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How Anxious and Stressed Are Emerging Adults? The Role of Mindfulness and Intolerance of Uncertainty

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Abstract: The focus on mental health during emerging adulthood (EA) is necessary due to the development of mental disorders before the age of 25 and the adverse effects of stress and anxiety on psychological well-being. Mindfulness has been shown to aid in coping with stress and anxiety, while intolerance of uncertainty can lead to higher distress levels. The aim of this research was to explore the prevalence and interrelationships between anxiety, stress, intolerance of uncertainty, and mindfulness, as well as potential gender differences. The study involved 425 emerging adults, with a majority of female participants. Anxiety and stress levels were found to be mild, with anxiety tending towards a moderate level in women. Gender differences were observed solely within the dimensions of intolerance of uncertainty, with women displaying higher levels of intolerance. For women, all of the measured variables correlated as expected; stress and anxiety showed moderate positive relationships with the dimensions of intolerance of uncertainty but negative ones with mindfulness. Furthermore, the dimensions of intolerance of uncertainty were negatively correlated with mindfulness in the female sample. Whereas for men, only anxiety and stress correlated positively, and stress also exhibited a negative relationship with mindfulness. Additionally, the dimensions of intolerance of uncertainty showed low negative correlations with mindfulness. Significant predictors for anxiety were inhibitory anxiety, as one of the dimensions of intolerance of uncertainty and mindfulness. On the other hand, all of the measured predictors were statistically significant for stress, indicating that being intolerant of uncertainty and less mindful were associated with higher stress levels. An identifying factor contributing to anxiety and stress during EA, for both men and women, is essential because it increases our understanding, which may lead to more efficient prevention and treatment strategies.

Keywords: anxiety; stress; tolerance of uncertainty; mindfulness; emerging adults

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1. Introduction

Almost 20 years have passed since Arnett [1] published Emerging Adulthood: The winding road from the late teens through twenties. He introduced a new developmental stage, positioned between adolescence and young adulthood, called emerging adulthood (EA). To better understand what EA is, it is important to determine the age range of EA as well as the features that distinguish it developmentally from adolescence and young adulthood. Thus, when we focus on the age range of EA, Arnett [1,2] tends to limit this range from 18 to 29 years, although in other articles, the range is 18 to 25 years, which can confuse researchers when determining research participants and comparing the results of different studies. However, according to Arnett [1], the upper limit of 29 years is much more reasonable in an international context. For example, one of the markers of entry into adulthood is the age of marriage, which in Croatia is 29 years for women and 31 years for men [3], which is similar to the range in the United States of America [1]. In addition, it is important to focus on the specific features of EA that distinguish EA from adolescents and young adults.

Matud et al. [4] and Arnett, Žukauskienė and Sugimura [2] emphasize that EA is a period of marked instability and uncertainty for several reasons. Assuming that the

intensity of instability and uncertainty depends on the socioeconomic and cultural context in which adult development occurs, it is decisions in five areas that make this period critical. Arnett [1,2] suggests that these domains consist of five specific features that constitute EA. The search for an answer to the question "Who am I?", both in a professional role and in close relationships, is part of the feature identity exploration, followed by the instability associated with ongoing decisions regarding romantic relationships, work, and residence. The third feature is self-focus, i.e., commitments and engagement to build a foundation for adult life. The fourth feature describes what EA is, the stage of transition to adulthood, which means taking responsibility for oneself, making independent decisions, and being financially independent. Lastly, the fifth feature is possibilities/optimism, which refers to the period of EA as allowing for the potential for change, regardless of personal background.

Considering the above, we can assume that the focus on mental health during EA is crucial for several reasons. Namely, Herrman [5] wrote about the importance of promoting mental health back in 2001; this issue is still a major concern due to the pandemic and its consequences for mental health in general, especially for young people (adolescents and EA). Today, emerging adults are commonly referred to as Generation Z. In recent articles, it has been found that in comparison to the time when Millennials were in their twenties, this generation experiences higher levels of anxiety and is exposed to more environmental risk factors [6,7]. The same findings were found in an APA article, indicating that Generation Z adults are confronting extraordinary levels of uncertainty, experiencing higher levels of stress, and exhibiting severe symptoms of anxiety and depression [8]. Furthermore, when talking about young people, it should be noted that they often do not have sufficient knowledge about mental health, and it is difficult for them to distinguish normal stress reactions from mental disorders [9]. In general, health-related behaviors develop in adolescence and EA, so they begin to take more responsibility for their health, which can be associated with the aforementioned features of self-focus and possibilities/optimism.

