonomy, planfulness, and self-control); and (2) that emotional competence in young adulthood would reduce risk for anxious-depressive symptoms at the same age after controlling for prior emotional distress in adolescence (Hallam et al., in press). Structural equation modeling was used to estimate relationships based on data from 991 participants. Adolescent eudaimonic behaviors were associated with higher emotional competence in young adulthood that, in turn, was inversely associated with anxious-depressive symptoms at the same age. These findings suggest that promoting opportunities for eudaimonic development in adolescence may play a role in promoting emotional competence in emerging adulthood (Hallam et al., in press).

Implications of Positive Development in Emerging Adulthood for the Life Course

There is scant research on the consequences of positive development for later developmental outcomes as young people move through the emerging-adulthood period and assume adult roles and responsibilities. A clearer

understanding of the extent to which positive development influences the successful negotiation of subsequent developmental tasks and the uptake of positive health behaviors may facilitate the development of intervention and prevention programs.

Positive Development at 19–20 Years as Source of Resilience at 23–24 Years

In the ATP, we investigated prospective associations between positive development at age 19–20 years and changes in a wide range of social, health, and behavioral outcomes at 23–24 years (M. Hawkins et al., 2012). Data from 890 young adults (61.7% female) were analyzed using path analysis. We observed consistent evidence of relationships between positive development in late adolescence and subsequent outcomes on transition to young adulthood. After controlling for gender, family socioeconomic status (SES), and earlier levels of outcome factors, the measure of positive development at 19–20 years significantly predicted emotional health, physical well-being, quality of relationships (including friendships and intimate relationships), lower levels of antisocial behavior, and later positive development. All outcomes were most strongly predicted by their previous levels, indicating considerable stability across these time points.

Emotional and physical health across the transition from late adolescence to young adulthood may be compromised in young people striving to adapt to the new social roles and responsibilities of adult life (Schulenberg et al., 2004). These results supported previous reports of the importance of late adolescent positive development as a unique predictor of functioning during the transition to adulthood (Masten et al., 2004). The finding that emotional and physical health at 23–24 years was predicted by earlier positive developmental functioning supports the notion that factors such as emotional control and social competence may reduce risk for psychological distress. For example, those with higher levels of positive development may receive better social support, have better self-discipline in persisting in exercise and a healthy lifestyle generally, and have greater engagement with local health and recreational services and identification with healthy norms.

Positive development at 19–20 years also uniquely predicted quality of relationships (both friendships and with intimate partners) at 23–24 years, indicating that positive development may influence both relationship choice and interaction. For example, young adults with high positive development may be more likely to choose and maintain friendships with those who are also prosocially oriented, perhaps through shared involvement in community activities. Additionally, individuals who are socially competent and satisfied with life may be more likely to experience positive friendships. Finally, as expected, antisocial behavior at 23–24 years was inversely associated with positive development measured 4 years earlier, showing that adolescents with higher positive development were more likely to transition out of antisocial behaviors over time. Our findings provide preliminary evidence that positive development in the early stages of adulthood may foster resilience and displace risk for the subsequent developmental course of a range of social, health, and behavioral outcomes.

Positive Development and the Transition to Parenthood

Promoting positive development across emerging adulthood and into young adult life has implications well beyond the individual. Robust foundations in young adulthood are likely to support a successful transition into parenthood and the high-level responsibility of raising the next generation. The ability to cope with childrearing is a fundamental determinant of the quality of the parent–child relationship and does not emerge *de novo* at the time of birth. Rather, ability to cope with raising children is likely to be informed by the nature of psychosocial development across the preconception years (childhood, adolescence, and young adulthood; Belsky, Jaffee, Sligo, Woodward, & Silva, 2005). Experiences that enhance emotional regulation, build coping resources, support strong interpersonal relationships, and allow for the flourishing of human potential should arguably position young adults well for the demands and joys of childrearing. Conversely, experiences that diminish positive development, limit the development of coping resources, and compromise social connection are likely to increase risk for postnatal problems, including depressive symptoms, and reduce the prospect of high-quality parent–child attachments.

