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“I don’t want to grow up, I’m a [Gen X, Y, Me] kid”: Increasing maturity fears across the decades

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Abstract

The current studies examined the hypothesis that maturity fears are increasing among undergraduate men and women from the United States over time. Study 1 used a time-lag method to assess generational effects of maturity fears among a large sample ($n = 3,291$) of undergraduate men and women assessed in 1982, 1992, 2002, and 2012. Results revealed that both men and women reported significantly higher rates of maturity fears across time. Study 2 replicated these findings, and used a more restricted time frame to more closely examine the rate of change. Undergraduate women ($n = 554$) were assessed in 2001, 2003, 2009, and 2012. Maturity fears were again found to increase from 2001 to 2012. Recent cohorts of emerging adults seem more reluctant to mature than previous cohorts. Many contributing factors may be at play, including challenging economic times, social pressures to remain youthful, and/or internal fears of assuming increased responsibility.

Keywords

emerging adulthood; maturity fears; aging; college students; aging anxiety

Within the United States, negative stereotypes of elderly people are increasing (Miller, Miller, McKibbin, & Pettys, 1999), and younger people are being made to increasingly fear

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the normal aging process. The current societal standard for ideal beauty in the United States for both men and women is a young ideal. For example, a recent study found that over 80% of models depicted in the media are between the ages of 18 to 30 years old (Wasylikiw, Emms, Meuse, & Poirier, 2009). In fact, the American Academy of Anti-Age Medicine (A4M) was established in 1993 with the mission to “address the phenomenon of aging as a treatable disease” (Haber, 2004). Given the focus on youth within our society, and the push to view aging as a disease, it seems plausible that young adults may wish to revert to a time when they were not bothered with aging related concerns or fear of the aging process. But has the reluctance to mature among young adults really increased in recent years? The current study set out to address this question by using data from several cohorts to examine whether maturity fears have changed among college-aged students over the past several decades.

In addition to the increased focus on youth present in Western societies, the transition into young adulthood brings a host of new challenges that are not shared by younger adolescents (Arnett, 2000), and the prospect of facing these challenges may also contribute to fears of maturing. For instance, at this life stage many individuals are leaving home and “on their own” for the first time. They also often need to obtain employment to support their newly independent lifestyles. Given these new challenges, it is understandable that some may be reluctant to move out from under the aegis of adolescence.

Further, societal and economic changes over the past several decades appear to have exacerbated this hesitancy to embrace adulthood. Recent data from the United States on the achievement of typical developmental milestones suggest that young people are moving more slowly from the phase of late adolescence to that of adulthood. Young adults are staying in college much longer than prior cohorts, with close to half of college students still enrolled after six years (Shapiro et al., 2013). It also is becoming more common for young adults to move back in with their parents after college. Census data show that over 30% of young women and over 40% of young men are living with their parents; for women, this is the highest rate of family cohabitation since the 1940s (Fry, 2015). Individuals also are getting married and having children later than in previous decades. The median age of individuals getting married in 2011 was the highest it has ever been—28.7 for men and 26.5 for women (Cohn, 2011). Moreover, the average age for a woman having her first child has increased by four years over the last four decades (Centers for Disease Control [CDC], 2013).

Individuals are also starting their careers at later ages than seen previously, and the recent economic downturn appears to only have exacerbated this trend. Current census data found that over half (53.6%) of college graduates were un- or underemployed, which is the highest percentage in at least eleven years (United Census Bureau, 2012). Moreover, it has been noted that recent college graduates are more likely to work as “waiters, waitresses, bartenders and food-service helpers than as engineers, physicists, chemists and mathematicians combined” (Associated Press, 2012; Sum, With, & Palma, 2011). Researchers have argued that the delay of these important milestones necessitates the introduction of a new life stage, termed “emerging adulthood,” to characterize a period (ages 18–25) focused largely on self-exploration (Arnett, 2000). In the process of giving young

people more time to transition to adulthood, some young people may begin to fear leaving the comforts of adolescence for the demands of adulthood. In fact, researchers have argued that the so called “maturity gap,” or the time between the transition from adolescent to adult continues to widen and now lasts over a decade (Galambos & Tilton-Weaver, 2000). Perhaps it is no wonder that some emerging adults might face this precipice with trepidation.