Furthermore, according to Fusar-Pola et al. [10] and Solmi et al. [11], seventy-five percent of mental disorders develop by the age of 25. According to WHO [12], suicide is the fourth leading cause of death in people between 15 and 29, which makes adolescence and EA sensitive periods in terms of developing mental health problems. Furthermore, if we look at the data on a global level, regardless of age, the WHO [11] indicates that one in eight people in the world has a mental health problem, which means that approximately 970 million people suffer from anxiety, depression, and other mental disorders. Before the pandemic, Auerbach et al. (2018) [13] found that every third EA reported at least one mental disorder. According to some predictions from the WHO, mental disorders are on the rise, and this trend was clearly seen during the pandemic. Indeed, in the last couple of years, the prevalence of anxiety and depressive disorders has increased by 26% and 28%, respectively. Moreover, we can surely assume that we are living in uncertain times that engender much stress and anxiety as well as other mental problems for all age and gender groups [14–16].

Stress and anxiety have significant adverse effects on psychological well-being [17–19]. Prior research has shown that stress and anxiety are intercorrelated and intertwined neuropsychologically [19]. One of the constructs that can protect EA from the development of mental health problems is mindfulness. Being in the present moment and witnessing what is happening without being judgmental can disengage us from everyday dramas and help us navigate negative states such as stress and anxiety. The exceptional significance of mindfulness lies in its capacity to foster reappraisal—a mechanism that entails a shift in perspective. Rather than becoming deeply engrossed in the negative aspects of one's life, individuals cultivate the skill to distance themselves from such negativity. This shift in mindfulness becomes pivotal, as it assists in disentangling one from automatic negative thoughts, habitual patterns, and unhealthy behaviors. Ultimately, this aids in expediting the process of self-regulation. Over the long term, by cultivating mindfulness, individuals can enhance their ability to cope with stress and anxiety effectively, which is well documented

in numerous studies [20,21]. Certain authors suggest that mindfulness-based interventions contribute to cultivating enhanced control over attention and emotions, heightened awareness of the body, and alternations in self-perception. These mechanisms establish the groundwork for an enhanced self-regulation process, in which a constructive connection with the present instant and the pursuit of effective behaviors suited to the experience are made more accessible [22]. Therefore, incorporating mindfulness-based exercises into a daily routine can help stress and anxiety; however, this seems more difficult for men than it is for women [23].

As mindfulness has significant protective and therapeutic effects on stress and anxiety, intolerance of uncertainty (IU) has a completely opposite effect. The reason for this is that IU generates dysfunctional emotional states that interfere with problem solving because of a tendency to overwhelming worry [24] and excessive rumination in ambiguous situations that can lead to higher levels of stress and frustration [25]. IU can be explained by two dimensions: prospective (PA) and inhibitory anxiety (IA). PA represents the cognitive dimension and refers to the apprehension and distress when thinking about uncertain future events or outcomes [26]. Constant mental rehearsals of potential negative scenarios, attempting to predict and prepare for any eventuality in order to reduce vulnerability, can be exhausting and impact overall well-being. On the other hand, IA is a behavioral dimension that includes avoiding uncertain situations in order to prevent discomfort and distress [25–27]. Namely, IA refers to the inability to take action and make choices, akin to being mentally and behaviorally paralyzed. This avoidance can obstruct personal growth, limit opportunities, and interfere with the personal ability to adapt to life's challenges. Even if we expect a certain amount of ambiguity and uncertainty in life, for some people, this can become a source of psychological distress [28]. IU has a central role in the cognitive–behavioral model of GAD because it creates a self-perpetuating cycle where individuals attempt to avoid uncertainty due to anxiety, which, consequently, reinforces their intolerance and intensifies their distress; indeed, IU serves as a transdiagnostic predisposing factor influencing the emergence and perpetuation of numerous psychological conditions [28–30].

