

# 10

## Transition to Adulthood, Mental Health, and Inequality

Susan Gore, Robert H. Aseltine Jr., and Elizabeth A. Schilling

Research on the social sources of mental illness has historically given only minimal attention to specific age groups. Studies that typify sociological work, those that are concerned with social stress or with socioeconomic or gender disparities, usually involve community-residing adults of all ages and give little attention to age as a significant sociological variable. Against this background, the mental health of young adults is newly explored terrain.

Given the freshness of the topic, questions arise about the theoretical formulations that should guide research on young adults and the strategies that are needed to more explicitly incorporate attention to age and life stage. Current adult-centered formulations concerned with social inequality and social stress in mental health are a critical point of departure. Much of the current evidence on this issue confirms the importance of lifetime social stress exposure in accounting for racial/ethnic and socioeconomic differentials in mental and physical disorder (Turner & Avison, 2003; Turner, Wheaton & Lloyd, 1995). Although studies of older adults predominate, research on young adults also indicates linkages among indicators of social status, cumulative stressful adversities and both affective disorder and the onset of drug dependence during young adulthood (Gore & Aseltine, 2003; Turner, 2003). Clearly, the evidence offers compelling support for the social stress perspective as a lens for investigating processes of inequality in all age groups.

At the same time, ongoing efforts to contextualize risk processes hold special promise for research on young adult mental health. Link and Phelan (1995) have described the idea of contextualizing risk as a paradigmatic emphasis on the social conditions that shape the individual's risk exposure and that make such exposures more or less preventable. In research on the health and mental health of children and adolescents, investigators have focused on the family and neighborhood as key socialization contexts. This research retains a focus on social stress, but examines the embeddedness of these stressors in contexts over which young people have little control. In addition, measured features of context may be at a different level of analysis. Sociological research, as well as research more squarely developmental in thrust, documents the long-term effects of adverse family socioeconomic conditions into the early adult years (Wheaton & Clarke,

2003; Wickrama, Conger, Wallace, & Elder, 2003). An overview of this evidence might suggest that predictors of adaptation from early in life, both those in the realm of the family or its geographic context, and others within the person, such as delinquent behavior, tell us all we need to know about mental health processes during the transition to adulthood.

In this chapter, we specifically ask the question: Does the evidence on the importance of childhood “launching factors” (Hussong, Curran, Moffitt, Caspi, & Carrig, 2004:1031) in predicting continuity of mental disorder contradict ideas and evidence on the significance of the opportunities for change that are embedded in the transitions of this period (Schulenberg, Sameroff & Cicchetti, 2004)? This question relates to a more general debate among life course researchers regarding the degree of developmental continuity and discontinuity during the transition to adulthood. Our discussion addresses features of this general debate that are relevant to research on mental health and is guided by a central interest in young adult interpersonal and vocational contexts as social pathways into adulthood. Sociologists use the term *pathways* into adulthood to refer to a course of behavior that is relatively “laid out” as a feature of social organization, in contrast with the idea of *trajectory*, which implies a stronger role of chance and individual agency (Hogan & Astone, 1986:110). Although in most research these terms are used interchangeably, this is an important distinction in mental health studies. Echoing the debates focusing on processes of social causation and social selection, the concept of pathways directs attention to socialization environments, economic and interpersonal resources, and the constraints on and influences of behavior during the transition to adulthood. Trajectories, in contrast, reflect the more individualized decisions and choices that drive life change and are the hallmark of developmental perspectives. Life course perspectives bridge these emphases.

Research on the social demography of transition to adulthood takes a focus on pathways through descriptive attention to the social role events that mark the assumption of adult status in our society (Hogan & Astone, 1986). This population-level approach emphasizes the social nature of the pathways to adulthood through research that situates status changes involving completion of schooling, getting married, residential independence and starting a full time job in institutional conditions that vary from society to society and that are subject to historical change. Research taking a trajectories approach, as defined earlier, are likely to ask questions about developmental themes that are universal, as illustrated in Arnett’s characterization of “emerging adulthood” as a distinctive developmental stage (Arnett, 2000) or they may accentuate how young people negotiate the myriad of developmental challenges. We take the contrasting pathways approach. This general disciplinary lens has figured prominently in research demonstrating that young adult transitions into stable family and work roles are linked to reductions in delinquency and problem drinking behaviors during this period (Bachman, Johnston & O’Malley, 1991; Bachman, O’Malley & Johnston, 1984; Chilcoat & Breslau, 1996; Horwitz & Raskin-White, 1991; Schulenberg, O’Malley, Bachman, & Johnston, 2000).

In the following sections we focus on additional lines of investigation that also exploit the concept of pathways to adulthood and more explicitly engage with themes of social disadvantage and the structuring of opportunity during the early adult period. We see three central foci in current investigations, all of which are sociological in character and share the “developmental stance” (Shanahan, 2000:668) that characterizes current sociological research on transition to adulthood. A first concerns the quality of *young adult transitional environments and experience* as proximal influences on mental health. Our own research on mental health in the post-secondary years examines features of vocational pathways and interpersonal relations *prior to* the assumption of the mature social roles defining adulthood, as noted above (Gore & Aseltine, 2003; Gore, Kadish, & Aseltine, 2003). A second focus emphasizes *lifetime accumulation of stress and disadvantage* and the resulting pathways into adulthood that differ in resources and well being (Dannefer, 2003; Kerckhoff, 1993; Turner & Lloyd, 1995). Finally, pathways evidencing *discontinuity or turning points in social functioning and mental health* are an important focus in mental health research due to the obvious relevance of this issue to the concept of resilience and the implications for intervention. This theme is perhaps best reflected in research that draws on life course theory (Elder, 1985; Elder, George, & Shanahan, 1996) for examining desistance of antisocial behavior among high risk youth (Laub, Nagin & Sampson, 1998).

Before we turn to a discussion of these themes, we briefly characterize the epidemiology of young adult mental health that has been so influential in stimulating research on transition to adulthood.