In 2011, the ATP initiated a large-scale study of transgenerational determinants of infant health and well-being. The objective of this study is to advance understanding of preconception predictors of early childhood social and emotional development. Preliminary findings suggest important transgenerational pathways to positive infant development. Specifically, early findings show clear relationships between a number of indicators of positive development during adolescence and young adulthood in the parents—for example, family attachment, parental

availability, life satisfaction, social competence, and trust in others—and offspring social competence. Furthermore, high-quality parent-adolescent relationships in the preconception years predict high-quality parent-offspring relationships in the next generation, suggesting important cross-generational transmission of parental caregiving.

Promoting Positive Development in Emerging Adulthood

Given the evidence that positive development in emerging adulthood carries implications for later development, it is important to identify its developmental antecedents in order to identify potential targets for interventions to promote it. O'Connor, Sanson, Hawkins, et al. (2011) explored this question in the ATP and found that higher levels of positive development in emerging adulthood were associated with stronger family and peer relationships, better adjustment to the school setting, higher family SES, stronger community orientation, and better emotional control over childhood and/or adolescence. Further analysis by O'Connor, Sanson, and Frydenberg (2011) examining predictors in the elementary and secondary school context found that both academic achievement and how students felt about school and their place in it were also predictive of later positive development. This accords with resilience literature that has also identified childhood antecedents of resilient outcomes in emerging adulthood, such as higher cognitive abilities and conscientiousness, suggesting that resilience at this time may also have roots in early psychosocial functioning (Masten et al., 2006).

Such findings suggest possible targets for intervention. Indeed, looking to opportunities for intervention *prior* to young people entering the emerging adulthood period is vital, in order to allow young people to build up strong capacities and skills so that they are ready and equipped to tackle the challenges of the emerging-adulthood period. This is supported by research around developmental cascades emerging from resilience work, where adaptive functioning in one developmental period begets continued well-being in the next (Masten & Tellegen, 2012). In addition, targeting developmental antecedents of positive development in emerging adulthood (i.e., intervening in childhood or adolescence) means that there are more opportunities for universal program delivery through the education platform (Bond et al., 2007), in contrast to the difficulties in reaching all emerging adults given their lack of engagement in a singular institution. In this regard, primary and secondary schools are uniquely placed to deliver positive mental health interventions to wide populations (Seligman, Ernst, Gillham, Reivich, & Linkins, 2009) to promote healthy developmental pathways into emerging adulthood.

Hence, elementary and secondary schools can be a key source of the skills and competencies that can aid young people's capacity for successful adaptation as they traverse the path to adulthood (Hamilton & Hamilton, 2009). They also play an important role in facilitating young people's feelings of connectedness (McGraw, Moore, Fuller, & Bates, 2008), and can provide a valuable support network (Zarrett & Eccles, 2006). Adjustment to the school setting is therefore likely to provide a strong foundation for successful adaptation during the transition out of secondary school to new roles and contexts, as suggested by the ATP findings discussed earlier (O'Connor, Sanson, & Frydenberg, 2011), and thus make school-based interventions to promote positive development and successful engagement with the emerging-adulthood period both effective and practicable. There are a number of such interventions, and here we describe two that have been informed by ATP findings.

Positive Education

Positive education is a relatively recently developed framework that proposes that skills for positive adaptation and resilience can be explicitly taught and developed within educational settings, with a focus to date on implementation in elementary and secondary schools (Norrish, Williams, O'Connor, & Robinson, 2013). This focus on well-being within schools is seen to supplement traditional academic learning (Seligman et al., 2009) and to provide students with well-being skills that remain valuable over the life course.

One of the first applications of positive education as a whole-school approach is at Geelong Grammar School, a large independent boarding and day school in Victoria, Australia. The School has been implementing positive education since 2008, when Professor Martin Seligman was in residence for 6 months and trained staff in delivering positive psychology programs. The whole-school approach developed at Geelong Grammar School targets six domains viewed as central to positive mental health: emotional well-being (building positive emotional experiences and developing healthy responses to difficult emotions), engagement (engagement and immersion in activities), accomplishment (striving for and achieving meaningful outcomes), purpose (engaging in activities of service to

others), relationships (social and emotional skills to support healthy relationships), and health (establishing habits that support positive physical and psychological health across the lifespan; Norrish et al., 2013).

