
Emerging Adulthood: Biosocial Development

Chapter Preview

In terms of overall health, the years of emerging adulthood are the prime of life. Although the efficiency of most body systems begins to decline in the 20s, most changes go unnoticed because of organ and muscle reserve. However, with the attainment of full maturity, a new aspect of physical development comes into play—that is, decline. Chapter 17 takes a look at how the decisions young adults make regarding lifestyle affect the course of their overall development.

The chapter begins with a description of the growth, strength, and health of the individual during emerging adulthood, including declines in the efficiency of the body's systems. Sexual-reproductive health, a matter of great concern to young adults, is also discussed.

Although physical well-being increases during emerging adulthood, so does the rate of psychological disorders. The stresses of this period of life combine with genetic vulnerability in some individuals to trigger substance abuse and the development of mood disorders, anxiety disorders, or schizophrenia.

The final section of the chapter addresses the importance of good health habits, including regular exercise, good nourishment, and avoiding risky behaviors. The section concludes with a discussion of how social norms can reduce risk taking and improve health habits in this age group.

What Have You Learned?

The “What Have You Learned?” questions at the end of the text chapter are reprinted here for your convenience in checking students' understanding of the chapter contents.

1. Why is maximum physical strength usually attained in emerging adulthood?
2. How is homeostasis apparent in the human need for nutrition?
3. How does organ reserve protect against heart attacks?
4. What advantages do emerging adults have in their physical appearance?
5. Why do most 20-year-olds not want to get married?
6. Biologically, what is the best age to have a baby?
7. Why are STIs more common currently than 50 years ago?
8. What is the usual pattern of well-being during emerging adulthood?
9. Why do depressed people tend not to seek help?
10. What anxiety disorders are more likely in your culture?
11. What evidence suggests that schizophrenia is not totally genetic?
12. Why is the nutrition of emerging adults often better than that of other adults?
13. How does exercise in early adulthood affect health in late adulthood?

14. What are the social benefits of risk taking?
15. How do vocational choices change between early and later adulthood?
16. Why are some sports more attractive at some ages than others?
17. Why are serious accidents more common in emerging adulthood than later?
18. How can committing a crime be considered an example of edgework?
19. Why are college students more likely to abuse drugs than those not in college?
20. What is the difference between drug abuse and addiction?
21. Why are social norms particularly powerful in emerging adulthood?

Chapter Guide

- “On Your Own” Activities: Developmental Fact or Myth?; Portfolio Assignment
- AV: The Journey Through the Life Span, Program 7: Early Adulthood; Transitions Throughout the Life Span, Program 17: Early Adulthood: Biosocial Development

I. Growth and Strength

Instructional Objective: To describe the normal physiological changes in growth, strength, and health, and age-related changes in the sexual-reproductive system that occur during emerging adulthood.

- AV: Factors in Healthy Aging; Brain Architecture and the Sexes
 - Classroom Activity: “Over the Hill”: Introducing the Topic of Senescence
 - “On Your Own” Activity: Test Your Face for Symmetry,
 - Observational Activity: Physical Stereotyping in the Media
1. The years from 18 to 25 (**emerging adulthood**) can be considered the prime of life in terms of physiological development. Whatever difficulties young adults experience in biosocial development are usually not related to aging.
 2. Full height is usually reached at about age 16 in females and 18 in males.
 3. Muscle growth and fat accumulation continue into the early 20s.
 4. In both sexes, physical strength increases during the 20s, then gradually decreases.
 5. Digestive, respiratory, circulatory, and sexual-reproductive systems function at an optimum level during early adulthood.
 6. Most visits to the doctor are necessitated not by disease but by injuries or pregnancy.
 7. Diagnostic tests such as mammograms, PSA testing, and colonoscopies are not routinely recommended until age 40.
 8. **Senescence**, or age-related physical decline, begins in late adolescence.
 9. **Homeostasis** is the adjustment of the body’s systems to keep the physiological functions in a state of equilibrium. Many homeostatic resources are regulated in the brain by the pituitary. It is most efficient during emerging adulthood.
 10. Another reason young adults are rarely seriously ill is the **organ reserve**, the extra capacity that each organ has for responding to unusually stressful events or prolonged effort. The body also has a muscle reserve, but muscle capacity typically begins to decline by age 25, though change is so gradual that the functioning required for daily life is largely unaffected until late adulthood.
 11. Although the average *maximum* heart rate declines steadily with age, the *resting* heart rate remains stable.
 12. Most emerging adults look vital and attractive. They care about their looks for two reasons: sexual attraction and better jobs with higher pay.
 13. The sexual-reproductive system is at its strongest during emerging adulthood. Young adults are more fertile, have more frequent orgasms, have fewer miscarriages, and rarely encounter serious birth complications. Testosterone levels are high in both men and women.