The delays and economic conditions faced by cohorts over the past several decades appear to have affected their outlook and possibly even their mental health. For instance, Krahn and Galambos (2014) found that relative to young adults who graduated from high school in 1986, young adults who graduated from high school in 1996 reported greater job entitlement beliefs, despite the fact that well-paying, high-skill jobs were becoming harder to come by. The authors note “our findings are generally consistent with Twenge’s (2010) argument that recent cohorts of youth are becoming more entitled” (Krahn & Galambos, 2014, p. 106). In the current economic climate, these entitlement beliefs are a double-edged sword; young adults stand firm in the belief that they are entitled to solid job prospects while stumbling over the other young adults who also cannot find careers. Researchers further believe that the inability to find a career could thwart the successful progression of adolescents into adulthood (Arnett, 2004; Mortimer, Vuolo, Staff, Wakefield, & Xie, 2008), which in turn can negatively affect mental health (Galambos, Barker & Krahn, 2006). Given the increasing difficulty of launching one’s career, it may be that young adults are becoming more afraid of adulthood.

The trends discussed provide indirect support for the idea that today’s emerging adults may be experiencing more fears associated with the transition to adulthood than those in previous decades. In support of this, Galambos et al. (2003) conducted a cluster analysis to determine whether adolescents varied in terms of their psychological maturity. Three clusters emerged—adultoid, immature, and mature. Notably, the immature cluster was the largest cluster and comprised 44 percent of the sample. Galambos and colleagues (2003) note: “Immature adolescents differed from mature adolescents, with immature adolescents reporting ... a lower desire to acquire responsibilities and a lower level of industriousness... Immature adolescents seemed to recognise that they were on a slower track, but were not eager to take on the responsibilities of older people” (p. 254). Given that fear of aging is associated with lower wellbeing (Klemmack & Roff, 1984), reduced quality of life (Bowling, 2006), and increased risk for disordered eating and psychopathology (Gupta, 1990; Guptaxi & Schork, 1993; Slevac & Tiggeman, 2011), it is important to determine whether these fears are in fact increasing.

Current Study

We employed the time-lag method, which examines people of the same age across different generations or time points (Twenge et al., 2008). Importantly, this method separates age and generational effects, allowing for examination of potential influences of cohort/culture/generation on a particular outcome, such as maturity fears. The present study uses the time-lag method to examine changes in maturity fears among college-aged students by using the maturity fears subscale of the Eating Disorder Inventory (EDI; Garner, Olmstead, & Polivy, 1983), a standard eating disorder assessment tool. Reflecting initial theoretical work on

eating disorders (Bruch, 1978), the EDI was developed to assess relevant personality, interpersonal, and developmental risk factors for eating disorders, and this assessment incorporated maturity fears as a distinct subscale. As measured by the EDI, maturity fears refer to a desire to return to childhood, fears of becoming an adult, and facing the demands of adult life. Importantly, although the maturity fears subscale was developed as part of a specific theoretical model of the etiology of eating disorders (Bruch, 1978), data support its relevance across a broad range of psychopathology (Hurley, Palmer & Stretch, 1990).

We utilized two large cohort data sets in order to examine maturity fears among college students over time. Our first study, which included both men and women, consisted of four cohorts across three decades. The first cohort was assessed in 1982; each subsequent cohort was assessed every decade for the next three decades. Given that several lines of research suggest that men and women might differ with regard to maturity fears, we conducted our analyses separately in men and women. For instance, women have been found to have lower levels of confidence that they will achieve job success (Galambos, 1987), women have been found to hold stronger job entitlement beliefs than men (Krahn & Galambos, 2014), and the gender intensification hypothesis (Hill & Lynch, 1983) suggests that gender differences that manifest in adolescence may become more pronounced in adulthood. The second study also included four cohorts; however, this study consisted of women only and spanned eleven years. For both studies we predicted that there would be significant increases in maturity fears over the time period measured, and we expected these increases to be specific to maturity fears. Specifically, given research (Hoek, 2006; Keel, Heatherton, Dorer, Joiner, & Zalta, 2006) which has *not* found increases in anorexia nervosa and bulimia nervosa over the past several decades, we did not expect to find increases in other constructs measured by the EDI, such as bulimia and drive for thinness.

