CHAPTER 5

DISRUPTIONS AND OBSTACLES IN THE LIVES OF EMERGING ADULTS

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The gradual emergence of adult life involves major transitional experiences that bring, for most young people, fresh realizations about themselves and their place in the social world. It also brings adjustments of earlier expectations of what they can look forward to achieving in a long adult future. Emerging adults expect new things for themselves: new achievements, relationships, and opportunities. In turn, the social world expects new things of them and exerts pressure on them to take up adult roles and responsibilities. Most agree that people moving through this transitional period are directing their attention and efforts toward establishing their careers (Messersmith, Garrett, David-Kean, Malanchuk, & Eccles, 2008), forming stable close relationships (Collins, Raby, & Causades, 2012), and constructing identities that give a sense of personal continuity and a place in the world (Schwartz, Côté, & Arnett, 2000; Tanner, 2005).

There is a running debate about whether these changes in emerging adults involve transitional moves from adolescence into adult life or, rather, whether emerging adulthood constitutes a separate life period in its own right (see Arnett, 2000).
Kloep, Hendry, & Tanner, 2011, for the two sides of the debate). Neither position, however, affects the agreement by these and other researchers that the years roughly between ages 18 and 30 are years of significant change in young people’s experiences, particularly in the encounters among young people, social institutions, and the norms those institutions uphold (Furstenberg, 2010; Shanahan, 2000).

A person’s move into adulthood can give the appearance of a seamless, natural progression. Hartmann and Swartz (2006), for instance, interviewed 54 young adults in Minnesota who were convinced that they were on individualistic pathways into adulthood that “enabled each person to choose their own way in a manner that more accurately reflected his or her true personal desires and readiness for social roles and responsibilities” (p. 14). That surface appearance of self-determination and smooth progression may seem to be what is happening to outside viewers who observe the progress of high achievers already on professional career paths. Surface appearances, however, usually hide the challenges, disruptions, and obstacles that young people see in their own dynamic encounters with the social institutions that channel their progression into full adult life.

Person-by-institution encounters, for example, can bring disruptions to the future goals and present interests of young people: to their perceptions of where they are now and where they want to be in the near and far future. The nature and extent of such disruption depend largely on the concordance or discordance that exists between the perceptions and demands of young people and those presented to them by social institutions. It is easy for young people to interpret the regulations and timetables of lectures or work, for instance, as irritants getting in the way of their personal agendas.

The transitional experiences of people in their twenties rarely occur without some form of reassessment and reorganization of goals, priorities, and commitments. Moves into adulthood, like into any other period of life, can be seen as instances of a lifetime series of “on-going transformations” (Kloep & Hendry, 2011, p. 57). As they enter new forms of social involvement, emerging adults encounter new demands on their attention and efforts that, in the process of negotiation, provoke changes in them, as well as in their institutions. Staude and Kunzmann (2005) define the ensuing changes as either promoting their growth, as transformations within the person (e.g., increasing insight, wisdom, or virtues), or as promoting their social adjustment (e.g., fitting into society and adapting to societal circumstances and norms).

Transformational change and adjustment may be endemic to the natural order of human development, but that does not always make the experience attractive or palatable. Sometimes the normal processes of challenge and response meet with resistance. People do not always welcome messages that their current ways of thinking or acting do not fit well with their new roles and responsibilities. The organic human system prefers equilibrium and stability over the discomfort of disruption and adjustment (Riegel, 1979). Some form of systemic and mindful openness to changing circumstances and requirements, however, is what allows the organic system to reassess, adjust, and become more functionally competent. Functional competence, of course, may not always equate with social compliance (Kuczynski, Pitman, & Mitchell, 2009).

Lack of openness to change amounts to a state of foreclosure in which young adults cannot or do not move on into adult forms of functioning and fall back onto past, usually family-oriented and child-like plans and pathways (Marcia, 2002). Anything other than this kind of closedness, however, opens up emerging adults to challenges to past certainties and pressures and an openness to consider revising priorities and activities for the way forward. Young people’s pathways into adult life, then, can be seen as naturally involving disruptions and transformations as they live in relation to social systems that are changing. At the same time, these social systems are eliciting changes in each person within them. Social life is both canalized and constrained by societal institutions (Valsiner & Lawrence, 1997).

