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## Emerging adulthood: A time of changes in psychosocial well-being

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**Running head:** Psychosocial well-being and emerging adulthood

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## **Abstract**

The principal aim of this study was to investigate the psychosocial well-being of emerging adults using psychological states associated with this transitional phase and classic measures of emerging adulthood. We expected psychological states to be more closely associated with psychological well-being than classic markers of achieved adulthood. Data were collected in the Cohort Study on Substance Use Risk Factors from 4,991 Swiss men aged 18-25 years. The assessment included the short form of the Inventory of Dimensions of Emerging Adulthood (IDEA-8), classic markers of achieved adulthood (e.g., financial independence, stable relationship), and psychosocial well-being. Structural equation models were conducted to test the association between measures of emerging adulthood and psychosocial well-being. Overall, the results highlighted contrasting associations of measures of emerging adulthood and psychosocial well-being. Youths facing negative psychological states (dimension “negativity”) and exploring life without knowing how to define themselves (dimension “identity exploration”) had a decreased psychosocial well-being. On the contrary, youths exploring many opportunities with an optimistic perspective (dimension “experimentation”) had an increased psychosocial well-being. By contrast, classic markers of adulthood were less related to psychosocial well-being. The IDEA-8 scale appeared to be a useful screening tool for identifying vulnerable youths, and emerging adulthood should be measured with a focus on the psychological states associated with this period. This information may be valuable for mental health systems that have not yet adapted to emerging adults’ needs.

**Keywords:** at-risk population; measurement; health behaviour; mental health; transition to adulthood; well-being.

## Emerging adulthood: A time of changes in psychosocial well-being

Over the past two decades, emerging adulthood has gained considerable attention in public health research. Indeed, life transitions imply major changes in contexts and social roles, which can contribute to alterations in mental health and psychopathology (Schulenberg, Sameroff, & Cicchetti, 2004). The association between emerging adulthood and psychological correlates thus became a major health concern. Regarding psychological well-being and mental health, emerging adults are especially at risk for psychiatric disorders (Kessler et al., 2005), such as mood and personality disorders (Baldwin et al., 2005; Blanco et al., 2008; Kessler et al., 2005) as evidenced by a 12-month prevalence of any psychiatric disorder up to 40% in the USA (Arnett, Žukauskienė, & Sugimura, 2014). However, the direction of results depends on the way emerging adulthood is measured. Therefore, there is an important gap in the understanding of emerging adulthood's predictors of health outcomes, and data are needed to shed light on this crucial time period. This study aims to investigate how different psychological states develop during emerging adulthood and to compare them to other classic measures of adulthood.

### *Classic measures of emerging adulthood: Associations with psychosocial well-being*

Most studies have measured emerging adulthood with markers of adulthood achievements, i.e., the “big five” social roles—educational attainment, employment, residential independence, partnership, and parenthood (Settersten, 2007). These studies have generally shown that emerging adulthood is a time of improved psychosocial well-being and healthy lifestyle. For example, the level of depression decreases, whereas well-being and social support increase (Galambos, Barker, &

Krahn, 2006; Messersmith & Schulenberg, 2010; Pettit, Roberts, Lewinsohn, Seeley, & Yaroslavsky, 2011). However, these markers measure accomplished adulthood, i.e., when the transition to adulthood is completed, and therefore may fail to identify emerging adulthood and its related psychological states.

More recent studies have filled this gap and have investigated different patterns of social role configurations in early adulthood (Schulenberg & Schoon, 2012), such completed education with unemployment or employment, and living with parents. These studies have shown that individuals with incomplete transitions or who are still negotiating transitions had lower levels of psychosocial well-being (Conley, Kirsch, Dickson, & Bryant, 2014; Salmela-Aro, Taanila, Ek, & Chen, 2012). This contradicts studies using markers of adulthood that focus on completed transitions to adulthood.

Transitions to adulthood are no longer thought to be linear sequences. Indeed, youths' transitions to adult social roles are characterized by discontinuities and reversals (Seiffge-Krenke, 2013). Because such transition patterns are multiple, using social roles to assess emerging adulthood may become challenging. Moreover, emerging adults remain somewhat independent from social roles and normative expectations (Arnett, 2000). As a result, classic adulthood markers may not capture the ambivalence inherent to emerging adulthood (Nelson & Barry, 2005). In other words, the fact that markers of achieved adulthood can be identified in some youths does not necessarily mean that these youths consider themselves adults. Few studies have specifically investigated psychological states rather than social roles to study the transition to adulthood (Reifman, Colwell, & Arnett, 2007) and its association with psychosocial well-being.

