

Research Statement

My research focuses on health and identity during the transition to adulthood. In my dissertation, I explore how views of one's self as an adult and perceptions of how others view one's progress toward adulthood affect health risk behaviors and mental health. The dissertation builds upon themes introduced in my previous research. In an article published in the *Journal of Health and Social Behavior*, I analyze how romantic relationship quality and stability affect mental and physical health. In an article published in the *Journal of Interpersonal Violence*, I examine the role of depressive symptoms and alcohol use in sexual revictimization. In my future work, I intend to continue my focus on health during young adulthood, while also making explicit comparisons between identity processes and health in young adulthood and other stages of the life course.

Dissertation Research

In recent decades, as the transition to adulthood has become extended and uncertain, many people in their late teens and early twenties do not yet see themselves as adults. Yet, adoption of the adult identity could be associated with reduction in risk behaviors that are common in adolescence, as well as with positive mental health. If so, understanding how identity develops during the transition to adulthood has important implications for health outcomes.

In my dissertation, I explore the cultural understandings of adulthood as they relate to participation in health risk behaviors and mental health outcomes. I was awarded funding from The Graduate School at the University of Georgia to collect survey data from a diverse national sample of over 500 18-29 year-olds to explore two specific research questions: (1) how do views of self as an adult affect participation in health risk behaviors?, and (2) how do reflected appraisals regarding one's status as an adult affect anxiety and depression?"

First, I examine how individuals' views of themselves as established adults might act as a resource to reduce participation in the health risk behaviors of marijuana use, problem alcohol use, and inebriated sex. Individuals who identify as an adult seek out opportunities in which to enact their adult identities, including limiting participation in drug and alcohol use and risky sexual behaviors. Conversely, in an effort to *not* be seen as an adult, young people may engage more heavily in health risk behaviors as a way of producing feedback that aligns with their understanding of self as not-yet an adult. Controlling for personal characteristics, roles, and milestones associated with adulthood, I find a significant negative relationship between the adoption of the adult identity the number of health risk behaviors reported. Thus, viewing oneself as an adult is associated with fewer health risk behaviors, above and beyond adulthood roles and milestones.

Second, I show that individuals who feel like they are falling behind the expectations of others on accomplishing markers of adulthood experience psychological distress. Adulthood is socially constructed, and the meanings for and the expectations of adulthood vary by culture, sub-culture, and generation. I suggest that macrosocial changes that encourage and sustain an extended transition to adulthood are at odds with an adulthood ideology that includes accomplishment of traditional markers of adulthood at earlier ages. I find that beyond own expectations for accomplishing adult milestones, a mismatch between an individual's own adulthood milestone status and the perceived understanding of others' expectations about age norms is associated with negative mental health outcomes.

Previous Research

In my published work, I focus on other important aspects of health in early adulthood. These articles demonstrate 1) how substance use and psychological distress can be risk factors for interpersonal violence, and 2) how the quality and stability of romantic relationships – not just marital status – are predictive of both mental and physical health.

In a first authored paper, my co-authors and I examined how depression and alcohol use contribute to sexual revictimization during adolescence and young adulthood. Specifically, we used structural equation modeling to understand the effect of depressive symptomology and substance use on the likelihood of sexual revictimization among a longitudinal sample of young women. We found that depression (but not substance use) following sexual assault increases the risk of sexual revictimization in early college. Though much of the literature on psychological mediators between victimization events focuses on self-blame, dissociation, and post-traumatic stress disorder, we establish that depression increases the risk of sexual revictimization, potentially through the mechanisms of reduced risk perception and appearance of vulnerability to sexual predators. (*Journal of Interpersonal Violence*, 2017)

In collaboration with co-authors, I investigated the effect of relationship quality (i.e., relationship commitment, relationship satisfaction, partner warmth, partner hostility, and partner anti-sociality) and relationship stability on depressive symptoms, alcohol problems, and physical health in a longitudinal sample of African American young adults. We argued that using a holistic, multidimensional assessment of relationships was more predictive of outcomes than tracking the presence of a relationship or marriage. We found that particular patterns of instability in relationship quality are associated with health outcomes – findings that would be overlooked in research that focuses solely on relationship status. (*Journal of Health and Social Behavior*, 2013)

Future Research

The data I gathered for my dissertation includes many more potential avenues of research, and I will continue working with these data after completing my dissertation. In particular, I will continue to explore how views of self and social structural expectations for this life stage affect a range of health outcomes. I am also interested in determining whether similar identity processes are present at other transitory stages in the life course when there are loose behavioral norms, such as immediately after retirement. With the dramatic increase in the average life expectancy, many older adults have a much longer time period after retirement and the norms and expectations for behavior during that life stage are similarly ambiguous to those during emerging adulthood.

The idea of “emerging adulthood” is surprisingly controversial. As I’ve discussed these ideas with colleagues from different departments and different disciplines, I have encountered disparate reactions to research on the extended transition to adulthood. One reaction is outright disbelief or disdain for the notion of a new life stage after adolescence before adulthood. The other response is one of deep recognition and excitement that there is a term describing what they have personally experienced or observed. I’m curious about what demographic characteristics, life histories, and political or religious views lead to these sharply opposing reactions of derision or excitement. Based on what we know about how expectations of others affect mental health outcomes, those worldviews might have consequences for the young people in their lives.