## Epidemiology of Young Adult Mental Health

An early paper by Klerman and Weissman (1989) is perhaps the first significant report bringing to public and professional attention the high rates of depression among young adults, the increasing lifetime rates of depression in cohorts born in industrialized countries after 1940, and a decrease in the age of onset of depression with first onsets generally occurring in the late adolescent years. This report also drew attention to the increasing rate of suicide among individuals between the ages of 15 to 24, especially among white males. Recent evidence from the National Comorbidity Study (Kessler, McGonagle, Zhao, Nelson, Hughes, Eshleman, Wittchen, & Kendler, 1994), a nationally representative sample, indicates that major depression and alcohol dependence, the two most prevalent disorders among Americans, are highest in the two youngest age groups (15–24 and 25–34 years old). Specifically, depression increases from the early teens to mid-twenties, with major depression estimated as 21.2 percent for young adults between the ages of 21 and 22, which is a 45 percent increase in prevalence as individuals exit adolescence (Kessler & Walters, 1998). The NCS also finds that rates for almost all disorders are more elevated among those with lower income and education (Kessler et al., 1994; see also Newman, Moffitt, Caspi, Magdol, Silva, & Stanton, 1996). In addition, reports from the Epidemiologic Catchment Area (ECA)

program indicate that about one in four individuals between the ages of 18 and 29 have experienced a mental disorder (Burke, Burke, Regier, & Rae, 1990). Miech and colleagues offer a more sobering estimate that up to 40 percent of young adults in industrialized countries meet diagnostic criteria for a major psychiatric disorder (Miech, Caspi, Moffitt, Wright & Silva, 1999).

Studies that rely on diagnostic determinations may offer fairly conservative estimates of mental health problems because they do not include the large number of individuals experiencing subclinical disorder reflected in symptoms of distress that do not meet diagnostic thresholds. A major study of clinical depression and depressed mood among college students, for example, established that those who were highly distressed as determined by a cutoff score on the CES-D inventory (Center for Epidemiologic Studies Depression) but were not designated as depressed on the basis of a clinical interview evidenced problems in social functioning at similar levels as those diagnosed with a depressive disorder (Gotlib, Lewinsohn, & Seeley, 1995). Clearly, there is a high burden of mental health problems in this age group.

For young adults who are generally well according to psychiatric standards, evidence indicates it is a time of psycho-social growth. Based on data from multiple cohorts of high school graduates, Schulenberg and associates (Schulenberg et al., 2000) have reported a consistent pattern of increments in life satisfaction, social support, self esteem and self efficacy from age 18 to 22 and, similarly, declines in loneliness, fatalism and self derogation over these years. Other research has supported this view. Young people participating in the National Longitudinal Survey of Youth (NLSY) have reported an increased perception of control during the period from age 14 to age 22 (Lewis, Ross, & Mirowsky, 1999). Finally, in one of our longitudinal studies of young adults, we contrasted change in depressive symptoms among cohorts of young people, some still in high school, and others having graduated. We found an improvement in symptom scores among the graduates that was not evidenced over the same time period among those still in school, change that was largely accounted for by improved relations with family (Aseltine & Gore, 1993).

Overall, epidemiological data establish early adulthood as an important life stage for sociological research. Depression and alcohol disorder are two highly prevalent disorders, they occur at peak rates during young adulthood, they are significantly influenced by environmental factors, and their link to gender and socioeconomic factors are all patterns that suggest needed research attention. Moreover, the evidence indicating that pathways are diverse, with many young people experiencing enhanced well being as they make normative social transitions, in contrast to others whose futures are compromised by distress and dysfunction provides compelling additional reason for accelerated research attention on young adulthood.

In the next section we further develop this theme of heterogeneity among young adults, through discussing a first focus, the importance of transitional work and educational statuses and experiences in the years after high school. As preface, we note that this is the least well developed area of research on young

adult mental health, which is surprising in light of the extensive body of adult-focused work on themes related to employment, and the equally extensive body of work on adolescents concerning school transitions. As we conclude our discussion of major themes, and in our final discussion, we will link the status of research and directions for filling gaps to the central question we raised at the start of this paper, namely whether the events and circumstances of this transitional phase of life are of lesser significance to understanding mental health at this time than much earlier childhood influences. We turn now to the research on transitional environments and the school and work pathways into adulthood.

### The Post-Secondary Years and Heterogeneous Pathways into Adulthood

Elder and Russell (2000) have noted that understanding change in young people's lives calls for choosing an "entry point", or developmental context, that allows us to ask questions about what happens next. The problem of choosing a point of entry is particularly thorny in research on young adulthood, a developmental period that we generally see as starting with the end of post-secondary schooling and continuing through most of the third decade of life (Arnett, 2000). The protracted end of adolescence and lengthy duration of the transition to adulthood has long been recognized and currently figures prominently in popular media attention to the new generation of "twixters," young adults in their twenties who are no longer adolescents and by society's standards not yet adults (Grossman, 2005). Inadequate employment situations and the resulting financial dependence on families are central to sociological work on the problems of these "incompletely launched" adults (Schnaiberg & Goldenberg, 1989). Furstenberg (2000), for example, has reported that by age 30, just over half of the most recent cohorts studied in the National Longitudinal Survey had worked for 2 or more years in a full time, year-around job.

This empirical portrait suggests to us constraints on the usefulness of existing research frameworks concerned with *mature* social roles, such as having continuous full time employment or being married, as an entry point for research on the link between mental health and young adult life situations during this transitional period. Large numbers of young adults have not achieved any of these stable and health-promoting adult identities and attainments. Moreover, taking a population viewpoint, young adults undertake similar activities at different times and dissimilar activities during the same time frame. A recent analysis of the National Longitudinal Survey of Youth (NLSY 79) (Mouw, 2005) indicates that in these cohorts there are sixty two distinct sequences representing the temporal relationships among leaving home, finishing school, starting work, getting married and having children.

Early efforts to grapple with this heterogeneity centered on the problem of non-normative or premature transitions to adulthood, as illustrated in research on

teenage parents (Furstenberg, Brooks-Gunn & Morgan, 1987), leaving unanswered questions about the lives of the large and heterogeneous group of young people who make normative or more socially acceptable transitions. Recent approaches seek to include a broader segment of the population under the investigative lens and are approaching the issue of heterogeneity through identifying the pathways that appear conceptually important in addition to those representing significant numbers of young adults. Osgood and associates, for example, used latent class analysis to describe pathways of transition in a longitudinal sample of young adults who have been followed since early adolescence (Osgood, Ruth, Eccles, Jacobs, & Barber, 2005). Their resulting descriptive typology of pathways to adulthood includes fast starters (those having adult social roles), parents without careers, educated with partner, educated singles, working singles, and slow starters. They conclude that by age 24, most of their sample is “unsettled” in work and family roles, fitting Arnett’s definition of emergent adulthood.