### *Psychological states during emerging adulthood*

Arnett (2004a, 2004b) proposed five distinct dimensions related to psychological states in emerging adulthood: “identity exploration,” “experimentation,” “feeling in-between,” “negativity,” and “self-focus.” “Identity exploration” is a dimension in which youths explore different ways of living as they decide how to define themselves. “Experimentation” corresponds to an optimistic time of life in which the individual engages in exploring many opportunities, whereas “negativity” refers to the instability associated with emerging adulthood, such as feeling overwhelmed and unsettled. The dimension “feeling in-between” translates to the uncertainty of youths as they gradually become adults, i.e., feeling no longer adolescent but not yet fully adult. The last dimension, “self-focus,” refers to the way in which youths experience autonomy and personal freedom.

Studies investigating the relationship between psychological states of emerging adulthood and psychosocial well-being are scarce, with the exception of a few validation studies of the Inventory of Dimensions of Emerging Adulthood (IDEA), the only scale that measures the psychological states associated with emerging adulthood (Baggio, Iglesias, Studer, & Gmel, 2015; Lisha et al., 2014; Reifman, et al., 2007). These studies have shown deleterious associations between the IDEA scale and psychosocial outcomes. Baggio et al. (2015) found the IDEA-8 (total score of the short form of the IDEA) to be associated with decreased mental health and increased depression. Lisha et al. (2014) also highlighted detrimental associations of separate dimensions of the IDEA (identity exploration, experimentation, and a third dimension of independence) with covariates (perceived stress, decision avoidance, and decision confidence). Reifman et al. (2007) also found a detrimental (negative) association between the IDEA negativity dimension and both life satisfaction and

sense of mastery. Overall, the psychological states of emerging adulthood appeared as negatively associated with psychological well-being, with both the total IDEA score and its subscales. However, these studies did not extensively test the association between dimensions of emerging adulthood and well-being.

To date, most of the studies investigating the psychological states of emerging adulthood have been conducted in the USA. Thus, data from other countries are needed to explore this time period more extensively. This study focused on young Swiss males. Except one study that tested the psychometric properties of the IDEA scale (Baggio et al., 2015), no study has investigated this population.

This study's principal aim was to test whether emerging adulthood was a time of changes in psychosocial well-being in a sample of Swiss men in their early twenties. We used two measures of emerging adulthood: psychological states related to emerging adulthood and classic markers of adulthood. In line with previous studies, we expected that psychological states during emerging adulthood would be 1) negatively associated with psychological well-being and 2) have higher associations with psychological well-being than classic markers of adulthood.

## **Methods**

The present study analyzed data collected in the Cohort Study on Substance Use Risk Factors (C-SURF). C-SURF is a longitudinal study designed to assess substance use patterns and their related consequences among young Swiss men. Participants were included in the study in three of Switzerland's six army recruitment centers in 2010-2012; these cover 21 of the 26 Swiss cantons (including all French-speaking cantons) and are located in Lausanne (French-speaking), Windisch, and Mels (both German-speaking). As army recruitment is compulsory in Switzerland, all

young men of approximately 20 years of age are evaluated by army staff members in the recruitment centers without pre-selection to determine their eligibility for military, civil, or no service. Hence, all young Swiss men of approximately 20 years of age were eligible for inclusion in the study. We conducted assessments outside of the army environment, regardless of the recruits' eligibility for military service. This study focused on C-SURF follow-up data collected between January 2012 and April 2013 (on average 15 months after the enrollment). A total of 5,223 participants completed this follow-up questionnaire in the second C-SURF data collection process. Participants selected for this study were at least 18 and were less than 26 years old ( $n = 5,187$ ), which corresponds to the age range of emerging adulthood (Arnett, 2000). More information on sampling and nonresponse is available elsewhere (Studer, Baggio et al., 2013; Studer, Mohler-Kuo, et al., 2013). In summary, the results indicated that the nonresponse bias was small. Lausanne University Medical School's Clinical Research Ethics Committee approved the study protocol (Protocol No. 15/07).