Study 1

Method

Participants and Procedures—Participants were women and men from a selective northeastern university in the United States who completed surveys for a larger community-based epidemiological study on eating and health related behaviors. More specifically, in the springs of 1982, 1992, and 2002, 800 female and 400 male college freshman or seniors were randomly selected to complete a self-report survey on health and eating attitudes and behaviors. In 2012, 800 female and 800 male college freshman or seniors were randomly selected to complete the survey. Of those randomly selected ($n=5,200$), 3,291 participated (63%). Specifically, in 1982, 624 women and 276 men participated; in 1992, 566 women and 233 men participated; in 2002, 542 women and 241 men participated; in 2012, 462 women and 347 men participated. Participants were representative of the randomly selected sample in terms of racial/ethnic distribution, but were not representative on gender because women were significantly more likely to participate than were men. More details on the sampling procedures for the original study are reported elsewhere (e.g., Keel & Heatherton, 2010; Keel et al., 2006). Participants from each cohort had a mean age of 20 ± 2 years and the ethnic/racial breakdown was as follows: 85.5% non-Hispanic, 6.6% Hispanic, 7.9% unreported; 66.7% Caucasian, 16.3% Asian, 6.4% African-American, 1.8% Biracial/Other,

0.5% Indian-American/Alaskan Native, .04% Native Hawaiian/Pacific Islander. This study was approved by the Institutional Review Boards of relevant institutions. All participants signed consent forms prior to initiation of the survey.

Measures—*The Eating Disorder Inventory* (EDI; Garner et al., 1983) is a commonly used measure of eating disorder risk factors and symptoms. The original EDI consists of eight different subscales, five of which were included in the original survey in 1982.¹ Three of these subscales more closely resemble personality factors that have been associated with eating disorders as well as other forms of psychopathology (e.g., Maturity Fears, Perfectionism, and Interpersonal Distrust) whereas the other two subscales more specifically measure disordered eating (e.g., Drive for Thinness and Bulimia). For the current study, the Maturity Fears subscale was used to test our primary hypothesis that fears of aging have increased over time. The other EDI subscales were used to assess the specificity of generational changes related to maturity fears versus other related constructs (e.g., disordered eating symptomatology, perfectionism). In particular, the Maturity Fears subscale assesses an individual's desire to retreat to the security of childhood. This abbreviated subscale consists of four items ("I wish that I could return to the security of childhood," "The happiest time in life is when you are a child," "I would rather be an adult than a child [*reverse scored*]", and "I feel happy that I am not a child anymore [*reverse scored*]"). The Perfectionism subscale consists of six items measuring aspects of perfectionism (e.g., "I have extremely high goals"). The abbreviated Interpersonal Distrust subscale includes five items that are meant to assess general feelings of inadequacy and worthlessness (e.g., "I need to keep people at a certain distance [I feel uncomfortable if someone tries to get too close]"). The abbreviated Drive for Thinness scale consists of five items (e.g., "I am preoccupied with a desire to be thinner"). The abbreviated Bulimia subscale includes six items more specifically related to eating behavior (e.g., "I have gone on eating binges where I felt that I could not stop"). All items were scored on a 1–6 scale ranging from "never" to "always." This measure has shown good reliability and validity in previous community-based samples of men and women, and reliability for the current study was good with Cronbach's alphas ranging from .73-.92 across subscales and cohorts.

Analyses—SPSS Version 20.0 was used to conduct MANOVA analyses. Univariate and follow-up contrasts were employed to test for specific differences in means. Effect sizes are reported as Cohen's *d*; values below .10 are considered small, values between .10 and .30 medium, and values above .50 are considered large (Cohen, 1992).² Scores on the EDI Bulimia and Drive for Thinness scales demonstrated positive skew. Given that skewness is unlikely to make a substantive difference in large samples (Tabachnick & Fidell, 2001), we present the results on the non-transformed scores; however, results were unchanged by analyzing log-transformed scores.

¹Given that the original study survey was created prior to the official publication of the EDI, the survey only included items from the original EDI that were available in 1982. These items were included in the final scales of the EDI and remained consistent across the different waves of data collection. Importantly, statistical analyses support factor invariance for the subscales used in the study and the EDI subscales published in 1983 between genders and across ages (Keel, Baxter, Heatherton, & Joiner, 2007).

²Effect sizes for follow-up comparisons are based on unadjusted means.