Having mapped some features and challenges in studying young adults in transition, we have not yet suggested how these initial descriptive efforts to gain an entry point into this developmental period can be linked to a focus on mental health. In the following sections we discuss the three themes of transitional environments, cumulative adversity and turning points as central components of current efforts to accomplish this objective.

### *Socioeconomic Inequality and Mental Health after the Transition from High School*

Our research on a cohort of young adults making the transition from high school employs a strategy for entry into this developmental period that is linked to our interest in processes of inequality. Other researchers have also examined features of social functioning and well-being in the years immediately after high school and addressed varying concerns. For example, much of the extensive research conducted by Schulenberg and his associates (Schulenberg et al., 2005), which draws from the Monitoring the Future project (Johnston, O’Malley, & Bachman, 2003), focuses on escalations in drinking associated with off-campus residence among college students and is not prominently concerned with disadvantage and inequality.

Our emphasis on inequality led us to consider the different pathways that youth followed during the transitional period after high school. Specifically, we have been centrally interested in the heightened difficulties faced by young people who make a school-to-work transition, that is, those who seek full time employment rather than continued schooling. This large segment of the young adult population, who are necessarily omitted in mental health studies of young adults in college settings, came into public focus as the “forgotten half,” in a series of reports on the career difficulties of the non-college bound (Hamilton, 1990; William T. Grant

Foundation Commission on Work, Family and Citizenship, 1988). Consistent with these aims, we selected public schools located in largely lower income urban areas, including schools serving students in two major cities in our geographic area. This resulted in a sample that was diverse in family socioeconomic background, race/ethnicity, and importantly, in post-high school educational and work pathways (Gore & Aseltine, 2003).

Although we have established that the fluidity and diversity in pathways to adulthood complicates finding a point of entry into the developmental process, our focus on a graduating cohort (and school dropouts from that cohort) and interest in vocational/educational pathways provided this point of entry for examining post-secondary life situations. The diverse composition of our sample further assisted us in contrasting the life situation and mental health of groups who had a full time college involvement, a full time work involvement, mixed involvements, and those underutilized in both spheres, when they were 2 years out of high school. In general, we found that an intra-individual or configurational approach was informative, when used in conjunction with regression methods. For example, in explaining an emergent racial/ethnic gap in depressed mood from time 1 to time 2, with Blacks and Hispanics more depressed than Whites and Asian Americans, we established that both full time school status (in a four year college) and full time work status were negatively associated with depression and important in accounting for these differentials. Descriptive data on school and work involvements indicated that Blacks and Hispanics were not very different than Whites, suggesting that the minorities should benefit from their numbers who were working at full time jobs. The distributions, however, were deceptive because they did not differentiate individuals who were designated as not working because they were in school from those who were both not working *and* not in school. Through examining different profiles of work and school involvement, we found that only 5 percent of the Whites were non-students who were not working, in contrast to 14 percent of the Blacks and 16 percent of the Hispanics.

In addition to young adults' educational/employment situations, we studied two additional features of post-secondary school experience: *the stresses* young adults were experiencing in their post-secondary situations, and the extent of *negative transition events* in their school and employment pathway over a two year period, both according to their own reports (Aseltine & Gore, 2005). Measures of these features of transitional experience draw on the dimensionality of the stress construct that is well established (Turner & Avison, 2003; Wheaton, 1994), with chronic stress in young people's work situation assessed through measures used in previous research on young people (Mortimer, Finch, Shanahan & Ryu, 1992) and adapted from the Michigan Quality of Employment Studies (Quinn & Staines, 1979). Our findings from this analysis are consistent with those obtained in our analysis of race/ethnicity, that the earlier independence that defines a post-secondary emphasis on employment can be health-promoting,

but it carries with it higher stakes for stressful disruptions and failure to find developmentally suitable roles.

In framing this research study we drew heavily on the conceptualizations and research conducted by Simmons and her associates on school transitions during adolescence (Simmons & Blyth, 1987), which emphasized the importance of minimizing stressful disruptions during periods of peak individual and environment change. Within the large body of work on this issue, with much of it concerned with pubertal and cognitive change, Simmons' work stands out as significant in emphasizing the role of school structures in facilitating successful transitions. Through focusing on young people who do not transition from high school into a full time college experience, we were similarly concerned with young people at heightened risk for major stressors and mental health problems. As such, research in this vein points to the importance of educational and employment opportunity; in addition, it contextualizes the disruptions that occur within these pathways as features of stratification processes in the early adult years.

### *Lifetime Accumulation of Stress and Disadvantage*

In conducting research on pathways into adulthood, as described in the preceding section, questions naturally arise about the prior family and personal situations to which both positive and negative young adult experiences are undoubtedly linked. For this reason, developmental frameworks that incorporate attention to environments at different points in the life course and processes of selection into and adaptation within those environments offer a compelling set of conceptual foci and methodological tools for longitudinal analysis. Within this general orientation, however, we must specify the nature of the social forces and individual actions that drive the direction of change and mental health over this period.

Our second focus concerns the study of cumulative advantage/disadvantage, which Dannefer defines as "the systematic tendency for interindividual divergence in a given characteristic (e.g., money, health, or status) with the passage of time" (Dannefer, 2003:S324). Although closely associated with the study of individual and cohort aging, an important point of departure within our field is the sociological conceptualization of the structural origins of mental health problems (Aneshensel, Rutter & Lachenbruch, 1991). This has been modeled in terms of the stresses that are embedded in the contexts of daily life, as emphasized in the Pearlin formulation of social stress theory (Pearlin, Lieberman, Menaghan, & Mullan, 1981) or through restricted access to economic, interpersonal and political resources that might alter exposure to stress and broader sociogenesis of ill health (Link & Phelan, 1995). Research in the field of social stress, for example, has addressed mental health disparities associated with socioeconomic factors and racial/ethnic group memberships and documented that cumulative stress exposure, including recent stressful events and longstanding or chronic stressors are implicated in these differentials (Turner & Avison, 2003; Turner & Lloyd, 1999). The explanatory potential of these



stressors is not surprising. Stressors include significant aspects of disadvantage in work settings, threatening economic and legal stresses, problems in relationships, exposure to violence and other events that are socio-economically linked. This is important evidence that cumulative processes of disadvantage are implicated in the social stratification of mental health.