### *Measures*

#### **IDEA**

We used the short form of the IDEA (IDEA-8) with eight items to assess psychological states of emerging adulthood (Reifman, et al., 2007). We asked participants to think of a period of roughly five years, with the present in the middle. Answers were collected on a four-point scale: "strongly disagree," "somewhat disagree," "somewhat agree," and "strongly agree." The items investigated the four dimensions validated in French and German in the same sample: "identity exploration," "experimentation," "negativity," and "feeling in-between." The

validation of the IDEA-8 did not support the existence of a “self-focus” dimension (Baggio et al., 2015). Each subscale was composed of two items. Mean scores were computed (Cronbach’s  $\alpha$  for the whole scale = 0.79).

### **Markers of adulthood**

Markers of adulthood were assessed, including job situation (coded 1 if participants had a job and otherwise 0, e.g., if they were students), financial independence (coded 1 if participants covered their own living expenses by themselves and otherwise 0), living arrangements (coded 1 if participants had an independent housing and otherwise 0), stable relationship (coded 1 if participants were married or living with their partner and otherwise 0), and parenthood (coded 1 if participants were parents or if their partner was pregnant and otherwise 0). A total score of the number of attained markers of adulthood was also computed, ranging from 0 to 5.

### **Psychological well-being**

Psychological well-being was assessed with mental health and life satisfaction, using 1) the Major Depressive Inventory (ICD-10, Bech, Rasmussen, Olsen, Noerholm, & Abildgaard, 2001), with nine symptoms and a sum score from 0 (no depression) to 50 (depression) (Cronbach’s  $\alpha$  = 0.89); 2) the mental component summary of the Short Form Health Survey (SF-12, Ware, Kosinski, & Keller, 1996), with a global score ranging from 0 (mental health problems) to 100 (no mental health problems), computed in accordance with the recommendation of the authors and using a different weight for each item; and 3) the Satisfaction With Life Scale (SWLS, Diener, Emmons, Larsen, & Griffin, 1985), with five questions and a mean score ranging from 1 (low life satisfaction) to 7 (high life satisfaction) (Cronbach’s  $\alpha$  = 0.87).

## **Social well-being**

Social well-being was assessed with 1) perceived social support from friends and significant others (Canty-Mitchell & Zimet, 2000), with eight questions and a mean score ranging from 1 (low social support) to 7 (high social support) (Cronbach's  $\alpha = 0.95$ ); 2) prosocialness (Caprara, Steca, Zelli, & Capanna, 2005), with seven questions and a mean score ranging from 1 (low prosocial behavior) to 5 (high prosocial behavior) (Cronbach's  $\alpha = 0.89$ ); and 3) social-related issues selected from standard instruments (i.e., physical fights, problems with family, problems with friends, poor performance at school or work, theft, trouble with the police, regrets regarding sexual intercourse, sexual intercourse without a condom, and damaged property; Bucholz et al., 1994; Hesselbrock, Easton, Bucholz, Schuckit, & Hesselbrock, 1999; Hibell, Guttermsson, & Ahlström, 2012; Wechsler, Davenport, Dowdall, Moeykens, & Castillo, 1994) (Cronbach's  $\alpha = 0.89$ ). These social variables were coded 0 if they did not take place in the previous 12 months, and 1 if they occurred at least once in the previous 12 months, and a sum score of the nine questions was computed.

## **Covariates**

Demographic covariates included age, language (French or German), and level of education attained (lower secondary, upper secondary, and tertiary).

## *Statistical analyses*

First, descriptive statistics were computed for the IDEA-8 dimensions, markers of adulthood, psychosocial well-being, and covariates. We also computed correlations between the IDEA-8 dimensions and adulthood markers (point-biserial correlations) to test whether psychological states and adulthood markers were

associated among emerging adults. Second, associations between the emerging adulthood's variables (IDEA-8 dimensions and markers of adulthood) and psychosocial well-being were computed. We performed two structural equation models (SEM) using a robust maximum likelihood estimation. We used SEM because it has the ability to model complex relationships between multivariate data. It allows the inclusion of latent variables (and thus the analysis of dependencies between constructs without measurement error) and testing of model adequacy and group differences. The first model used emerging adulthood variables as factors (four dimensions of the IDEA-8 defined as latent variables and five markers of adulthood) and psychological and social well-being as dependent variables (depression, mental health, life satisfaction, perceived social support, prosocialness, and social-related consequences, all considered as latent variables except mental health which was computed accordingly to the recommendation of the authors). This model aimed to test how psychological states during emerging adulthood and markers of adulthood were associated with concurrent well-being and whether some dimensions of IDEA-8 were associated with decreased well-being. To consider incomplete transitions (having some but not all adulthood markers) and thus a more extensive comprehension of the transition to adulthood using adulthood markers, we computed a second SEM using the number of adulthood markers (from zero to five) instead of the five distinct markers. The models controlled for covariates (age, language, and level of education) and a Bonferroni correction was applied to maintain a 5% error rate. We also conducted a multi-group SEM for French and German-speaking participants to test the invariance between languages. This analysis was conducted to assess the generality of the findings among different subgroups of young adults. The

model was identical to the first model, except that we did not control for language. All analyses were performed using SPSS version 21 and Mplus 7 (SEM).