As people approach adult years and roles, some familiar institutions begin to make novel demands on them, for example, when the family wants them to take responsibility for handling their money and possessions (e.g., checking insurance payments and car oil levels). Health systems reorganize their interactions with people over age 18 in ways that can shock those who are used to more supportive child-oriented services. Davis (2003), for example, describes how 18-year-olds in the United States have to find their own bridges out of child-oriented health services into services organized for adults. Many young people with illnesses or disabilities fumble this particular transition, dropping out of the system and sometimes jeopardizing their long-term health in the process (Kelly, Lawrence, & Dodds, 2005).

Other institutions offer entirely new experiences and make different kinds of demands on the emerging adult. Society, for example, expects them to vote. In Australia, people over 18 years of age are liable to fines if they do not vote. Forms of negotiation with educational institutions, like universities, expect students to take on new dimensions of self-directed learning, although the expected forms are not always clear. It is not a simple matter for young people to know when to assert independence and self-determination and when to accommodate to institutionalized authorities (Lawrence & Dodds, 2007).

With some institutions now altering familiar activities and others requiring new forms of negotiation, social experiences are not likely to be smooth and steady for emerging adults, especially when they are dealing with several of these institutions simultaneously. Encounters can be expected to disturb a person’s equilibrium as the different spheres in their life situations move in and out of synchrony with each other. We call these different arenas of activity spheres, allowing for the variety of forms they may take: inner-biological, individual-psychological, cultural-social, and outer-physical “temporal concurrent sequences” in Riegel’s (1979, p. 12) account. Riegel’s terminology emphasized their dynamic nature in both time and space. Kloep and Hendry (2011) recently called them elements.
elements of an open system which self-organizes and is relatively stable from time-to-time, but every so often is brought into imbalance and has to reorganize itself on a different, more complex level" (p. 65). For them, the open system is the totality of all these elements that is nature. We prefer using sphere to denote the separate kinds of activity and to allow for different manifestations within them. The terminology, however, is not the most important factor. Rather, the essence is that of different and changing arenas, dimensions, and spheres of activity that are moving in dynamic encounters and reencounters with each other. In Riegel's (1979) terms, these spheres are dynamically evolving and dynamically related:

The organism, the individual, society, and even outer nature are never at rest, and in their restlessness they are rarely perfectly synchronized. Nevertheless, synchronization is the major goal. It can only be achieved through human efforts. There is no pre-established harmony. (p. 13)

In this account, change occurs when two spheres of activity become out of step and the ideal of synchronization between them breaks down. From this dialectical perspective, disruption and reorganization can be viewed as a natural part of people's developmental progressions and a natural outcome of their institutionalized life. When two spheres of life are not synchronized (i.e., out of kilter), people attempt to restore synchrony for which, from a dialectical perspective, they strive, but ultimately this is illusion in a developing system. According to Riegel (1979), efforts seeking to restate synchronization and its equilibrium bring change to the organismic system and issue in a transformation that can be a "developmental leap" (p. 13). Disruption and ensuing transformation, then—not a steady state—is critical for developmental change.

We are interested in two forms of disruption in the lives of individuals moving into adult life, particularly in the obstacles they encounter as they deal with the changing circumstances of the fluid contemporary world. One form of disruption involves normative experiences that are part of the usual processes of development. In considering this form of disruption, we focus on the obstacles that arise within early career paths into medicine and dentistry. The other form of disruption is a form of personalized experience that goes beyond situations faced by most young people. It involves dealing with a chronic illness (in this discussion, type 1 diabetes) that brings its particular disruptions to transitional progressions.

CONCERNS OF CONTEMPORARY EMERGING ADULTS

The pathways that young people take into adult life are particularly sensitive to the liquidity of twenty-first-century society, where nothing keeps its shape and when social forms change at great speed (Bauman, 2000). Starting along a career path presents specific challenges for young people within the current fluidity of global movements, financial uncertainty, and transformations of the professions.

It is likely, for instance, that any beginning career pathway will be significantly transformed before the end of a working life.

Many young people in Western countries are spending more years in education than did previous generations, especially those in training for the professions, where entry is fiercely contested. Universities, at least in Australia, have raised entry restrictions and requirements to such a level that only 5% or 10% of qualified applicants are accepted into professional courses. Final graduation into a profession such as medicine can take from 6 to 10 years.

People embarking on these long roads to adult prosperity must also find support for themselves while training. The financial burden of university fees and the cost of independent living keep many of them living at home until they are 30 years or older (Seiffge-Krenke, 2010). Few societies, with the possible exception of Scandinavian countries, offer clear pathways with easily accessible resources that include substantial state financial support.