Results

There were no significant differences between cohorts with respect to age [$F(3, 3255) = 0.69, p = .56$]. However, gender and ethnic diversity varied across cohorts: gender [$\chi^2(3) = 44.70, p < .001$], ethnicity [$\chi^2(3) = 12.17, p = .007$]. Specifically, there were more women in each cohort than men, and there were also more men in the 2012 cohort than in the 1982 cohort ($\chi^2(1) = 27.49, p < .001$), 1992 ($\chi^2(1) = 32.87, p < .001$), and 2002 ($\chi^2(1) = 25.07, p < .001$). There were more men in 2012 compared to the other cohorts because men were sampled in equal proportion to women only in 2012. Further, the sample became more diverse over time, as there were more Hispanic participants in each subsequent cohort than the previous cohort (Cochran-Armitage trend test = 12.61, $p < .01$). This reflects the fact that the college population from which participants were drawn (and the broader US population from which college populations are drawn) has become increasingly diverse over time. We controlled for age and ethnicity (dummy coded: 0 = Non-Hispanic, 1 = Hispanic) in all analyses.

To evaluate the possibility of increasing maturity fears and to determine whether any such increases were specific to maturity fears as compared to other eating disorder related variables, Pillai's trace MANOVAs using all EDI scale scores examined in this study (Bulimia, Drive for Thinness, Interpersonal Distrust, Perfectionism, Maturity Fears) were conducted. Further, we conducted these analyses separately for women and men.

The MANOVA was significant in women [$F(15, 5952) = 11.04, p < .0001, d = .35$]. This overall effect was accounted for by significant changes in Maturity Fears, $F(3, 1986) = 30.20, p < .001, d = .41$, and Bulimia, $F(3, 1986) = 11.59, p < .001, d = .29$. The univariate ANOVAs for Drive for Thinness, Interpersonal Distrust, and Perfectionism were not significant.

Follow-up pairwise comparisons revealed significant *increases* in Maturity Fears from 1982 to 1992 (mean diff = 1.12, $p < .001$, 95% CI [0.70, 1.54], $d = .34$), from 1982 to 2002 (mean diff = 1.61, $p < .001$, 95% CI [1.18, 2.04], $d = .48$), from 1992 to 2002 (mean diff = .49, $p = .02$, 95% CI [0.08, 0.90], $d = .13$), from 1992 to 2012 (mean diff = .93, $p < .001$, 95% CI [0.50, 1.36], $d = .25$), from 2002 to 2012 (mean diff = .44, $p = .049$, 95% CI [0.003, 0.87], $d = .12$), and overall from 1982 to 2012 (mean diff = 2.05, $p < .001$, 95% CI [1.60, 2.50], $d = .63$), see Table 1.

Relevant to the issue of specificity, although there were significant changes in Bulimia, these changes all indicated *decreases* over time. Follow-up pairwise comparisons revealed significant decreases in Bulimia scores from 1982 to 1992 (mean diff = -1.79, $p < .001$, 95% CI [-2.43, -1.15], $d = .35$), from 1982 to 2002 (mean diff = -1.31, $p = .001$, 95% CI [-1.95, -0.66], $d = .25$), and from 1982 to 2012 (mean diff = -1.58, $p < .001$, 95% CI [-2.26, -0.91], $d = .31$), supporting our expectation that increases would be specific to maturity fears.³

³For all analyses in this study and in Study 2, when examining one of the EDI variables, covariance of the other EDI subscales did not alter the general pattern of results.

Results in men largely mirrored those in women, with a few exceptions. The MANOVA of EDI scale scores (Bulimia, Drive for Thinness, Interpersonal Distrust, Perfectionism, Maturity Fears) was again significant [$F(15, 2838) = 4.00, p < .0001, d = .29$]. For men, this overall effect was accounted for by significant changes in Maturity Fears [$F(3,948) = 10.71, p < .001, d = .35$] and Drive for Thinness [$F(3,948) = 3.87, p < .01, d = .20$]. The univariate ANOVAs for Bulimia, Interpersonal Distrust, and Perfectionism were not significant.

Follow-up pairwise comparisons revealed significant *increases* in Maturity Fears for men from 1982 to 1992 (mean diff = 1.31, $p < .001$, 95% CI [0.66, 1.95], $d = .41$), from 1982 to 2002 (mean diff = 1.73, $p < .001$, 95% CI [1.10, 2.35], $d = .54$), and overall from 1982 to 2012 (mean diff = 1.35, $p < .001$, 95% CI [0.76, 1.94], $d = .42$), see Table 1.