Given the significance of the matter, it is imperative to discern the factors contributing to stress and anxiety during the crucial stage of EA for both men and women. Utilizing both intolerance of uncertainty and mindfulness to explain stress and anxiety among emerging adults provides a nuanced understanding of these psychological phenomena. Emerging adults often confront transitional phases and new life challenges, which can result in heightened uncertainty and subsequently increased levels of stress and anxiety. IU is linked with cognitive processes, such as worry, rumination, decision making, and future-oriented thinking. Conversely, mindfulness fosters emotional awareness and regulation, reduces rumination, and promotes adaptive coping skills. By integrating both IU and mindfulness, we can explore the cognitive and emotional factors that contribute to stress and anxiety among emerging adults. Although this study is correlational, identifying these influential factors could pave the way for more focused and targeted prevention and treatment strategies, ultimately supporting the well-being of young individuals during this critical life phase. This research aims to investigate the prevalence and interrelationships between stress, anxiety, mindfulness, and intolerance of uncertainty and explore potential gender differences in the experience of these variables among emerging adults.

2. Materials and Methods

2.1. Participants

This study was conducted on 425 emerging adults, mostly including female participants (N = 354, 83%). The average age of the whole sample was 23,76 (SD = 3.26; age range: 18–29). Among the participants, 227 (53%) were students, 149 (35%) were employed, and 49 of them (12%) were unemployed. Regarding relationship status, 187 of the participants (44%) were single, while 238 (56%) were in a relationship or married. It was found that

only 27 of them (6%) have children, while 224 (53%) have at least one pet. Most of the participants do not have a chronic illness (N = 377, 89%).

The sole purpose of collecting these data was to describe the participants, and it was not subjected to further analyses. Before participating in the study, every participant provided their informed consent for inclusion. The research protocol received approval from the Ethical Committee of the Department of Psychology of the University of Zadar, and the study was conducted in accordance with the Declaration of Helsinki.

2.2. Measures

Anxiety and Stress. The Depression, Anxiety and Stress Scale (DASS-21) [31,32] was administered to assess anxiety and stress levels. The whole scale consists of a total of 21 statements, i.e., each subscale consists of seven statements. For the purpose of this research, only anxiety (e.g., "I felt scared without any good reason") and stress (e.g., "I felt that I was rather touchy") subscales were used. Participants were asked to indicate on a 4-degree scale (from 0 = did not apply to me at all to 3 = applied to me very much or most of the time) how often they had experienced the condition described in the statement. Cronbach's internal reliability coefficient was 0.88 for the anxiety subscale and 0.90 for stress. The authors of this scale recommend cut-off scores categorizing the severity of depression, anxiety and stress into five levels (normal, mild, moderate, severe, and extremely severe) [30].

Intolerance of uncertainty. Intolerance of Uncertainty Scale—IUS-11—used in this study is a Croatian adaptation [33] of the Serbian version [34], which itself is based on the original Freeston et al. [29] scale. A modified version comprising 11 items was used to assess a person's tendency to react negatively to uncertain or/and ambiguous situations. This scale includes two subscales, which assessed prospective anxiety with six items (PA, e.g., "One should always look ahead so as to avoid surprises"), and inhibitory anxiety with five (IA, e.g., "When it's time to act, uncertainty paralyzes me"). The participant had to rate the degree to which each of the items applies to him/her on a 5-degree scale (from 1 = not at all characteristic of me to 5 = entirely characteristic of me). The IUS-11 demonstrated excellent internal consistency (PA, $\alpha = 0.85$; IA, $\alpha = 0.88$; IUS-11, $\alpha = 0.91$). A higher score on each of the subscales indicates a higher degree of PA or IA. The sum of the results from both subscales can be used as an indicator of IU, so a higher result means more intolerance.

Mindfulness. Mindful Attention Awareness Scale—MAAS—developed by the authors Brown and Ryan [30] consists of 15 statements that capture various experiences of individuals in everyday life, including awareness of action, interpersonal communication, thoughts, emotions, and physical states. Participants are requested to rate each statement on a 6-degree scale from 1 (almost always) to 6 (almost never), based on the extent to which it reflects their genuine experience (e.g., "I could be experiencing some emotion and not be conscious of it until some time later"). Although all statements are negatively formulated, the scores were reversed for this research so that higher scores indicated higher mindfulness. Numerous studies have consistently confirmed a one-factor structure of the scale [20,33]. Additionally, in this research, the coefficient of internal consistency was high ($\alpha = 0.89$).

2.3. Procedure

Due to its accessibility, participants for this study were recruited using the convenience sampling method. The study was carried out using an online link, which was shared on social networks. The questionnaire commenced with instructions and a comprehensive description of the research's objectives, along with an informed consent statement. Respondents were assured that the collected data would be analyzed at the group level because participation was anonymous. On average, it took approximately 15 min to complete the questionnaire. No compensation was offered to participants.