## **Results**

The participants were  $21.2 \pm 1.1$  years old on average, with an age range between 18.94 and 25.98. A total of 54.7% of the participants were French speaking, 7.2% had a lower secondary level of education, 42.6% an upper secondary level of education, and 50.3% had a tertiary level of education. The IDEA-8 and psychosocial well-being results are reported in Table 1. “Experimentation” had the highest score (3.25 on a four-point scale), whereas “negativity” showed the lowest score (2.53). Regarding markers of adulthood, the most common adulthood markers were financial independence (37.1% of the participants), having a job (31.3%), and having independent housing (23.0%). Stable relationships and parenthood were rarer (6.1% and 2.1%, respectively). A total of 40.7% of the participants had no markers of adulthood, 30.9% had one marker, whereas 28.4% had two or more markers (not shown in Table 1).

Insert Table 1 about here

Correlations between IDEA-8 dimensions and markers of adulthood are reported in Table 2. All were very low ( $|r| < .142$ ). Only two correlations were higher than .1: when participants were financially independent, they scored higher on “experimentation” ( $r = -.142$ ) and lower on “feeling in-between” ( $r = -.114$ ).

Insert Table 2 about here

Table 3 provides results regarding the relationship between measures of emerging adulthood and psychosocial well-being using the SEM model. The model fit the data quite well: RMSEA = .051, SRMR = .043, and CFI = 0.820. “Experimentation” was associated with a higher psychological and social well-being (depression:  $b = -0.278$ , mental health:  $b = 0.257$ , life satisfaction:  $b = 0.365$ , perceived social support:  $b = 0.180$ , prosocialness:  $b = 0.099$ , social-related consequences:  $b = -0.151$ ;  $p < .001$ ). “Identity exploration” and “negativity” showed negative associations with psychological well-being (depression: respectively,  $b = 0.177$  and  $b = 0.311$ , mental health:  $b = -0.186$  and  $b = -0.301$ , life satisfaction:  $b = -0.184$  and  $b = -0.187$ ), with one outcome related to social well-being (social-related consequences: respectively,  $b = 0.125$  and  $b = 0.168$ ). The last dimension of IDEA-8, “feeling in-between” did not show any significant association.

The relationships between markers of adulthood and psychological well-being only showed one significant association: a stable relationship was associated with increased life satisfaction ( $b = 0.066$ ). When the model included the number of markers of adulthood instead of the five distinct markers, there was a significant relationship between markers of adulthood and social support ( $b = 0.063$ ,  $p < .001$ , not shown in Table 3). The other associations were non-significant. This second model also fit the data quite well (RMSEA = .054, SRMR = .045, and CFI = 0.821). The multi-group analysis showed that there was a significant difference in the SEM model between French- and German-speaking participants according to the chi-square test ( $\Delta \chi^2_{(54)} = 81$ ,  $p = .002$ ), but the difference of CFI between the models suggested an acceptable goodness-of-fit for measurement invariance ( $\Delta CFI = .000$ , which is

lower than the cut-off  $\Delta CFI < .01$  suggested by Heung & Rensvold (2002) for an acceptable goodness-of-fit for measurement invariance).

Insert Table 3 about here

## **Discussion**

The aim of this study was to investigate the relationship between different measures and dimensions of emerging adulthood and psychosocial well-being in a sample of young Swiss males. Emerging adulthood was assessed with the psychological states associated with this time period and classic markers of adulthood. This study aimed to provide information on how young people live during the transition to adulthood and to provide methodological recommendations for the measurement of this time period.

These 18- to 25-year-old Swiss men showed medium to high scores of emerging adulthood, but a minority had two or more markers of adulthood (28.4%), with financial independence being the most common adulthood marker (37.1%). Living arrangement, i.e., living without parents, was the second most common marker (23.0%). Regarding IDEA-8, participants scored higher on “experimentation,” i.e., a positive feeling related to emerging adulthood, and lower on “negativity,” i.e., a negative feeling about emerging adulthood. Because participants reported medium or high scores of emerging adulthood even if half of them reported no markers of adulthood, we can hypothesize that the psychological states of emerging adulthood precedes markers of adulthood. Indeed, markers of adulthood are synonyms of achieved adulthood and thus may skip the period in which the transition to adulthood occurs.