Finally, follow-up pairwise comparisons revealed significant *increases* in Drive for Thinness for men from 1992 to 2012 (mean diff = 1.34, $p = .001$, 95% CI [0.27, 1.44], $d = .29$), and from 2002 to 2012 (mean diff = 0.95, $p = .02$, 95% CI [0.16, 1.74], $d = .20$).

Study 1 Discussion

As predicted, maturity fears increased significantly among both undergraduate men and women during the time frame of 1982–2012. In contrast, most other constructs measured by the EDI, with one exception, decreased or stayed constant over this time period, providing some evidence of specificity. The one exception was the increase of Drive for Thinness among men from 1992–2012; it should be noted that this finding mirrors those reflected in a growing body of literature documenting the mounting pressures that men feel to be both muscular and thin (e.g., Ridgeway & Tylka, 2005; Smith, Hawkeswood, & Joiner, 2010).

This exception aside, while some of the variables we measured stayed constant over time (e.g., Perfectionism, Interpersonal Distrust) and others actually decreased over time (e.g., in women, Bulimia), Maturity Fears uniquely and robustly increased among undergraduates of both genders. These findings support our hypothesis that people reaching emerging adulthood at the current time struggle more than do past cohorts with regard to feeling overwhelmed and desiring to remain in adolescence.

Study 2

We sought to replicate findings using an additional sample of college women from a distinct geographic location in the United States. Also, instead of collecting data at widely spaced intervals (i.e., 10 years) as in Study 1, we examined data at more frequent intervals (i.e., 2–6 years) in Study 2, which allowed us to more closely examine the rate of change. We again predicted that there would be significant increases in maturity fears over the study period. We expected these increases to be relatively specific to maturity fears, and we did not predict significant increases in the other subscale scores of the EDI.

Method

Participants and Procedures—The second study consisted of women from a large, public southeastern university in the United States who completed questionnaires about disordered eating and related variables in exchange for course credit. Questionnaires were

completed in 2001 ($n = 96$), 2003 ($n = 152$), 2009 ($n = 196$), and 2012 ($n = 206$). The mean age of each cohort ranged from 18.47–19.10 years. With regard to ethnicity, 80.4% were non-Hispanic, 10.3% were Hispanic, and 9.4% did not report their ethnicity. The total sample was 67.6% Caucasian, 2.1% Asian, 24.2% African-American, 0.9% American Indian/Alaskan Native, 1.0% Other, and 4.2% did not specify their race. Age and ethnic diversity varied across cohorts: age [$F(3, 558) = 3.00, p = .03$]; ethnicity [$\chi^2(3) = 16.48, p = .001$]. Specifically, the 2009 cohort was younger than the 2012 cohort [mean diff (S.E.) = $-0.62 (.22), p = .02$]. Further, as with Study 1, there were more Hispanic participants in each subsequent cohort than the previous cohort (Cochran-Armitage trend test = 13.83, $p < .01$). The percentage of African-Americans also increased and decreased over time. We controlled for age, ethnicity (dummy coded: 0 = Non-Hispanic, 1 = Hispanic), and race (dummy coded: 0 = African-American, 1 = non African-American) in all analyses. Informed consent was provided prior to participation in the study and all procedures were approved by the university's Institutional Review Board.

Measures—Participants completed the full EDI (Garner et al., 1983), which is described in detail above for Study 1. The analyses focused on the full versions of the five subscales that were used in Study 1: Bulimia (7 items), Drive for Thinness (7 items), Interpersonal Distrust (7 items), Perfectionism (6 items), and Maturity Fears (8 items). Cronbach's alphas for the subscales in this sample ranged from .75–.90.

Results

Pillai's trace MANOVAs of EDI scale scores (Bulimia, Drive for Thinness, Interpersonal Distrust, Perfectionism, Maturity Fears) were conducted. The MANOVA was significant [$F(15, 1356) = 3.80, p < .0001, d = .41$]. This overall effect was accounted for by significant changes in Maturity Fears [$F(3, 454) = 3.71, p = .01, d = .31$], and Interpersonal Distrust [$F(3, 454) = 13.97, p < .001, d = .59$]. The univariate ANOVAs for Bulimia, Drive for Thinness, and Perfectionism were not significant.