2.4. Analysis Plan

Firstly, descriptive statistics of the measured variables were presented for both genders. Before conducting any statistical analyses, we assessed whether the results deviated from the normal distribution to determine the suitability of using parametric data analysis. The Kolmogorov–Smirnov tests were significant; however, the skewness indexes (−0.07–1.24) and the kurtosis indexes (−0.22–1.66) for all measures were acceptable (skewness < 3, kurtosis < 8) [35]. Afterwards, the homogeneity of variance was analyzed before every gender difference analyses. In cases where the Levene test was significant, Welch's test was performed. Furthermore, the matrix of correlations was presented for both men and women, along with the results of two regression analyses with anxiety and stress as the criteria, and PA and IA dimensions of IU, and mindfulness as predictor variables.

3. Result

3.1. Descriptive Parameters for Anxiety, Stress, IU (PA and IA), Mindfulness in Male and Female Emerging Adults and Gender Differences in Measured Variables

Table 1 presents the results, indicating that anxiety and stress levels in both samples are mostly mild (A, $M_M = 4.15$, $SD_M = 3.05$; $M_F = 4.88$, $SD_F = 4.74$; S, $M_M = 8.40$, $SD_M = 4.96$; $M_F = 8.39$, $SD_F = 5.25$), with anxiety being closer to a moderate level for women, based on cut-off scores suggested by Lovibond and Lovibond [31].

Table 1. Descriptive statics for measured variables in male (N = 71) and female (N = 354) and results of gender differences in measured variables.

Measured Variables	M_M	SD_M	$Range_M$	M_F	SD_F	$Range_F$	F-Value df = 423	η_p^2
Anxiety	4.15	3.05	0–13	4.88	4.74	0–21	1.56 $p = 0.21$	0.00
Stress	8.40	4.96	0–20	8.39	5.25	0–21	0.00 $p = 0.99$	0.00
Intolerance of uncertainty (IU)	2.35	0.59	1.41–4.05	2.92	0.80	1–5	32.12 $p = 0.00$	0.07
Prospective anxiety (PA)	2.52	0.59	1.33–4.5	3.01	0.86	1–5	21.23 $p = 0.00$	0.05
Inhibitory anxiety (IA)	2.18	0.75	1–4.21	2.82	0.88	1–5	32.81 $p = 0.00$	0.07
Mindfulness	4.02	0.83	1.27–5.93	3.93	0.82	1.2–6	0.72 $p = 0.40$	0.00

Note: first three columns refer to results in male sample and the next three are females results.

Before the analysis of gender differences began, tests were conducted to assess the homogeneity of variance. It was revealed that for anxiety (F = 10.49, $p = 0.00$, global result of IU (F = 9.33, $p = 0.00$), and dimensions of IU (IA F = 3.73, $p = 0.05$; PA F = 13.02. $p = 0.00$), the Levene test yielded significant results. As a result, the decision was made to utilize Welch's ANOVA for subsequent analysis.

No significant gender differences were found for anxiety and stress (A, F = −1.56, $p = 0.21$; S, F = 0.00, $p = 0.99$), which was expected as both samples in this study consisted of non-clinical participants. Furthermore, when examining tolerance of uncertainty as a global result or through two dimensions (prospective and inhibitory anxiety), it is evident that results slightly favour lower values for emerging adult men (IU, M = 2.35, SD = 0.59; PA, M = 2.52, SD = 0.59; IA, M = 2.18, SD = 0.75) compared to women, whose results are closer to the average level (IU, M = 2.92, SD = 0.80; PA, M = 3.01, SD = 0.86; IA, M = 2.82, SD = 0.88). As mentioned earlier, the Levene test yielded significant results, prompting the use of the Welch test, which confirmed significant gender differences in terms of intolerance of uncertainty. This indicates that, in comparison with women, men tend to be more tolerant

of uncertain and ambiguous situations (IU, F = −32.12, p = 0.00; PA, F = −21.23, p = 0.00; IA, F = −32.81, p = 0.00).

Furthermore, concerning mindfulness, the results for both the male and female samples were above average (M_M = 4.02, SD_M = 0.83; M_F = 3.93, SD_F = 0.82). No significant gender differences were observed (F = 0.72, p = 0.40), suggesting that both men and women in this study possess the ability to focus attention and awareness on present moments and experience nonjudgmentally.

Finally, considering the effect size ($\eta_p{}^2\eta^2$-p), it can be highlighted that there is an observed small to medium effect size for intolerance of uncertainty as a global measure and for the dimensions of IU.