A contrasting but complementary approach that takes a life course focus seeks to understand the risks that are rooted in key developmental periods, and the unfolding of disorder as young people move from childhood to adulthood. Whereas the studies of stress we have just described examine mental health over the young adult's *lifetime*, this approach examines mental health over the young adult's *life course*. There is good reason to take this latter approach. We mentioned earlier the findings from the National Comorbidity Study concerning the high rates of disorder among young adults and the early onset nature of these disorders (Kessler et al., 1994). The research conducted by Newman and associates with a Dunedin, New Zealand sample also suggests that the prior functioning of individuals in the adolescent period may be implicated in the rates of distress and disorder evidenced among young adults. Nearly half of their sample was diagnosed with 2 or more disorders at age 21, and rates of disorder significantly increased between the ages of 13 and 15, and again between the ages of 15 and 18 (Newman et al., 1996).

Due to the importance of the adolescent period, structural perspectives on the consequences of disadvantage for the pathways into adulthood have emphasized the multiple links between family economic stress and multiple aspects of adolescent functioning. Whether disadvantage is measured at the level of the family or its neighborhood context, extensive evidence indicates that these family conditions are causally linked with child and adolescent internalizing and externalizing mental health problems and that this relationship is mediated by unsupportive and punitive socialization practices within the family environment (Conger, Conger, Elder, Lorenz, Simons, & Whitbeck, 1992; McLeod & Shanahan, 1993; Wheaton & Clarke, 2003). Importantly, this line of research illustrates the life course principle of *linked lives*, which is the embeddedness of individuals within interpersonal contexts over the life course (Elder, 1995).

In particular, studies focusing on specific types of events, such as violence exposures (Macmillan, 2001) reveal the traumatic nature of some stress exposures in the lives of the disadvantaged, and document the role of severe stress in curtailed education. Macmillan and Hagan (2004), for example, have examined the impact of an adolescent victimization on young adult socioeconomic attainment and found reductions in educational advancement that are mediated through the impact of violence on self perceptions of efficacy. In addition, experiencing victimization during adolescence is not a random event. Young people growing up in poverty have an elevated risk of experiencing violence, among other traumatic events including homelessness (McLoyd, 1998). Thus, events during adolescence which are severe and traumatic play an important role in our understanding of cumulative stress processes and the role of stratification in mental health processes linking generations.

### Social Structure and the Social Embeddedness of Agency

To this point we have begun to make the case that cumulative lifetime social stress can be re-framed as a problem of cumulative life course disadvantage, a shift that serves to emphasize the underlying processes of stratification that govern the accumulation of stress and pathways into adulthood that diverge both in resources and well being (Dannefer, 2003; Kerckhoff, 1993). However, life course perspectives recognize that processes of individual action or agency are also at play, as evidenced in extensive evidence on the role of individual characteristics and behavior in selecting into environments and shaping stressful interpersonal relations (Caspi, Henry, McGee, Moffitt, & Silva, 1995; Caspi, Moffitt, Wright, & Silva, 1998; Hammen, 1991; Quinton, Pickles, Maughan & Rutter, 1993; Ronka & Pulkkinen, 1995). One such problem that can be viewed as a selection process in transition to adulthood is the role of an early onset psychiatric disorder in shaping the subsequent developmental pathways. Findings from the NCS have documented that early onset disorder predicts to failure to complete high school and/or college (Kessler, Foster, Saunders, & Stang, 1995). More extensive research has linked the escalation and exacerbation of conduct problems through adolescence and early adulthood to a childhood onset of antisocial behavior. The issue here is not the simple continuity of disorder across developmental periods but its exacerbation through multiple domains of role functioning which ultimately depletes motivation and opportunities for developing skills and forging supportive ties (Aguilar, Sroufe, Egeland, & Carlson, 2000; Moffitt, Caspi, Harrington, & Milne, 2002). Alcohol abuse, in particular, may serve to lock-in a pattern of antisocial behavior that prohibits any tendency toward reduction in conduct problems and offending that might otherwise occur (Roisman, Aguilar & Egeland, 2004).

Research that establishes a strong association between prior and future disorder has not generally been of theoretical interest to sociologists because it suggests that the disease process within the individual drives social change, that is, that unwell individuals select into the environments that have fewer resources and are less optimal for development. This view would seem to be in conflict with the paradigm of structural causation that informs most sociological research and is prominently reflected more generally in developmental studies emphasizing the abilities and capacities of individuals that are generally adaptive or maladaptive. Clausen (1991) for example, has linked the idea of individual *agency*—individual effort and decision that shape one's own development—to the construct of *planful competence* or self-efficacy. He argues that the wide range of options available to young people as they exit adolescence calls for realistic goal setting and that this is likely to occur among individuals who are responsible (as opposed to rebellious), oriented toward self examination and self confident (as opposed to victimized in one's stance). Analyses emphasizing the predictive importance of these traits establish their significant impact on young adult educational and occupational attainment, marital stability and (reduced) stress exposure.

There are, however, important alternative perspectives on the role of intra-individual characteristics in cumulative stress processes. For example, the core of

mental health research on the positive association between socioeconomic status and the individual's sense of control emphasizes the role of distal childhood socialization and more current life contexts in shaping individual self appraisals of this nature (Mirowsky & Ross, 2003; Wheaton, 1978). Evidence that links individual outlook and coping-related capacities to the social structure and processes of inequality is important for understanding why there is a low likelihood for change in the life situations of young people who have a history of delinquent and antisocial behavior. We have noted that one prominent explanation is that a cumulative deficit in skills and motivation ultimately functions to close doors that might have been open. However, for sociologists who are concerned with social stratification of pathways into adulthood, these models of risk accumulation overemphasize the dimension of personal responsibility (Laub & Sampson, 1993). For this reason, Shanahan and Hood (2002) have conceptualized agency as *bounded*, indicating that there are varying opportunities made available to subgroups of youth for a successful pathway into adulthood and that agency must be understood in relation to the opportunity context. A striking and well known illustration of this point is seen in Elder's research on the differences between two age cohorts in surmounting a background of family disadvantage during the Great Depression (Elder, 1974). The somewhat older men in the Oakland subsample were of age to seek employment to help support their families. In doing so, they escaped the often harsh confines of their economically stressed families and later used army service as a springboard for educational and employment opportunities made available after the war. In this way, historical events enhanced economic opportunity for the Oakland men, which was not the case for those in the younger Berkeley age cohort. Each cohort, then, embarked on the life course with different possibilities for the exercise of agency.