For Maturity Fears, follow-up pairwise comparisons revealed significant *increases* in Maturity Fears from 2003 to 2012 (mean diff = 2.24, $p = .002$, 95% CI [0.83, 3.64], $d = .37$), and overall from 2001 to 2012 (mean diff = 1.84, $p = .05$, 95% CI [0.003, 3.68], $d = .32$), Table 2.

For Interpersonal Distrust, follow-up pairwise comparisons revealed both significant *increases* and *decreases*, although there was an overall significant increase in scores from 2001 to 2012 (mean diff = 2.20, $p = .01$, 95% CI [0.55, 3.84], $d = .51$). Specifically, scores increased from 2003 to 2009 (mean diff = 4.96, $p < .001$, 95% CI [3.32, 6.61], $d = 1.04$), and then decreased from 2009 to 2012 (mean diff = $-2.79, p < .001$, 95% CI [$-4.31, -1.27$], $d = .50$).

Study 2 Discussion

As predicted, maturity fears increased in a sample of undergraduate women from 2001 to 2012. These findings replicate those from Study 1, providing additional evidence to support the idea that emerging adults are experiencing difficulty with the transition from the relative

shelter of adolescence to the relative independence of adulthood. Our specificity prediction was partly supported. As expected there were no significant changes in either Drive for Thinness, Bulimia, or Perfectionism, and the changes in Interpersonal Distrust, though significant, did not conform to a coherent overall pattern.

General Discussion

We examined whether undergraduates' fears of maturing into adulthood have increased over the last few decades. Specifically, we collected data from two different universities over time periods that captured generational shifts (Study 1) as well as rapid changes that occurred within the later period of observation among this new developmental group of emerging adults (Study 2). In both Studies 1 and 2, we found evidence that undergraduate women from recent cohorts have notably more fears about entering into adulthood than those from past cohorts. In Study 1, we also evaluated this tendency among undergraduate men and found similar results; undergraduate men in 2012 report more fears related to the maturation process than undergraduate men did in 1982. Taken together, these results provide converging evidence that undergraduates today experience more fear related to facing the demands of adult life than undergraduates in the past.

Our findings on maturity fears conformed to *a priori* predictions; our supplemental predictions on the specificity of effects to Maturity Fears versus other EDI dimensions received considerable though not complete support. Overall, as expected, other EDI dimensions did not show systematic and consistent increases across studies (unlike Maturity Fears). In particular, we found an increase in Drive for Thinness among men in Study 1, and in Study 2, we found an increase in Interpersonal Distrust among our female sample. To the degree that the findings are stable, they may be reflecting specific aspects of the general maturity fears processes we have studied in this paper. Said differently, Interpersonal Distrust may be related to fears of maturing. Our finding that Drive for Thinness increased among men in Study 1 may be reflective of a real phenomenon, though further replication is needed. In support of this finding, other rigorous research has found that as men age and get heavier they become more concerned with their weight (Keel, Baxter, Heatherton, & Joiner, 2007).

An increasing fear of maturity is worrying, not only because this process is inevitable and natural, but also because a fear of maturity makes aging harder to bear and negatively impacts psychological well-being (Bowling, 2006; Klemmack & Roff, 1984; Gupta, 1990; Guptax & Schork, 1993; Slevic & Tiggeman, 2011). Indeed, a failure to achieve and accept appropriate maturity status may lead to the inability to successfully transition to adulthood. Specifically, it may adversely affect the development of one's own identity, capacity for intimate relationships, and/or behavioral and financial independence (Galambos et al., 2003). Thus, increased maturity fears could have a broad, maladaptive effect on society as a whole if they interfere with successful transition across developmental stages. Future studies specifically examining links between maturity fears (e.g., EDI subscale) and potential indicators of delayed transition (e.g., longer times spent in college, delayed family formation) may further elucidate potential consequences of this phenomenon.

Given potential adverse effects of increased maturity fears, it is important to better understand what might account for the rising levels of maturity fears among undergraduates. Speculation must be used when attempting to explain this observation, as empirical studies on adolescents' and young adults' fears related to the natural aging process are almost entirely absent from the literature. Furthermore, it is likely that several processes (e.g., social, psychological, biological) have contributed to increased maturity fears among young adults. Recent cohorts in the United States may be more worried about their transition to adulthood, given that their prospects to successfully perform this transition may be realistically more negative than those of prior cohorts. Perhaps in light of these economic changes, parents appear to be more controlling and protective of their children. For instance, in the early seventies approximately 80 percent of children in the United Kingdom walked to school by themselves; currently that percentage is estimated to be lower than ten percent (Hillman, Adams, & Whitelegg, 1990; Rosin, 2014). These changes in parenting may leave children feeling less prepared to take the risks that are required of the transition from childhood to adulthood, and in turn, increased fears of doing so.