In addition to career and academic uncertainties, contemporary forms of relationships with parents, peers, and especially romantic partners also have become more fluid (Collins et al., 2012). The social acceptability of different forms of intimate partnerships, for instance, allows young people to follow their hearts. Society offers them a wealth of ways to mark their movements in and out of relationships (e.g., Facebook sharing of photographs and intimate details). When social institutions place constraints on young people's preferred arrangements (especially marriage or alternatives for heterosexual and homosexual couples), there are loud, public outcries. Young people resent being socially constrained in their choices.

Most social arrangements are open to negotiation precisely when the clear structures of the past have broken down and have left the individual person with the responsibility of carving out a personal pathway through the "separable functional spheres" that Beck and Beck-Gernsheim (2002) argue exemplify late modernity. Disconnections between institutions leaves the person as the effective agent who must bring individualized coherence and sense to spheres of activity that do not come together otherwise or elsewhere than in personal experience.

As a consequence, according to Beck and Beck-Gernsheim (2002), young people need to construct Do-It-Yourself Projects that allow them to coordinate the different aspects of their lives, while each social institution tactically operates as if each person answers exclusively to it. Employers, for instance, expect students to turn up for work when the workplace is busy and to miss out on pay when it is slow. University lecturers set class hours and assignment times that take no account of work, celebrations, or other seasonal rhythms. Sports coaches and managers set punishing training schedules. The young person, then, has to coordinate conflicting institutional requirements and personal preferences. One set of requirements and timetables can easily become a disruption to another, and this clash can become an obstacle to the young person's coordination of the whole.
Obstacles also may arise within the person. Particularly frustrating is the inner-biologically driven desire for a close partnership when it is accompanied by individual-psychological feelings of self-doubt and social ineptitude. Genetically affected abnormalities and disease that impede a person's intellectual or social life are well-documented examples of asynchrony between inner-biological and individual-psychological spheres (e.g., psychological responses to infertility) (Jaffe & Diamond, 2011). Young people's own motivation, aspirations, learning styles, and genetic structures can raise barriers to their preferred pathways. Personal insecurities and doubts can hold back aspirations for achievement. The plan to invent a lucrative computer game, for instance, may be out of step with the talent required by industry and the unrealistic assessment of one's self-styled genius.

It is especially likely, however, that obstacles to particular intentions and pathways will arise in asynchronous encounters between personal and social agendas and concerns. Those meetings are always contextualized. Each happens in a situation in which a person is functioning. It may be a family, a university, or a workplace. Each system brings into that concrete situation its own multiple, interlocking features and pressures that are available to interact with the multiple interlocking features of the other systems involved (Lerner, Lerner, Almerigi, & Theokas, 2006). The systems are complex and lively. Their situational meetings are even more complex than it may appear to the person in the situation. Thus, an emerging adult university student is never only that. He or she is also a flat-mate who is scheduled to do the cooking that night, a lover whose partner may be having problems at work, a family member in a family where another member has been thrown out of work or become ill, and a part-time employee who is expected to turn up for work on time. While a student is pursuing career goals and pathways, he or she is part of this and other complex situations where several evolving systems move in and out of synchrony. Each student's goals, then, are formed and pursued within complex networks of people and institutions, and each student's goals are liable to disruption from a variety of sources.

OBSTACLES TO STUDENTS' GOALS

For our initial analyses, we asked elite students about their goals and any obstacles that may be blocks to those goals. We also asked what strategies they would use to deal with those obstacles.

Personal goals are an important feature of emerging adult experience. Bühler and Massarik (1968) argued that the years from 18 to 25 are a time in life when vague aspirations become concrete goals and not only drive future planning but also present strivings. Their striving toward particular goals takes young people in different directions, and these directions have developmental consequences (Lawrence & Dodds, 2003). The choices that people make and the directions to which they give attention have “here-and-now” as well as “one-day” elements. A clear example comes from Budgeon (2003). A young, single pregnant woman knew that people would see her early parenthood as a barrier to doing “anything with
her life.” However, she was determined not to construct her identity in that way. She wanted to continue her education so she could have more possibilities. That goal led her to enroll in a life skills program that, in turn, opened up the way to a productive job. What appeared to be an insurmountable obstacle to becoming anything but a factory worker sharpened her sights and the pathway toward it.