It is interesting to note that both Elder and Clausen conducted their analyses using the archival Oakland Growth/Berkeley Guidance data. Thus, we may conclude that interest in the limiting power of structure or the personal sense of agency is a matter of emphasis. However, more recent studies establish the choice of emphasis might best be linked to the process being investigated. We noted earlier that NLSY data indicate that for a 1990's cohort of young adults, the sense of personal control increases between the ages of 14 and 22 (Lewis et al., 1999: 1594). The investigators further established that growth in sense of control was muted for young people who dropped out of high school and that strength of control perceptions had little impact on their staying in high school. Thus, the investigators conclude that in this case the "realities of social status shape beliefs [about the self], rather than the beliefs determining the status gained."

Overall, it is safe to say that the dynamics through which the weakened bonds and continuity of disadvantage occurs involve both social structural constraints on opportunity as well as intra-individual capacities and self defeating action. Quite apart from questions about the evidence, we also think it important that investigations of young adult mental health have sparked renewed sociological interest in the concept of agency and its structural contexts. In addition, these lines of study have forged heretofore nonexistent connections between the

research on criminal desistance conducted by criminologists in our field and the mental health investigations that have not been as focused on high risk young adults.

We now address the final theme that is regularly discussed in research involving young adults, namely the potential for change in life direction and its mental health impact.

### *Discontinuity in Pathways to Adulthood: Sources of Resilience*

The idea of turning point is a life course concept that can be defined as “change in direction in the life course, with respect to a previously established trajectory, that has the long term impact of altering the probability of life destinations” (Wheaton & Gotlib, 1997:5). Wheaton and Gotlib are not distinguishing a *trajectory* from a *pathway* as we have done in emphasizing that pathways into adulthood are socially organized. They do not take a position on this issue. However, they point to the importance of turning points as altering the accumulating consequences of negative events, which we discussed in the previous section as a problem of pathways. The possibility for turning points during this transitional period is central to the fundamental question that we raised at the outset, namely, do the events and conditions of early adulthood make a difference for our understanding of mental health processes?

Turning points are often conceived as having an intervention-like quality as suggested by the idea that the direction of life can be changed. Consistent with our definition of pathways, we see turning points as coming about through environmental contingencies involving new roles and opportunities. Most discussions of this issue consider the potential for discontinuity and turning points in relation to behaviors involving the central developmental tasks of young adulthood: establishing a viable vocational pathway, and developing strong ties of intimacy outside the family of origin. Rutter’s longitudinal research on the transition to adulthood among young people from the inner-city and those who were institution-reared is widely recognized as the foundation for research in this area due to its focus on the role of education in delaying marriage and preventing poor marital choices and attention to gender differences in pathways having turning point potential (Rutter, 1989).

Due to the importance of education in theories of stratification, as well as the focus on educational attainment in mental health research (Miech & Shanahan, 2000), it is not surprising that education figures prominently in research on transition to adulthood. Evidence generally indicates that the long term impact of early family adversities occurs through poor educational performance and curtailed education. However, it is also the case that schooling figures prominently in turning point potential. In their analysis of longitudinal data collected from a diverse Michigan sample, Osgood and his associates found that young people from poor families who did well in high school and evidenced high educational motivation

look similar at age 24 to their more advantaged counterparts in their “upward trajectory” of employment and interest in improving themselves (Osgood et al., 2005:344). Although low family income or low parental educational attainment are not good indicators of the degree of adversity in these environments, this is an important approach in research on turning points because family social capital, or lack thereof, is so central an issue to a broad array of young people.

In general, the evidence from our work on transition from high school indicates that pathways involving postsecondary education or stable full time work contribute to improvements in functioning, as measured by reductions in depressive symptoms. We reserve use of the turning point concept for contrasts suggesting some role of education in changing an otherwise less optimal life direction among those known to be high risk. For example, to better assist in launching young people who were vocationally oriented rather than oriented toward higher education, the schools from which we recruited our sample of young adults offered a curriculum aimed to develop career-relevant skills and foster transitions to community college, keeping open the college option. This general aim follows from increasing public interest in having community schools better prepare young adults for employment, as called for by the School-to-Work Opportunities legislation (U.S. Department of Education, 1994). Programs of this nature can be conceptualized as intending to ameliorate the role of school inequality in perpetuating stratification. Taking a sociological perspective on the protective factors that drive resilient outcomes, we sought to investigate whether graduating from high school with a *career major* would boost the employment success and well being of these young people over that of their counterparts who entered the labor force in the absence of an institutional connection between the secondary school and the world of work (Gore et al., 2003). Our evidence on short term outcomes indicate that these curricular involvements promote a sense of career optimism and progress, which we interpret as features of positive mental health broadly speaking, but one that is not fully reflected in differentials involving objective features of their occupational situation.

Despite considerable research on the importance of social relationships in resilience, sociologists have not as yet fully explored the adaptive importance of young adult relationships and intimate involvements. Roisman and associates have argued that during the transition to adulthood having intimate or romantic involvements may be particularly beneficial for high risk youth as an opportunity to achieve some developmental success in an arena that differs from contexts of previous functioning that have been marked by failure (Roisman et al., 2004). Focusing on the functions of romantic ties among youth with a history of antisocial behavior, they hypothesized that although young people with early onset of disorder may be less likely to have successful intimate relationships due to the accumulation of dysfunction in their biographies, they may reap greater benefits from these ties than young people having more opportunity to develop strengths. The expectation follows from an understanding of protective factors as having potentially the greatest impact among those at heightened risk and is consistent with the idea of a conditional turning point (Wheaton & Gotlib, 1997), one that

operates only for a particular subgroup. Their results support this hypothesis, though they are necessarily tentative due to concurrent measures of some variables. Specifically, for those with a longer term history of externalizing problems, having a successful romantic (and work) engagement was associated with declines in antisocial behavior by age 23, and this was not the case for those with an antisocial career that began later in adolescence. These findings are consistent with those reported by Laub and associates (Laub et al., 1998) who, on the basis of the Glueck and Glueck longitudinal data, reveal the importance of a successful marriage in a gradual process of criminal desistance.

Clearly, these intriguing lines of research on resilience should accelerate interest in the potential for turning points in young adult mental health. Specifically, they point to the powerful role of relationships in the lives of high risk young adults.