The school implements a range of programs and initiatives to promote these aspects of well-being. Explicit positive education curriculum in dedicated class time includes activities such as identifying pathways to nurture and develop character strengths, developing skills in assertive communication to support healthy relationships, and exploring ways in which each student can contribute to creating a positive school community. Positive education is also embedded into the academic curriculum across a broad range of subjects. For example, in geography, students examine how thriving communities can be enabled through the physical environment of towns and cities. In addition, systemically focused schoolwide practices aim at developing healthy school communities and positive organizational culture. Programs to support teachers' well-being are central to these efforts: all new staff participate in a training program to develop their knowledge and application of positive education to their personal lives and in their work at the school. Consistent with a whole-school approach engaged with all stakeholders of the school community, parents are also invited to take part in programs to support their understanding of positive education.

Positive education is underpinned by a growing body of research on the nature and promotion of optimal developmental pathways. However, rigorous evaluation is now needed to explore the impact of these programs, and evaluation efforts are currently under way that will provide invaluable insight into how various activities and strategies influence students' thoughts, feelings, and behaviors in the short term (Norrish & O'Connor, in preparation). In addition, data from the ATP are currently being explored to try to understand whether such programs are indeed likely to carry the proposed legacy effect into emerging adulthood. In future work, it would be valuable to follow the experiences of students as they make the transition out of the school setting in order to better understand whether they are in fact applying previously learned skills to the very different and diverse set of circumstances and challenges they will encounter as emerging adults.

Global Citizenship

As outlined previously, a good-fitting model of positive development within the ATP sample included social capital constructs of social trust and civic engagement, yet levels of these aspects of positive development are particularly low within the Australian emerging-adult population (O'Connor, Hawkins, et al., 2011). This finding has prompted consideration of whether it is possible to configure volunteering and international engagement opportunities through the adolescent-to-young adult transition such that they maximize positive development in these areas. These considerations have led ATP researchers to collaborate with the Global Poverty Project (GPP; www.globalpovertyproject.com), an organization that encourages young people to identify as "Global Citizens" by volunteering and providing service in areas that contribute to reducing international rates of severe poverty. To date, this intervention has focused on secondary school students in order to establish civic skills and habits that hopefully will carry through to the emerging-adulthood period; however, it is also possible that this intervention or "booster" sessions could be delivered during the transition period itself.

The GPP has established the "1.4 Billion Reasons Presentation" for delivery in Australian secondary schools (Obeng-Odoom, 2010) to encourage young people to actively participate in supporting the United Nations Millennium Development Goals (MDGs; United Nations, 2008). The MDGs were agreed in the year 2000 by 189 governments and are annually monitored. They represent ambitious targets to eliminate the causes of severe poverty (defined as a context where the loss of weekly income can lead to death). A number of the MDG targets are relevant to ensuring the healthy development of young people internationally, including encouraging literacy, ensuring gender equity in education, decreasing unemployment, decreasing teenage pregnancy, reducing HIV infection rates, and reducing child mortality. Achievement of the MDG targets relies in part on mobilizing support in the developed nations. Members of the ATP team have been assisting the GPP to design evaluations of their school programs.

The ATP model of positive development suggests the possibility that the developmental interests of adolescents and young people may be best served when they are encouraged and supported to provide service to others. The experience of organizations such as the GPP is that young people are highly motivated to support the MDGs. In his evaluation of the program, Obeng-Odoom (2010) described the objectives of the 1.4 Billion Reasons Presentation as being, first, to raise awareness of the MDGs and, second, to activate commitment to join the GPP campaign to

support them. Based on preliminary evidence, the presentation appeared effective in that each of the initial presentations generated 100 commitments from students (Obeng-Odoom, 2010).

Future planned work aims to evaluate whether the efforts to encourage youth volunteering and civic action within the GPP can advance not only the health and prosperity of international youth, but also the positive development of the young people in developed nations who take part. The prospect is raised of potentially transforming the institutions for adolescents and young adults so as to encourage a greater proportion of young people toward positive development by engaging in volunteering to support evidence-based global human development plans.