Emerging adults must pay attention to their career prospects and to starting in the direction of a career (Salmelo-Aro, Auonla & Nurmi, 2007). At the same time, they are naturally gearing up to independence and lifestyles full of choice.

Bühler and Massarik’s (1968) analysis of a dual-focus fits within the twenty-first century with Beck and Beck-Gernsheim’s (2002) Do-It-Yourself and Twenge’s (2009) “I want it all” analyses. Each of these approaches also indicates the importance of any blockages to goals and plans.

Method

Participants were 57 students with anticipated obstacles to their goals for the following 10 years: 42 dentistry students (24 men, 18 women) and 15 medical students (4 men, 11 women) from a large Australian university with a mean age of 22.73 years (SD = 2.39). They were all part of a larger study of the developmental experiences of 191 students (Dodds, Glisham, & Nyugen, 2012). We recruited all students as volunteers through lectures and asked them to complete a number of tasks in an interactive, self-administered computer interview. They worked online on their own computers and at their convenience, submitting their data to a secure portal.

Analyses reported here are the students’ descriptions of their goals, the obstacles in the way of achieving their primary goal, and their strategies for dealing with those obstacles. Prompted by questions asking for open-ended answers, all students listed the three goals they had for the next 10 years and then specified their most important goal. The program then asked about any obstacles: “Is there anything likely to get in the way of your achieving your most important goal for the next 10 years, or do you see yourself achieving this goal without obstacle?” Students chose one of three forced-choice answers: “Yes, there is something in the way”; “No, there is nothing in the way”; or “I’m not sure.” Using branching questions, the program then asked students who said they had something in the way to describe the nature of their obstacle(s) in a free-text box. It then asked, “You said there was something in the way of achieving your goal. How are you proceeding to achieve your goal?”

We separately categorized three sets of responses for the 57 students: their self-identified most important goal, obstacle(s), and strategies. All comments were double-coded by two researchers who resolved any differences by discussion. Perfect inter-judge agreement was found for the following percentages for the three sets of coding: 97% of 57 goals, 96% of 74 individual obstacles, and 86% of 77 strategies. (Some students identified multiple obstacles or strategies.) The

![FIGURE 5.1. Goal, Obstacle, Strategy Categories, with Percentages of Fifty-seven Students Identifying Categories](image)

three sets of categories are described, with their internal percentages and examples, in Figure 5.1.

Findings

The students’ primary goals were most frequently related to career (37%), followed by personal goals (25%) and academic and social goals (19% each), as shown in Figure 5.1. Career goals (G1) were to become either a doctor or dentist, and some students also mentioned the dimensions of that achievement (e.g., becoming a good or competent professional or specializing in a particular field). Personal goals (G2) were mostly psychological in nature, related to improving oneself or one’s state (becoming better or being happy or “well-balanced, healthy, happy, healthy, satisfying, and meaningful”) according to one female dentistry student. Academic goals (G3) invariably addressed passing the course and exams or doing well. Social goals (G4) were related to students’ desires for social connectedness with friends or family or, for a handful, “to have a family of my own.” No differences were found in goal patterns for either course or gender.

Obstacles were spread across five categories, with no systematic associations with specific goals. The most frequently identified obstacle, however, was related
to the routine experiences of being a student (O1; 42%); students voiced their concerns about either not doing as well as they had hoped academically (e.g., “chance of failing exams”) or finding the university’s regulations and procedures difficult (e.g., “the insane demands of medical training”).

Other obstacles were related to the self and, in particular, to psychological failings or poor motivation (e.g., “my own weaknesses” or “laziness”): O2; 30%. Overall agency and control of one’s life, especially the lack of control, formed the obstacles for another 19% (e.g., the problem of not managing the balance: “trying to handle it all at once”). Social obstacles arose from the contingencies of social life, for example, with parents or one’s own children (O4; 16%). A small group of students stated their health was a major obstacle to living how they wanted (O5; ill-health issues, 11%).