With regard to the relationship between the two ways of measuring emerging adulthood, the results showed weak correlations between IDEA-8 and markers of adulthood. Therefore, psychological states related to emerging adulthood seemed quite disconnected from the social roles that young adults endorsed. This result was in line with the observation that emerging adulthood is relatively independent from social roles and normative expectations (Arnett, 2000; Nelson & Barry, 2005) and consistent with the previous hypothesis that psychological states of emerging adulthood precede markers of adulthood. Further research on this topic is needed.

Second, the study highlighted different patterns of association between the dimensions of psychological states of emerging adulthood and psychosocial well-being. The dimension “experimentation” was the only one to be positively associated with psychosocial well-being. Therefore, the personal feeling that one is experiencing many possibilities appears to be a positive dimension of emerging adulthood. These results did not support those reported by Lisha et al. (2014), who found negative associations of this dimension with decision-making confidence and positive associations with decision-making avoidance and perceived stress. This result also contrasts with previous studies reporting the association of the dimension “experimentation” with risky behaviors such as e-cigarette and hookah use (Allem, Lisha, Soto, Baezconde-Garbanati, & Unger, 2013; Allem & Unger, 2016). Experimentation may be a phase of exploring new exciting activities and thus may be associated with increased substance use and better psychological well-being, even if these two variables are usually negatively associated. This substance use may be recreational and experimental one, and thus may not have detrimental association with psychological well-being. Further studies focusing on addictive behaviors are needed to achieve a better understanding of the relationship between experimentation

and health outcomes. This result may also be due to the differences between samples, as the previous studies were conducted in the USA.

On the contrary, the “identity exploration” and “negativity” dimensions had deleterious associations with psychological well-being and, to some extent, with social well-being. The higher the level of identity exploration (defining themselves and their values and beliefs) and negativity (feeling overwhelmed and unsettled), the poorer participants’ psychosocial well-being was. Reifman et al. (2007) found the same result for life satisfaction in IDEA’s first validation study. This result was not surprising because this dimension is clearly related to difficulties, such as the stress and pressure associated with emerging adulthood.

Finally, “feeling in-between,” i.e., feeling no longer adolescent but not yet fully adult, was not significantly related to well-being. It seems that youths’ uncertainty about themselves did not affect young people’s well-being very much.

Thus, the way in which emerging adults lived during this critical developmental period appeared to be relevant regarding psychosocial well-being. Interestingly, previous studies did not show such different patterns according to the dimensions of IDEA when considered individually. Some of them emphasized associations in the same direction for all dimensions (Lisha, et al., 2014; Reifman, et al., 2007), whereas others focused on the entire IDEA scale and thus did not investigate its different dimensions (Baggio et al., 2015). Thereby, these results may also explain why previous studies reported contrasting results, with sometimes positive and other times negative associations between the psychological states of emerging adulthood and psychosocial well-being. This information may be valuable for mental health systems because they have not yet adapted to emerging adults’ characteristics (Arnett et al., 2014). Further studies are needed in other contexts and

especially in countries where emerging adults grow up with collectivist values. Indeed, cultural beliefs underlie behavioral patterns and social norms (Arnett, 2011), which may impact the relationship between the psychological states associated with emerging adulthood and well-being.

The associations between markers of adulthood and psychosocial well-being were scarce, with only one association being significant when considering the four distinct markers. They showed that young people having some markers of adulthood had a higher psychological well-being (stable relationship and higher life satisfaction). This result was in line with those of previous studies reporting a higher psychological well-being for people with markers of adulthood (Galambos, Barker, & Krahn, 2006; Messersmith & Schulenberg, 2010; Pettit, Roberts, Lewinsohn, Seeley, & Yaroslavsky, 2011). When the sum score of markers of adulthood was computed to test incomplete transitions, there was no association between the sum of markers of adulthood and psychological well-being. Overall, it seems that classic markers of adulthood do not represent the entire relationship between emerging adulthood and psychosocial well-being.

The results of the SEM were comparable between French- and German-speaking participants, according to the change of CFI, providing evidence of the robustness of the results. The chi square test showed significant differences, but this statistic may be affected by large sample sizes.