## Summary and Discussion

To conclude this chapter, we return to the question we raised at the start, namely: Does the evidence on the importance of childhood “launching factors” contradict ideas and evidence on the meaningfulness of this period for mental health, including the opportunity for change? Clearly, a prominent face of research on this population is the accumulating evidence on the early childhood determinants of continuity in mental health problems from childhood to adulthood. We have suggested that this may in part be due to the challenges associated with the diversity in this age group. The heterogeneity in the timing and sequencing of educational, employment, familial and residential transitions makes it difficult to find an appropriate *point of entry* into young adults’ lives. Moreover, additional variability along gender, socioeconomic and race and ethnic lines; the ambiguous length of the life stage itself; and our culture of loosened age norms for attaining adult statuses all encourage a view of individuation and personal choice in life direction during the transition to adulthood. In the absence of compelling conceptual models for reining-in this variability, we are not surprised that emphases on childhood conditions and their role in processes of illness continuity have occupied center stage.

Sociologists of mental health have enthusiastically given attention to the contexts of child development and other developmental themes that reflect this prominent attention to youth. Among such themes are those emphasizing the freedoms and choices that are made and forfeited as young people negotiate change and begin to shape a life involving greater economic and socio-emotional independence from the family of origin. At the same time, we have argued that the heterogeneity in experience within this population can be conceptualized sociologically through investigations that explicitly consider pathways into adulthood as shaped by social organizational forces. Thus, ideas about individuation in the life course are balanced by concepts such as “bounded agency” (Shanahan & Hood, 2002), which underscore the social constraints that limit young people’s access to opportunities and their potential to exercise agency. Taking this perspective, we see mental

health (and illness) pathways as forged over time. They begin with adversity in the childhood socialization context and are maintained during adolescence through problems in mental health and social functioning and limited access to educational and employment opportunities during the early years after high school. During this latter period, the frequent job changes that economists might see as acceptable job “churning” for young people in search of a better career, are, from a mental health perspective, meaningful events and disruptions that reflect broader conditions of educational and employment opportunity.

Beyond the study of education and employment, the social relations of young adults and their connections to resources in their extended families and communities are an important and much underresearched area for investigation. Positive relationships are centrally linked to young people’s ability to move in more positive life directions in the years after adolescence. The evidence we have reviewed is consistent with Coleman’s (1988) understanding of the transformative potential of social capital, which is embodied in relationships. It is curious that so little research on social support has been conducted with young adults. In light of the importance of support and capital in “launching” young adults, filling this research gap is an important priority for future research.

Overall, we suggest that the dynamic nature of transition to adulthood requires more sociological attention. Themes of inequality, opportunity and the capacity for change should figure prominently in formulations that guide mental health study. This research is not diminished through attention to developmental issues and distal childhood forces. Instead, we must also find ways to more purposefully explore the mental health impact of social organizational forces during this fluid transitional period.

*Acknowledgments.* We greatly appreciate the help and support of the staff of the Center for Survey Research and our graduate student in the Department of Sociology, Cecilia Shiner.

### *References*

- Aguilar, B., Sroufe, L. A., Egeland, B., & Carlson, E. (2000). Distinguishing the early-onset/persistent and adolescence-limited antisocial behavior types: From birth to 16 years. *Development and Psychopathology, 12*, 109–132.
- Aneshensel, C., Rutter, C. M., & Lachenbruch, P. A. (1991). Competing conceptual and analytic models: Social structure, stress and mental health. *American Sociological Review, 56*, 166–178.
- Arnett, J. J. (2000). Emerging adulthood: A theory of development from late teens through the twenties. *American Psychologist, 55*, 469–480.
- Aseltine, R. H., Jr., & Gore, S. (1993). Mental health and social adaptation following the transition from high school. *Journal of Research on Adolescence, 3*, 247–270.
- Aseltine, R. H., Jr., & Gore, S. (2005). Work, post-secondary education and psycho-social functioning following the transition from high school. *Journal of Adolescent Research, 20*, 615–639.

- Bachman, J. G., Johnston, L. D., & O'Malley, P. M. (1991). *Monitoring the Future Project after seventeen years. Design and procedures (Monitoring the Future Occasional Paper No. 33)*. Ann Arbor, Michigan: Institute for Social Research.
- Bachman, J. G., O'Malley, P. M., & Johnston, L. D. (1984). Drug use among young adults: The impacts of role status and social environments. *Journal of Personality and Social Psychology, 47*, 629–645.
- Burke, K. C., Burke, J. D., Regier, D. A., & Rae, D. S. (1990). Age of onset of selected mental disorders in five community populations. *Archives of General Psychiatry, 47*, 511–518.
- Caspi, A., Henry, B., McGee, R., Moffitt, T., & Silva, P. (1995). Temperamental origins of child and adolescent behavioral problems: From age 3 to age 15. *Child Development, 66*, 55–68.
- Caspi, A., Moffitt, T. E., Wright, B. E., & Silva, P. (1998). Early failure in the labor market: Childhood and adolescent predictors of unemployment in the transition to adulthood. *American Sociological Review, 63*, 424–451.
- Chilcoat, H. D., & Breslau, N. (1996). Alcohol disorders in young adulthood: Effects of transitions into adult roles. *Journal of Health and Social Behavior, 37*, 339–349.
- Clausen, J. S. (1991). Adolescent competence and the shaping of the life course. *American Journal of Sociology, 96*, 805–842.
- Coleman, J. S. (1988). Social capital in the creation of human capital. *American Journal of Sociology, 94*, S95–S120.
- Conger, R., Conger, K., Elder, G., Lorenz, F., Simons, R., & Whitbeck, L. (1992). A family process model of economic hardship and adjustment of early adolescent boys. *Child Development, 63*, 526–541.
- Dannefer, D. (2003). Cumulative advantage/disadvantage and the life course: Cross-fertilizing age and social science theory. *Journal of Gerontology, 58*, S327–S337.
- Elder, G. H., Jr. (1974). *Children of the Great Depression: Social change in life experience*. Chicago: University of Chicago Press.
- Elder, G. H., Jr. (1985). Perspectives on the life course. In G. H. Elder Jr. (Ed.), *Transitions through adolescence: Interpersonal domains and context* (pp 251–284). Mahwah, NJ: Lawrence Erlbaum Associates.
- Elder, G. H., Jr. (1995). The life course paradigm: Social change and individual development. In P. Moen, G. H. Elder & K. Luscher (Eds.), *Examining lives in context: Perspectives on the ecology of human development* (pp 101–139). Washington D.C.: American Psychological Association.
- Elder, G. H., Jr., George, L. K., & Shanahan, M. (1996). Psychological stress over the life course. In H. B. Kaplan (Ed.), *Psychological stress: Perspective on structure, theory, life course, and methods* (pp 247–292). New York: Academic Press.
- Elder, G. H., Jr., & Russell, S. T. (2000). Surmounting life's disadvantage. In L. J. Crockett & R. Silbereisen (Eds.), *Negotiating adolescence in times of social change* (pp 17–35). Cambridge, UK: Cambridge University Press.
- Furstenberg, F. F. (2000). The sociology of adolescence and youth in the 1990s: A critical commentary. *Journal of Marriage and the Family, 62*, 896–910.
- Furstenberg, F. F., Brooks-Gunn, J. & Morgan, S. P. (1987). *Adolescent mothers in later life*. New York: Cambridge University Press.
- Gore, S., & Aseltine, R. H., Jr. (2003). Race and ethnic differences in depressed mood following the transition from high school. *Journal of Health and Social Behavior, 44*, 370–389.
- Gore, S., Kadish, S., & Aseltine, R.H., Jr. (2003). Career-centered high school education and post-high school career adaptation. *American Journal of Community Psychology, 32*, 77–88.