Strategies for proceeding toward their goals described four different kinds of activity the students were currently using or intended to use to overcome their obstacles and reach the goals. Again, there were no systematic associations with specific goals or obstacles across the set. Self-improvement strategies (S2) were most frequently specified (47%) and mainly involved working on oneself (e.g., “trying to look after myself”). These self-improvement—and also routine study strategies (S1; 30%)—were mostly expressed in the present tense (e.g., “I am studying,” “I am re-assessing the things in life that make me happy”). Ten (23%) of these self- and study-related strategies also specifically mentioned “trying” but without any sense of effectiveness (e.g., “I am trying not to be lazy,” “I am trying to look after myself,” “I am trying to study hard and to do well,” “I am trying to cope”). A few students expressed future intentions (e.g., “I would say that I am willing to work harder in my study, but I’m not sure if good results can land me a decent job”; “I plan to study another postgraduate study”).

Students frequently mentioned multiple strategies (e.g., “gather as much knowledge as I can, improve clinical skills, work on social skills, maintain healthy relationships with family, friends and relatives” [coded Routine & Social]). Patterns of internal consistency within the responses of individual students were identified, even though their comments about goals, obstacles, and strategies were in response to sequenced questions, without the possibility of return to an earlier question.

Examples of individualized patterns are shown in Figure 5.2, which presents qualitatively the goal-obstacle-strategy responses of four students with different goals. These illustrative cases present all of each student’s typed-in sequential comments and the goal-obstacle-strategy structure.

At (A), a medical student (MM2), whose goal is starting his career (G1), identifies two obstacles related to his lack of commitment and certainty (O2) and not taking control to stop “wasting too much time studying” (O3: Agency Control). He is progressing toward his goal by studying and prioritizing study over other things he could do (S1 and S3). So while this student identifies obstacles as a lack of commitment and control, he is progressing by ignoring what he wants and by concentrating on the studying—the start of his career path.

At (B), a female medical student sees her own characteristic of wanting to please people as the obstacle (O2) in the way of her personal goal of satisfaction with life and work (G2). Her self-improvement strategy is directly related to addressing her specific obstacle, that is, reminding herself that she need not persist with that disruptive characteristic (S2).

At (C), a woman dentistry student’s routine obstacle of failing exams (O1) is disrupting her academic goal to pass her course and graduate (G3). Her routine strategy is simply “trying to study hard to do well” (S1). She has no solid plan of action. This structure of a routine obstacle with a routine strategy was not unusual (mentioned by 7 of the 12 students with academic goals). It also reflects the vague and “trying” approach, without any sense of its effectiveness.

At (D), another female dentistry student’s goal is clearly social (G4), and she has a clearly social but specific obstacle related to her boyfriend’s depression (O4). Her strategy also is related to the goal of “having happy stable relationships” not only by dealing with his depression but also by building “other successful relationships” (S4). This relationship idea dominates her thoughts about her goals. She describes her goals of “stable” and “successful” relationships at...
Participants responded to the question, “Does managing your diabetes get in the way of you living life the way you would like, or does managing it help you?” by clicking on one of three possible forced-choice buttons (“It mostly gets in the way of living the way I want,” “It makes no difference,” or “It mostly helps me live the way I want”). They then typed their open-ended explanations in answer to branching “how” questions that followed their choice. A separate question also asked them later, “What part of your life is most affected by diabetes, and why?”

We coded the types of effect (disruptive and helpful) and the areas most affected by diabetes. Two coders independently categorized disruptive effects into seven categories, with perfect agreement for 87% of 148 codings. They also coded positive effects into five categories with perfect agreement for 94% of 48 codings. For the areas, they independently categorized open-ended responses into one of seven nonoverlapping areas of life, with perfect agreement for 88% of 139 areas (four participants did not specify a particular area). They resolved disagreements by discussion.

These young adults tended to give longer open-ended explanations than the students. We point out the depth and extent of the effects they attributed to their diabetes using a scheme developed by Lawrence and colleagues (Kelly et al., 2005; Lawrence & Valsiner, 1992). This scheme uses numbered individual sections of research participants’ open-ended comments to economically identify the categories of response and trace the inferences in their response to the sequenced questions.

### Findings

#### The Effects of Diabetes Management

Sixty (62%) of these 97 young adults said their diabetes management mostly interfered with living the way they wanted (disruptiveness) and gave 154 individual explanations of these negative obstacles. In contrast, 37 young adults (38%) said that diabetes mostly helped them to live the way they wanted (helpfulness) and gave 76 individual explanations of these positive effects. Table 5.1 shows the seven areas of these disruptive and helpful effects of diabetes management, together with examples and percentages of participants expressing each category. There were no differences in patterns of effects for either age or gender.