This study had some limitations. The first shortcoming was that no women were included. The C-SURF study was designed to assess substance-use patterns among young people, and includes only men was understandable because men are more at risk for substance use (Hecksher & Hesse, 2009). However, studies including women are needed to establish whether these findings are consistent for both genders.

A second limitation was the cross-sectional design of the study, which did not allow evaluation of the temporal relationship between measures of emerging adulthood and psychosocial well-being. Further research is needed to investigate the direction of the relationship between psychological states of emerging adulthood and psychosocial well-being. Finally, the markers of adulthood included only four out of five markers of the “big five” social roles. Data including other role transitions are needed.

To conclude, emerging adulthood is a period in which youths experience different lifestyle and worldviews, as well as different psychological states. The IDEA-8 scale proved to be a useful screening tool for identifying vulnerable youths. By contrast, classic markers of adulthood were less able to identify the relationships of emerging adulthood with psychosocial well-being and had weak associations with psychological states associated with emerging adulthood. This study therefore highlights that emerging adulthood should be measured focusing on the psychological states associated with this period. The study also shows that some youths had an increased vulnerability (young people with high scores of “identity exploration” and “negativity”) and thus should be the focus for prevention and early interventions.

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Table 1. Descriptive statistics for IDEA-8, markers of adulthood, and psychosocial well-being

IDEA-8	Mean (sd)	n
Identity exploration	2.66 (0.83)	5,145
Experimentation	3.25 (0.71)	5,145
Negativity	2.53 (0.76)	5,155
Feeling in-between	2.91 (0.77)	5,145
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Markers of adulthood <sup>1</sup>		
Financial independence	37.1	5,175
Having a job	31.3	5,187
Having independent housing	23.0	5,163
Stable relationship	6.1	5,176
Parenthood	2.1	5,176
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Psychological well-being		
Depression	7.85 (7.18)	5,154
Mental health	45.34 (9.52)	5,165
Life satisfaction	5.35 (1.13)	5,174
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Social well-being		
Perceived social support	5.91 (1.19)	5,185
Prosocialness	3.83 (0.71)	5,151
Social-related consequences	1.97 (1.73)	5,179

IDEA: Inventory of Dimensions of Emerging Adulthood; sd: standard deviation

<sup>1</sup> Percentages are given.

Table 2. Correlations between dimensions of IDEA-8 and adulthood markers

	Identity exploration	Experimentation	Negativity	Feeling in-between
Financial independence	-.064 <sup>***</sup>	-.142 <sup>***</sup>	-.088 <sup>***</sup>	-.114 <sup>***</sup>
Having a job	-.015	-.047 <sup>***</sup>	-.040 <sup>**</sup>	-.035 <sup>*</sup>
Having independent housing	.005	.006	.031 <sup>*</sup>	-.032 <sup>*</sup>
Stable relationship	-.059 <sup>***</sup>	-.008	-.004	-.020
Parenthood	-.040 <sup>**</sup>	-.030 <sup>*</sup>	.006	-.039 <sup>**</sup>

IDEA: Inventory of Dimensions of Emerging Adulthood

Point-biserial correlations.

\*  $p < .05$ , \*\*  $p < .01$ , \*\*\*  $p < .001$ .



Table 3. SEM between IDEA-8 dimensions, adulthood markers, and psychosocial well-being

	IDEA				Adulthood markers				
	Identity exploration	Experimentation	Negativity	Feeling in-between	Financial independence	Job situation	Living arrangement	Stable relationship	Parenthood
Psychological well-being									
Depression	0.177***	-0.278***	0.311***	0.013	-0.055	-0.020	0.035	-0.016	-0.011
Mental health	-0.186***	0.257***	-0.301***	-0.018	0.031	-0.004	-0.037	0.025	-0.009
Life satisfaction	-0.184***	0.365***	-0.187***	-0.001	0.033	-0.026	0.003	0.066***	-0.017
Social well-being									
Perceived social support	-0.083	0.180***	-0.060	0.037	0.032	0.031	0.002	0.042	0.007
Prosocialness	0.024	0.099**	0.002	0.006	0.027	-0.014	-0.017	0.016	0.013
Social-related consequences	0.125***	-0.151***	0.168***	0.023	0.029	-0.005	0.051	0.008	0.018

IDEA: Inventory of Dimensions of Emerging Adulthood

SEM controlling for age, language, and level of education. A Bonferroni correction was applied. Standardized estimates are reported.

\*\*\*  $p < .001$ .