Limitations of Existing Work

Exploration of the successful aspects of adaptation during emerging adulthood is a relatively recent area of study. As such, there remain many areas for further exploration and issues for continued consideration and theoretical development. Here, we consider just some of the potential areas for future work. Some bounds of the current chapter also warrant noting here: we have focused on positive development during the emerging-adulthood period, but there is much to be learned from the theory and findings relating to successful adaptation during other developmental periods, such as the *positive youth development* perspective (Lerner, Almerigi, Theokas, & Lerner, 2005) in adolescence. In addition, we have focused mainly on positive development across diverse circumstances and less on resilience from serious disadvantage; understanding pathways through emerging adulthood for seriously disadvantaged youth is an important area for continuing exploration to provide insight into how health inequalities at this time can be reduced.

There is a clear need for further longitudinal data on positive development from childhood through to adulthood (Mahoney & Bergman, 2002). Although the ATP has extensive early data on potential precursors, it did not gather data on all positive development dimensions over childhood and adolescence, partly because not all of these dimensions are developmentally appropriate in earlier periods. A complexity in examining positive development longitudinally is that some dimensions are likely to differ in salience over developmental periods (e.g., civic action and engagement may be largely irrelevant in childhood and early adolescent conceptions of positive functioning), whereas other dimensions (such as social competence) may remain salient from childhood through adulthood but have changing indicators with increasing age (Waters & Sroufe, 1983). Such longitudinal data would allow further important questions to be addressed; for example, identifying predictors of decreasing or increasing trajectories of adaptation over time would offer additional insights for intervention to promote positive development and resilience. Exploring longitudinal pathways could also potentially help to integrate conceptual understandings of positive development in other developmental periods (such as adolescence).

Another pressing need is for further integration of positive developmental theory and research with traditional deficit-focused literature in order to provide a holistic and balanced perspective on young people's functioning (Linley & Harrington, 2006). To ensure that positively focused research and theory is not simply a "fad" (Lazarus, 2003a) but instead has a lasting impact, it needs to be integrated within established psychology infrastructure. For example, in researching the characteristics of the emerging-adulthood population, positive outcomes need to be routinely included alongside deficit-focused outcomes. In addition, clinical practitioners working with emerging adults should routinely aim to increase positive development as well as decrease symptoms of psychopathology and distress (Wood & Tarrier, 2010). Hence, it would seem desirable to weaken or eliminate the dichotomy between deficit- and positive-focused psychology (Linley & Harrington, 2006), replacing it with a psychology that encompasses the full range of human functioning, the potential breadth of which is so amply demonstrated in the emerging-adulthood period.

At a practical level, a similarly broad perspective is needed to develop balanced intervention agendas to support adolescents and emerging adults (Held, 2004). A growth in well-being promotion is already becoming evident in the helping professions (Donaldson, Early, & Wang, 2009) and in school-based interventions such as the positive education program described earlier. At the policy level, the economic benefits of interventions oriented toward promoting well-being and competencies are also being strongly argued (Zechmeister, Kilian, McDaid, & the MHEEN group, 2008). Further integration of promotion-focused interventions with traditional problem-focused interventions could create a wide range of new opportunities for health services and practitioners. Existing psychological services could broaden their orientation to both address mental illness and promote well-being in young people.

Conclusion

A traditional focus on deficit and disorder within psychology means that we still have a great deal to learn about optimal development and resilience. The period of emerging adulthood is a generative area in which to expand our knowledge of positive development, given that this time is marked by such rich potential for change and redirection of life pathways. The ATP illustrates the value of investing in the collection of multifaceted longitudinal data from early in life and through the emerging-adulthood period. Research on positive development in emerging adulthood to date highlights that positive adaptation during this time is heavily contextualized within life course pathways, with early antecedents and long-term consequences for subsequent development. Young people show both the capacity for change and improvement in their positive developmental trajectories, as well as a degree of stability, as they move further toward full adult status. To achieve a full understanding of functioning during emerging adulthood, the capacity for both successful and problematic developmental outcomes needs to be considered. Similarly, intervention agendas should address the full range of experiences and capacities of young people as they move through the emerging-adulthood period.

The Australian Temperament Project (ATP) is a collaboration between the University of Melbourne, the Australian Institute of Family Studies, Murdoch Children's Research Institute, the Royal Children's Hospital, and Deakin University; further information is available at www.aifs.com.au/atp. We acknowledge all collaborators who have contributed to the ATP, especially Margot Prior, Frank Oberklaid, and Diana Smart. We would also like to thank all families involved in the ATP for their invaluable contribution to the study.

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