The effects these young adults identified were distributed differently across areas of life depending on whether they were related to disruptive or helpful effects of their diabetes, \(F(6, 228) = 23.69, \ p = .01\). Disruptive more than helpful effects were felt in the routine areas of daily living (e.g., “restricts my activities,” “I have to stop before every meal,” etc.). Seventy-three percent of the 60 participants who said their diabetes was disruptive identified these disruptive effects as routine, compared with 21% of the 37 participants who said their diabetes was helpful (\(ASR = 2.6\), as shown in Table 5.1. Health effects were said to be less disruptive than helpful (30% < 37%, \(ASR = 3.0\)). The pervasive effect of diabetes was related only to its disruptiveness (e.g., “everything needs to be planned”, \(ASR = 2.3\)).
TABLE 5.1. Categories of Disruptive and Helpful Effects of Type 1 Diabetes, with Examples

<table>
<thead>
<tr>
<th>Area of Effect</th>
<th>Disruptive Effect</th>
<th>Helpful Effect</th>
<th>%*</th>
<th>Examples</th>
<th>%*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine/daily living</td>
<td>&quot;I feel I have to constantly eat foods when I am not hungry&quot;</td>
<td>&quot;When I am managing my diabetes well, I can give my all to whatever I may be focusing on&quot;</td>
<td>73.33</td>
<td>21.02</td>
<td>21.02</td>
</tr>
<tr>
<td>Personal</td>
<td>&quot;restricts my activities&quot;</td>
<td>&quot;I think I have better organizational skills due to living with diabetes for so long&quot;</td>
<td>43.33</td>
<td>51.35</td>
<td>51.35</td>
</tr>
<tr>
<td>Agency/control</td>
<td>&quot;interferes with my confidence of how people will see me and accept me&quot;</td>
<td>&quot;keeping my diabetes under control is one of the most important things in the world, but I don’t let it rule my life&quot;</td>
<td>61.66</td>
<td>62.16</td>
<td>62.16</td>
</tr>
<tr>
<td>Health</td>
<td>&quot;mood swings from being either high or low&quot;</td>
<td>&quot;managing my diabetes means that I control my life, not my blood sugars&quot;</td>
<td>30.00</td>
<td>56.75</td>
<td>56.75</td>
</tr>
<tr>
<td>Social</td>
<td>&quot;flexibility is such an important part of my life and diabetes puts such restraints on what I can do, when I can do it and how I can do it&quot;</td>
<td>&quot;allows me to focus on what is important to me&quot;</td>
<td>20.00</td>
<td>8.10</td>
<td>8.10</td>
</tr>
<tr>
<td>Financial</td>
<td>&quot;the complications are showing and it will keep snowballing&quot;</td>
<td>&quot;the effort I put into managing diabetes has made me very healthy&quot;</td>
<td>8.33</td>
<td>8.10</td>
<td>8.10</td>
</tr>
</tbody>
</table>

*Percentage of 60 participants saying their type 1 diabetes got in the way of life; Percentage of 37 participants saying their type 1 diabetes was helpful.

Areas of Life Most Affected
When we later asked about the areas of life most affected by their diabetes, no difference was found in the areas most affected identified by young adults who saw their diabetes as disruptive or helpful. What was different, however, was how they explained those effects. The most affected areas were people’s sense of self (25%) and routine and daily life (23%). Table 5.2 provides examples and the percentages for most affected areas identified by 58 participants whose experience was disruptive and for 37 whose experience was helpful.

Two examples of disruptive effects illustrate the individualized ways that participants described their experiences.

A 21-year-old man (M18) emphasized the pervasiveness of the disruptive effect of his diabetes with the repeated phrase, “There is no escape from diabetes; it affects every single aspect of life, every single aspect.” When later asked about the parts of his life that were affected, he typed in a list that carried the scope of a well-rehearsed list. He listed the various ways in which his daily routine activities were affected (1): waking, showering, eating (2, 3, 4). He inferred that his experience was like “running (the) machine” (5) and was “an occupation” from which he cannot escape (6).