- Gotlib, I. H., Lewinsohn, P. M., & Seeley, J. R. (1995). Symptoms versus a diagnosis of depression: Differences in psychosocial functioning. *Journal of Consulting and Clinical Psychology, 63*, 90–100.
- Grossman, L. (2005). Meet the twixters. *Time Magazine*. January 24, 4–53.
- Hamilton, S. (1990). *Apprenticeship for adulthood, preparing youth for the future*. New York: The Free Press.
- Hammen, C. (1991). Generation of stress in the course of unipolar depression. *Journal of Abnormal Psychology, 100*, 555–561.
- Hogan, D. P., & Astone, N. M. (1986). The transition to adulthood. *Annual Review of Sociology, 12*, 109–130.
- Horwitz, A. V., & Raskin-White, H. (1991). Becoming married, depression, and alcohol problems among young adults. *Journal of Health and Social Behavior, 32*, 221–237.
- Hussong, A. M., Curran, P. J., Moffitt, T. E., Caspi, A., & Carrig, M. M. (2004). Substance abuse hinders desistance in young adults' antisocial behavior. *Development and Psychopathology, 16*, 1029–1046.
- Johnston, L. D., O'Malley, P. M., & Bachman, J. G. (2003). National Survey Results on Drug Use from the Monitoring the Future Study, (1975–2002). *Vol. 1, Secondary School Students. Vol. 2, College Students and Young Adults*. NIH Publication No. 03–5375 and 03–5376. Bethesda, MD: National Institute on Drug Abuse.
- Kerckhoff, A. C. (1993). *Diverging pathways: Social structure and career deflections*. Cambridge, UK: Cambridge University Press.
- Kessler, R. C., Foster, C. L., Saunders, W. B., & Stang, P. (1995). Social consequences of psychiatric disorders I: Educational attainment. *American Journal of Psychiatry, 152*, 1026–1032.
- Kessler, R. C., McGonagle, K. A., Zhao, S., Nelson, C.B., Hughes, M., Eshleman, S., Wittchen, H-U, Kendler, K. S. (1994). Lifetime and 12-month prevalence of DSM-III-R psychiatric disorders in the United States: results from the National Comorbidity Survey. *Archives of General Psychiatry, 51*, 8–19.
- Kessler, R. C., & Walters, E. E. (1998). Epidemiology of *DSM-III-R* major depression and minor depression among adolescents and young adults in the National Comorbidity Survey. *Depression and Anxiety, 7*, 3–14.
- Klerman, G. L., & Weissman, M. M. (1989). Increasing rates of depression. *Journal of the American Medical Association, 261*, 2229–2235.
- Laub, J. H., Nagin, D. S., & Sampson, R. J. (1998). Trajectories of change in criminal offending: Good marriages and the desistance process. *American Sociological Review, 63*, 225–238.
- Laub, J. H., & Sampson, R. J. (1993). Turning points in the life course: Why change matters to the study of crime. *Criminology, 31*, 301–325.
- Lewis, S. K., Ross, C. E., & Mirowsky, J. (1999). Establishing a sense of personal control in the transition to adulthood. *Social Forces, 77*, 1573–1599.
- Link, B. G., & Phelan, J. C. (1995). Social conditions as fundamental causes of disease. *Journal of Health and Social Behavior, 32*, 302–320.
- Macmillan, R. (2001). Violence and the life course: The consequences of victimization for personal and social development. *Annual Review of Sociology, 27*, 1–22.
- Macmillan, R., & Hagan, J. (2004). Violence in the transition to adulthood: Adolescent victimization, education, and socioeconomic attainment in the later life. *Journal of Research on Adolescence, 14*, 127–158.
- McLeod, J., & Shanahan, M. J. (1993). Poverty, parenting, and children's mental health. *American Sociological Review, 58*, 351–366.