14. Attitudes toward sex have changed over the past 50 years. For example, most emerging adults today condone premarital sex. Still, most sexually active adults have one steady partner at a time, a pattern of sexual activity called *serial monogamy*.
15. (Thinking Critically) Some developmentalists refer to the cohort of emerging adults who became young adults in the year following 2000 as Millennials, or Generation Next. In the United States, some scholars also call this cohort Generation Me because they are more selfish, egotistical, and narcissistic than previous generations.
16. Half the people in the United States believe that the primary purpose of sex is to strengthen *relationships*. This attitude is especially common among women. About one-fourth of all people in the United States believe that the primary purpose of sex is *reproduction*. This attitude is more common among women and older adults. The remainder believe that the primary purpose of sex is *recreation*. This attitude is more common among men.
17. One consequence of sexual patterns among today's young adults is that the incidence of sexually transmitted infections (STIs) is higher today than ever before. The best way to prevent STIs is through lifelong monogamy.

II. Psychopathology

Instructional Objective: To discuss the possible development of psychopathology during emerging adulthood.

- ▶ Audiovisual Materials: Depression Disorders; Exploring Psychological Disorders (CD-ROM); Postpartum Depression and the Yates Killing; No More Shame: Understanding Schizophrenia, Depression, and Addiction
- ▶ Classroom Activities: Student-Generated Case Studies; What Would Dr. Phil Say?
- ▶ “On Your Own” Activity: Zung Self-Rating Depression Scale
- ▶ Critical Thinking Activity: Gender Differences in Depression

1. Unlike physical health, which peaks during the years of emerging adulthood, psychological health does not peak for all adults at this age. Except for dementia, emerging adults experience more of every diagnosed disorder than any older group.
2. According to the **diathesis-stress model**, disorders such as schizophrenia are produced by the interaction of stressful environmental factors and life events with an underlying genetic vulnerability (the diathesis).
3. Before age 30, approximately 8 percent of U.S. residents suffer from a mood disorder: mania, bipolar disorder, or severe depression. The most common of these disorders is depression defined as the loss of interest in nearly all activities lasting for two or more weeks.
4. Another major problem is anxiety disorders, which affect one-fourth of young adults in the United States. These disorders include post-traumatic stress disorder, obsessive-compulsive disorder, and panic attacks.
5. Age and genetic vulnerability shape the symptoms of anxiety disorders. Anxiety disorders are also affected by cultural context. Social phobia is a common anxiety disorder that keeps some young adults away from college. In Japan, a disorder called **hikikomori** is brought about by the academic and social pressures of high school and college.
6. Schizophrenia is experienced by about 1 percent of all adults. This disorder is partly the result of genes, and partly the result of vulnerabilities such as malnutrition when the brain is developing and extensive social pressure. Symptoms of this disorder typically begin in adolescence.

III. Good Health Habits

Instructional Objective: To discuss the benefits of exercise and good nutrition, and the incidence and causes of risk taking and drug abuse among emerging adults.

- ▶ Teaching Tip: Forming Good Health Habits Early in Life
1. At every age, exercise protects against serious illness. Exercise reduces blood pressure,

- strengthens the heart and lungs, and makes depression, osteoporosis, heart disease, arthritis, and some cancers less likely.
2. Formerly active adults often quit exercising as the demands of marriage, parenting, and career increase. People tend to exercise more if they are part of a social network that exercises, and live in a community that provides convenient exercise facilities.
 - “On Your Own” Activity: Eating Habits: Past and Present Attitudes and Experiences
 3. For weight there is a homeostatic **set point**, or settling point, affected by genes, diet, age, hormones, and exercise.
 4. To assess whether a person is too thin or too fat, clinicians calculate a **body mass index (BMI)**, which is body weight in kilograms divided by height in meters squared. A normal weight is between 20 and 25 BMI, above 25 is overweight, and above 30 is obese.
 - Classroom Activity: Edgework Wiki
 6. Emerging adults take risks, a behavior that is not only age-related but also genetic and hormonal. For example, many emerging adults are drawn to activities that include danger and excitement (**edgework**). Other manifestations of the risk-taking impulse are competitive **extreme sports**, such as motocross.
 7. The impulse that leads to edgework along with a tendency to downplay the future (negative) consequences of destructive behaviors in favor of the more pleasurable immediate consequences are probably factors in drug use.
 - AV: Altered States: A History of Drug Abuse; The Addicted Brain; Adult Children of Alcoholics: A Family Secret
 - Classroom Activity: *Classroom Debate*: “Resolved: Alcoholism and the Abuse of Other Drugs Is Hereditary
 - “On Your Own” Activities: Eating Habits: Past and Present Attitudes and Experiences; Cohort Differences in Drug Use: A Questionnaire
 8. **Drug abuse** is defined as using a drug in a manner that is harmful to the individual’s physical, cognitive, or psychosocial well-being. **Drug addiction** is measured by the need for more of a drug. Withdrawal symptoms are the telltale indication of addiction.
 9. Drug abuse is more common among college students than among their peers who are not in college.
 10. Social norms are customs for usual behavior within a particular society. The **social norms approach** to reducing risky behavior uses survey results to make young adults more aware of the actual social norms of behaviors such as drug use. For instance, making college students aware of actual incidence and prevalence rates for behaviors such as binge drinking can be an effective way to dispel false perceptions and reduce actual rates of binge drinking.