TABLE 5.2. Areas of Life Most Affected by Type 1 Diabetes for Young Adults with Disruptive and Helpful Effects, with Examples

<table>
<thead>
<tr>
<th>Area Most Affected</th>
<th>Examples</th>
<th>Percent of &quot;Disruptive&quot;</th>
<th>Percent of &quot;Helpful&quot;</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sense of self</td>
<td>&quot;my sense of freedom and spontaneity&quot;</td>
<td>20.68</td>
<td>32.43</td>
</tr>
<tr>
<td>Routine and daily living</td>
<td>&quot;day to day activities&quot;</td>
<td>22.41</td>
<td>24.32</td>
</tr>
<tr>
<td>Social relationships</td>
<td>&quot;continual time and effort&quot;</td>
<td>18.96</td>
<td>13.51</td>
</tr>
<tr>
<td>Health</td>
<td>&quot;going out with friends&quot;</td>
<td>12.06</td>
<td>8.10</td>
</tr>
<tr>
<td>Work and career</td>
<td>&quot;no chance of maintaining a relationship?&quot;</td>
<td>13.79</td>
<td>5.40</td>
</tr>
<tr>
<td>Mental health</td>
<td>&quot;friends, support and relationships&quot;</td>
<td>10.34</td>
<td>8.10</td>
</tr>
<tr>
<td>Sport and exercise</td>
<td>&quot;I almost always feel blue&quot;</td>
<td>1.72</td>
<td>8.10</td>
</tr>
<tr>
<td>Total responding</td>
<td></td>
<td>58</td>
<td>27</td>
</tr>
</tbody>
</table>
CONCLUSION

Emerging adulthood is well recognized as involving 12 or more years of changes in a person’s life. During these years, people are particularly concerned with establishing their pathways to careers, partnering, and especially to independent and self-determined lifestyles. These large concerns elicit personal growth and social adjustment as the person engages with the social world (Staudinger & Kunzmann, 2005). Such changes in people’s lives do not occur easily. Exploring and determining adult priorities involve the progressive transformations identified by Klee and Hendry (2011)—both within oneself and in the ways in which one interacts with social others and social institutions. The processes of growth and adjustment arise from the efforts of the organismic system to obtain some form of equilibrium after being disrupted (Kuczynski et al., 2009; Riegel, 1979).

Pathways to growth and adjustment can be bumpy and are liable to be disrupted by various disturbances. We approached disruptions and disturbances as part of the encounters of the organismic system with other systems, particularly within the cultural-social sphere. We set out to analyze two specific forms of disruption that we framed as dealing with obstacles to one’s agendas and activities.

The findings point to the occurrences and different forms of obstacle that people encounter in pursuing early pathways to professional careers, the obstacles encountered by medical and dentistry students were mostly related to their everyday work and achievements or to their sense of themselves and their personal aspirations or inadequacies. Few cataclysmic blockages emerged in these data. That is understandable because their goals were mostly those of getting through the normative tasks and experiences of students’ life situations. There was a handful of exceptions. One student’s goal, for instance, was “reaching heaven,” but her obstacle, again, was personal—“my own weaknesses.” Her strategy also was not far from the “trying” motif we found for strategies for career paths: “Keep maintaining my regular Church practices, in the hope of being worthy to reach my goal.”

Our questions gave students ample scope to identify their major goal for the next 10 years. Each student specified that primary goal from the three he or she initially proposed. This was their goal for the next decade, so it was not surprising that half of them specified a goal that involved getting through to the next phase of their careers. The other half involved development within themselves or in their close relationships. These were the recognized areas of goals of emerging adults (Collins et al., 2012; Salmela-Aro et al., 2007) and directly related to the students’ current situations. Only a few students were reconsidering present pathways because of their obstacles (e.g., finding the course pressured: “the insane demands of the medical course,” “the intensive nature of studying”).

Students’ obstacles also were personalized. They were specified in relation to an individual particular goal, but there were no consistent patterns across the sample. While several obstacles to career aspirations were the routine hurdles of university courses, the students were the obstacles for others (e.g., in their disillusional; “the ability to stick it out, last the distance”). Our day-to-day interactions with medical students led us to expect that some more dramatic obstacles might have appeared in their open-ended responses (e.g., major incidents of depression, family crises). Either students were being reticent in their responses or the 10-year span prompted them to think of the ongoing rather than the immediate concerns of their lives.

The experience of living with and managing diabetes presents people with different situations in which to identify obstacles. We asked whether diabetes management did or did not get in the way of the rest of life and, if so, what that obstacle involved. We also asked what area of life was most affected by diabetes. The young adults’ responses were spontaneously framed in either positive or negative terms. Some of these young people, for instance, spontaneously described adjustments they had made or were making following disruption. It may be significant that the 33-year-old man who spoke so strongly of his “integration” of his diabetes into his life was slightly older than most of our other participants. Another slightly older woman (35-year-old) explained the positive effects of her diabetes in similar terms: “My diabetes has enabled me to learn a lot about myself and appreciate my health and personal situation.” There was, however, no systematic effect of age for people with and without disruptions.