Another possible explanation for the increased fears related to the transition to adulthood observed in the current study can be deduced from Twenge et al.'s (2008) finding that levels of narcissism are higher among current undergraduates than previous undergraduates (Twenge et al., 2008). Emerging adults who have been given things they want easily, or at least believe they should be entitled to getting things they "deserve," may experience heightened anxiety when they reach a developmental phase that requires them, for the first time, to accomplish important things for themselves. Given the additional context of the recent economic downturn, young men and women preparing to leave college may feel more anxious about their ability to create a flourishing, independent life for themselves than their peers before them. As a result, they may feel mounting concerns and fears about becoming young adults.

There are some important limitations of the current studies that should be considered when interpreting our results. First, we assessed the construct "fear of entering adulthood" using a single measure, namely, the Maturity Fears subscale of the EDI (Garner et al., 1983). Although this subscale examines participants' feelings surrounding progressing to adulthood versus remaining in childhood, it does so in a somewhat circumscribed manner. Until a better measure of the process that emerging adults go through is designed, however, the Maturity Fears subscale of the EDI seems useful. In fact, the most well validated and commonly used measure assessing fears related to the aging process (e.g., The Anxiety about Aging Scale, Lasher & Faulkender, 1993) focuses almost exclusively on fears related to late life aging, which differs significantly from the construct being assessed in the current study. A better measure of the process by which individuals transition from adolescence to adulthood will allow researchers to evaluate various mechanisms that may explain the current results. For instance, if fears about transitioning from childhood to adulthood are linked to narcissism then they could also be linked to fears of transitioning from adulthood to late life, as every day would take one a step closer to death. However, if the concerns expressed by emerging adults are unique to this new developmental group, then they may be unassociated with how people feel about the transition from the already established developmental period of adulthood to late adulthood. It is also possible that both personality

factors, like narcissism, and changing environments impact how anxiety provoking these life transitions may be.

Another limitation is that we only included college undergraduates in our samples, which limits our ability to generalize our results related to maturity fears to similarly aged non-college groups, and also to people from different developmental groups. College students differ from their same aged peers who do not attend college in some important ways). Whether these differences would also impact the patterns found for maturity fears is unknown. Further, although we found evidence for increased maturity fears among emerging adults, our data do not allow us to assess whether individuals in their 30's and beyond also are more fearful of the maturing or aging process now than they were historically. Indeed, despite strengths of the timelag design, this method cannot distinguish between generational effects (i.e., that affect only young people) and time-period effects (i.e., that affect everyone in that period).

These limitations are at least somewhat mitigated by key strengths of the current work. Our findings for maturity fears were consistent and were replicated across two samples, and in Study 1, replicated within the sample (i.e., they held in men as they did in women). This consistency in findings occurred despite the fact the two samples and approaches of the two studies were distinct along numerous dimensions: the Study 1 sample was from a highly selective private university, whereas the Study 2 sample was from a large public state university; the Study 1 sample was collected in the northeast U.S., with students attending the university from all over the U.S. and world, whereas the Study 2 sample was collected in the southeast U.S., with the majority of students attending from the home state of the university; Study 1 tracked cohort changes over a thirty-year interval starting in 1982, whereas Study 2 sampled cohorts over an eleven-year interval starting in 2001; Study 1 used randomly selected cohorts from across the university whereas Study 2 used a convenience sample of psychology subject pool participants; and Study 1 used an abbreviated form of the EDI, whereas Study 2 used the full version. The convergence of the maturity fears results despite these various differences, lends further confidence to our conceptualization and results.