- McLoyd, V. C. (1988). Socioeconomic disadvantage and child development. *American Psychologist*, *52*, 185–204.
- Miech, R. A., Caspi, A., Moffitt, T., Wright, B. R., & Silva, P. (1999). Low socioeconomic status and mental disorders: A longitudinal study of selection and causation during young adulthood. *American Journal of Sociology*, *104*, 1097–1131.
- Miech, R. A., & Shanahan, M. J. (2000). Socioeconomic status and depression over the life course. *Journal of Health and Social Behavior*, *41*, 162–176.
- Mirowsky, J., & Ross, C. E. (2003). *Social causes of psychological distress*. Second Edition. Hawthorne, NY: Aldine de Gruyter.
- Moffitt, T. E., Caspi, A., Harrington, H., & Milne, B. J. (2002). Males on the life-course-persistent and adolescence-limited antisocial pathways: Follow-up at age 26 years. *Developmental and Psychopathology*, *14*, 179–207.
- Mortimer, J. T., Finch, M., Shanahan, M., & Ryu, S. (1992). Adolescent work history and behavioral adjustment. *Journal of Research on Adolescence*, *2*, 59–80.
- Mouw, T. (2005). Sequences of early adult transitions: A look at variability and consequences. In R. A. Settersten, Jr., F. F. Furstenberg, Jr., & R. G. Rumbaut (Eds.), *On the frontier of adulthood* (pp 256–291). Chicago, Illinois: University of Chicago Press.
- Newman, D., Moffitt, T. E., Caspi, A., Magdol, L., Silva, P., & Stanton, W. (1996). Psychiatric disorder in a birth cohort of young adults: prevalence, comorbidity, clinical significance and new case incidence from ages 11–21. *Journal of Consulting and Clinical Psychology*, *64*, 552–562.
- Osgood, D. W., Ruth, G., Eccles, J. S., Jacobs, J. E., & Barber, B. (2005). Six paths to adulthood: Fast starters, parents without careers, educated partners, educated singles, working singles, and slow starters. In R. A. Settersten, Jr., F. F. Furstenberg, Jr., & R. G. Rumbaut (Eds.), *On the frontier of adulthood* (pp 320–355). Chicago, Illinois: University of Chicago Press.
- Pearlin, L. I., Lieberman, M.A., Menaghan, E. G., & Mullan, J. T. (1981). The stress process. *Journal of Health and Social Behavior*, *22*, 337–356.
- Phelan, J. C., & Link, B. G. (1999). The labeling theory of mental disorder (I): The role of social contingencies in the application of psychiatric labels. In A.V. Horwitz & T.L. Scheid, *A handbook for the study of mental health* (pp 139–149). Cambridge, UK: Cambridge University Press.
- Quinton, D., Pickles, A., Maughan, B., & Rutter, M. (1993). Partners, peers, and pathways: Assortative pairing and continuities in conduct disorder. *Development and Psychopathology*, *5*, 763–783.
- Quinn, R. P., & Staines, G. L. (1979). *The 1977 Quality of Employment Survey*. Ann Arbor: Survey Research Center, University of Michigan.
- Roisman, G. I., Aguilar, B., & Egeland, B. (2004). Antisocial behavior in the transition to adulthood: The independent and interactive roles of developmental history and emerging developmental tasks. *Development and Psychopathology*, *16*, 857–871.
- Ronka, A., & Pulkkinen, Lea. (1995). Accumulation of problems in social functioning in young adulthood: A developmental approach. *Journal of Personality and Social Psychology*, *69*, 381–391.
- Rutter, M. (1989). Pathways from childhood to adult life. *Journal of Child Psychology and Psychiatry*, *30*, 23–51.
- Sampson, R. J., & Laub, J. H. (1993). *Crime in the making: pathways and turning points through life*. Cambridge, MA: Harvard University Press.
- Schnaiberg, A., & Goldenberg, S. (1989). From empty nest to crowded nest: The dynamics of incompletely launched young adults. *Social Problems*, *36*, 252–266.

- Schulenberg, J., O'Malley, P. M., Bachman, J. G., & Johnston, L. D. (2005). Early adult transitions and their relation to well-being and substance use. In R. A. Settersten, Jr., F. F. Furstenberg, Jr., & R. G. Rumbaut (Eds.), *On the frontier of adulthood* (pp 417–453). Chicago, Illinois: University of Chicago Press.
- Schulenberg, J., O'Malley, P. M., Bachman, J., & Johnston, L. (2000). Spread your wings and fly: The course of well being and substance use during the transition to young adulthood. In L. J. Crockett & R. Silbereisen (Eds.), *Negotiating adolescence in times of social change* (pp 224–255). Cambridge, UK: Cambridge University Press.
- Schulenberg, J., Sameroff, A., & Cicchetti, D. (2004). The transition to adulthood as a critical juncture in the course of psychopathology and mental health. *Development and Psychopathology*, *16*, 799–806.
- Shanahan, M. (2000). Pathways to adulthood in changing societies: Variability and mechanisms in life course perspective. *Annual Review of Sociology*, *26*, 667–692.
- Shanahan, M. J., & Hood, K. (2002). Adolescents in changing social structures: bounded agency in a life course perspective. In L. J. Crockett & R. Silbereisen (Eds.), *Negotiating adolescence in times of social change* (pp 123–134). Cambridge, UK: Cambridge University Press.
- Simmons, R. G. And Blyth, D. A. (1987). *Moving into adolescence*. New York: Aldine de Gruyter.
- Turner, R. J. (2003). The pursuit of socially modifiable contingencies in mental health. *Journal of Health and Social Behavior*, *44*, 1–17.
- Turner, R. J., & Avison, W. R. (2003). Status variations in stress exposure: Implications for the interpretation of research on race, socioeconomic status and gender. *Journal of Health and Social Behavior*, *44*(4), 488–505.
- Turner, R. J., & Lloyd, D. A. (1995). Lifetime traumas and mental health: The significance of cumulative adversity. *Journal of Health and Social Behavior*, *36*, 360–376.
- Turner, R. J., & Lloyd, D. A. (1999). The stress process and the social distribution of depression. *Journal of Health and Social Behavior*, *40*, 374–404.
- Turner, R. J., Wheaton, B., & Lloyd, D. A. (1995). The epidemiology of social stress. *American Sociological Review*, *60*, 104–125.
- U. S. Department of Education. (1994). *Creating a school-to-work opportunities system*. Washington, DC.
- Wheaton, B. (1978). The sociogenesis of psychological disorder: Reexamining the causal issues with longitudinal data. *American Sociological Review*, *43*, 383–403.
- Wheaton, B. (1994). Sampling the stress universe. In W. R. Avison & I. H. Gotlib (Eds.), *Stress and Mental Health: Contemporary Issues and Prospects for the Future* (pp 77–113). New York: Plenum.
- Wheaton, B., & Clarke, P. (2003). Space meets time: Integrating temporal and contextual influences on mental health in early adulthood. *American Sociological Review*, *68*, 680–706.
- Wheaton, B., & Gotlib, I. H. (1997). Trajectories and turning points over the life course: Concepts and themes. In B. Wheaton & I. H. Gotlib (Eds.), *Stress and Adversity Over the Life Course: Trajectories and Turning Points* (pp 1–25). Cambridge, U.K.: Cambridge University Press.
- Wickrama, K. A. S., Conger, R. D., Wallace, L. E., & Elder, G. H., Jr. (2003). Linking early social risks to impaired physical health during the transition to adulthood. *Journal of Health & Social Behavior*, *44*, 61–74.
- William T. Grant Commission on Work, Family, and Citizenship. (1998). The Forgotten Half: Non-college youth in America. *Youth and America's Future: The William T. Grant Commission on Work, Family, and Citizenship*.