These initial analyses identified the forms of obstacles, how they arose, and what people were doing about them. The data we analyzed were limited to scope in that they were only one part of people’s experience of emerging adulthood. They also were snapshots to quite specific questions about the obstacle experience. However, as far as we could tell, these data represent a first categorization of the obstacles of emerging adults. Levinson, Darrow, Klein, Levinson, and McKee (1978) traced the progressive fortunes and responses of individuals over time, but they went well into the adult years in people’s retrospective accounts. They noted obstacles if they were raised in their adult participants’ life reviews but without a specific focus or detailed analysis.

We did not ask our research participants whether they met with existential upheavals or transformations. Nor did we ask if they were making “developmental leaps” following their encounters with academic institutions or chronic illness. Some of the positive descriptions have the sense of such large changes (e.g., “Diabetes helped me accept and treasure the fact that I am an individual somehow special and not just another number in the crowd,” M16, a 32-year-old man). These comments echo the kinds of personal transformations found in the women in Kelly et al. (2005). They may seem more like gradual adjustments than “leaps,” but they represent systemic change.

Questions more specifically related to the nature of change after disruptions and obstacles can be asked confidentially and productively in further self-administered interviews now that the ground work has been laid. Brooker and Lawrence (2012a, 2012b), for instance, have been asking refugee and immigrant young people about their challenges in resettlement experiences in Australia.
Perhaps progressive transformations are more routinized and gentler moves for those young people who do not see their obstacles as large. The students, after all, were among the privileged, golden young people of Twenge’s (2009) middle-class college analyses, although those analyses have yet to be done in Australia.

The young adults with diabetes could have been expected to express the disruptions to their lives in more dramatic terms. Some did, with forceful language, repetitions, and exclamatory marks: “Everything needs to be planned!”; “every single aspect, every single aspect.” Also notable in these data, however, was the frequent focus on routine aspects of daily life (e.g., “I have to constantly…”; “I’m a slave to BSLs [blood sugar levels]”). The finding that routine disruptive effects were more prominent than routine helpful effects points to day-to-day activities as important dimensions of living with a chronic, life-threatening illness.

If others’ pathways to adulthood are geared toward routine activities and their routine blockages as these data suggest, and if developmental transformations are largely dependent on disturbed equilibria in dynamic systems, then it is no wonder that this transitional period takes so long. It seems as if the equilibria of some emerging adults are not greatly disturbed or as if small disturbances are seen as large. Young people may have sheltered themselves up against large-scale disruptions or may be so focused on the routine aspects of their study or their health management that they shut down on other cataclysmic possibilities. We began by suggesting that the transition through the emerging adult years may not be as smooth and seamless as it appears, but perhaps they are. There appear to be different forms of transformational experiences, just as there are different forms of disruption, and that progressive transformations may be sensitive to pebbles, as well as to boulders in developmental pathways.

REFERENCES


Disruptions and Obstacles in the Lives of Emerging Adults

A. Collins (Eds.), Relationship pathways: From adolescence to young adulthood (pp. 3–22). Los Angeles: Sage.


### CHAPTER 6

**MANAGING CULTURE**

*On the Political Ambivalence of Culture in Organizations*

Markus Wibouschek

The 2012 film Work Hard—Play Hard, directed by Carmen Loesmann, documents work conditions in large German businesses, and the viewer gets insight into the functioning of a now common practice in human resource management. We see a handsome young man in a room with two experts from a consulting company and one management representative who conduct an interview covering topics such as individual performance, perceived work conditions, personal strengths and weaknesses or—as is the current wording—potentials for further development. The scene is presented in a strict shot/countershot technique that confronts the perspective of the young employee with the perspective of the expert and management team.

The use of the appraisal interview represents a change of paradigms, which has taken place over the last 30 years. The classic model of management—linked to the Fordistic tradition of work organization—was aimed at regulating employees' behavior at work. An important turn in work relations came about when management executives and scholars concerned with problems of management began to discover that direct interventions do not always lead to more efficiency and

*Biographical Ruptures and Their Repair: Cultural Transitions in Development*, pages 123–145.

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