Given that almost all past studies on anxiety related to the aging process focus on perceptions of elderly people, there are many interesting future directions that researchers should pursue. First, as noted above, there is room for the development of a measure that would validly and comprehensively assess people's fears related to aging or transitioning processes at various points in development (e.g., from childhood to adolescence, from adolescence to adulthood, etc.). Second, researchers should attempt to discern the unique fears that individuals from various age groups (or cultures) possess when thinking about aging processes and those fears that commonly affect people across the entire developmental lifespan (or across cultures). Additionally, if maturity fears are shown to be widespread, the development of programs that help people mature and transition into different life stages more gracefully and without so many anxieties may be warranted. Moreover, future studies examining predictors of change in maturity fears over time is imperative to test hypotheses generated by the current research, including the specific influence of both historical and social contexts on adolescent development. Similarly, future studies examining associations

between the maturity fears subscale of the EDI or other measures of this construct and longer times spent in college or delayed family formation may better inform the impact of these fears on individuals.

In sum, our results indicate that today's emerging adults seem reluctant to take on life's next chapter. Many contributing factors may be at play, including challenging economic times, social pressures to remain youthful, and/or internal fears of assuming increased responsibility. Future research is needed to illuminate the processes that have contributed to changes in young adults' reactions to natural maturation. Health, youthfulness, and protection can be considered as valuables (though so can wisdom, experience, and knowledge). Maturity's wisdom, knowledge, and experience are precious, hard-won, and nothing to fear.

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Table 1

Study 1 Eating Disorder Inventory subscale scores in male and female cohorts

	1982 Mean (SD)	1992 Mean (SD)	2002 Mean (SD)	2012 Mean (SD)	
Women					
	(n = 624)	(n = 566)	(n = 542)	(n = 462)	d
Maturity Fears	10.21 (3.08)	11.36 (3.69)	11.82 (3.61)	12.26 (3.47)	.43**
Bulimia	14.45 (5.11)	12.67 (4.98)	13.14 (5.41)	12.86 (5.21)	.26**
Drive for Thinness	15.92 (6.35)	15.21 (6.49)	15.04 (7.03)	15.64 (6.51)	.11
Perfectionism	23.02 (5.39)	23.61 (5.56)	22.81 (5.06)	23.15 (5.61)	.11
Interpersonal Distrust	12.25 (4.01)	12.76 (4.47)	12.16 (4.08)	12.23 (4.11)	.11
Men					
	(n = 276)	(n = 233)	(n = 241)	(n = 347)	d
Maturity Fears	10.63(3.10)	11.96 (3.44)	12.34 (3.31)	11.97 (3.26)	.37**
Bulimia	10.32 (3.29)	9.44 (3.37)	9.69 (3.13)	9.94 (3.70)	.18
Drive for Thinness	9.30 (4.48)	8.56 (4.48)	8.97 (4.70)	9.93 (5.00)	.22**
Perfectionism	22.69 (5.03)	23.07 (4.91)	22.49 (5.26)	22.91 (5.39)	.09
Interpersonal Distrust	13.17 (3.94)	13.47 (4.31)	13.18 (4.28)	12.92 (4.31)	.09

Note. The range of scores for the Eating Disorder Inventory subscales are as follows: Maturity Fears (4–24), Bulimia (6–36), Perfectionism (6–36), Drive for Thinness (5–30), Interpersonal Distrust (5–30). Higher scores indicate greater pathology. Entries marked with asterisks indicate significant cohort differences.

* $p < .05$,

** $p < .01$.

Table 2

Study 2 Eating Disorder Inventory subscale scores in female cohorts

	2001 Mean (SD) (n = 96)	2003 Mean (SD) (n = 152)	2009 Mean (SD) (n = 196)	2012 Mean (SD) (n = 206)	d
Maturity Fears	23.57 (6.18)	23.18 (6.82)	23.95 (5.88)	25.45(6.02)	.31**
Bulimia	14.60 (5.11)	14.67 (6.13)	14.05 (5.81)	15.13 (6.20)	.11
Drive for Thinness	22.08 (9.17)	21.35 (9.54)	21.55 (8.59)	21.85 (8.72)	.11
Perfectionism	22.20 (5.14)	23.19 (5.61)	23.72 (5.22)	23.14 (5.86)	.13
Interpersonal Distrust	17.18 (5.77)	17.39 (5.42)	22.73 (5.32)	20.15 (5.76)	.61**

Note. The range of scores for the Eating Disorder Inventory subscales are as follows: Maturity Fears (8–48), Bulimia (7–42), Drive for Thinness (7–42), Perfectionism (6–36), Interpersonal Distrust (7–42). Higher scores indicate greater pathology. Entries marked with asterisks indicate significant cohort differences.

*
p < .05;

**
p < .01.