3.2. Correlation between Anxiety and Stress with IU and Mindfulness in Emerging Adult Men and Women

Table 2 displays the correlation coefficients between the measured variables. The coefficients of correlation in the men's sample were only statistically significant between anxiety and stress (r = 0.71, $p < 0.05$), stress and mindfulness (r = −0.40, $p < 0.05$), and mindfulness and both dimensions of intolerance of uncertainty (PA, r = −0.27, $p > 0.05$; IA, r = −0.31, $p < 0.05$). The average values of correlations ranged from weak to strong, with values from 0.27 to 0.71. Specifically, in emerging adult men, those who reported higher levels of anxiety also experienced higher levels of stress. Additionally, men who were more stressed tended to be less mindful. Furthermore, individuals who displayed a higher focus on the present moment in a non-judgmental way were found to have a greater tolerance for uncertainty.

Table 2. Matrix of correlation for measures variables in men and women.

Variables	A	S	IU	PA	IA	MNDF
Anxiety		0.71 **	0.02	0.04	0.06	−0.18
Stress	0.74 **		0.01	0.01	0.01	−0.40 **
Intolerance of uncertainty (IU)	0.46 **	0.57 **		0.83 **	0.90 **	−0.34 *
Prospective anxiety (PA)	0.37 **	0.49 **	0.92 **		0.51 **	−0.27 *
Inhibitory anxiety (IA)	0.47 **	0.56 **	0.92 **	0.69 **		−0.31 *
Mindfulness (MNDF)	−0.36 **	−0.41 **	−0.42 **	−0.34 **	−0.43 **	

Note: * coefficients of correlation are significant on p = 0.001; ** coefficients of correlation are significant on p = 0.001; coefficients of correlations under the diagonal are for females and above diagonal are for males.

On the other hand, for women, all correlation coefficients were statistically significant. The range of coefficients of correlations was between moderate and strong, ranging from 0.34 to 0.74. There were statistically significant positive associations of anxiety with stress (r = 0.74, $p < 0.05$), PA (r = 0.37, $p < 0.05$) and IA (r = 0.47, $p < 0.05$), and a negative association with mindfulness (r = −0.36, $p < 0.05$). Additionally, a significant negative association was found between mindfulness and both PA (r = 0.34, $p < 0.05$), and IA (r = 0.43, $p < 0.05$). Stress exhibited a similar pattern of correlation with measured variables; it was positively correlated with dimensions of intolerance of uncertainty (PA, r = 0.49, $p < 0.05$; IA, r = 0.56, $p < 0.05$) but negatively correlated with mindfulness (r = 0.41, $p < 0.05$). In conclusion, emerging adult women who experience higher levels of anxiety and stress tend to be less mindful and have a lower tendency to tolerate uncertain and ambiguous situations.

3.3. PA, IA, and Mindfulness as Predictors of Anxiety and Stress among Emerging Adults

Table 3 shows the results of regression analyses (RA) with anxiety and stress as the criteria, along with PA, IA, and mindfulness as predictors. In the first RA, predictors accounted for 21% of anxiety of emerging adult men and women (F = 38.12, $p < 0.00$). Among the dimensions of intolerance of uncertainty, only inhibitory anxiety (β = 0.27, p = 0.00) and mindfulness (β = −0.19, p = 0.00) emerged as significant predictors. Specifically, IA was a positive predictor, but mindfulness was a negative predictor, suggesting that

emerging adults who avoid uncertain situations and those who ruminate and worry about past or future events have higher levels of anxiety.

Table 3. Results of regression analysis with dimensions of IU and mindfulness as predictors and anxiety and stress as the criteria.

Criterion: Anxiety Predictors	β	t(421)	*p* value
Prospective anxiety (PA)	0.10	1.73	0.08
Inhibitory anxiety (IA)	0.27	4.35	0.00
Mindfulness	−0.19	−4.03	0.00
$R^2 = 0.21$, Adjusted $R^2 = 0.21$ $F(3421) = 38.12$, $p < 0.00$			
Criterion: Stress Predictors	β	t(421)	*p* value
Prospective anxiety (PA)	0.17	2.99	0.00
Inhibitory anxiety (IA)	0.24	4.04	0.00
Mindfulness	−0.26	−5.66	0.00
$R^2 = 0.29$, Adjusted $R^2 = 0.28$ $F(3421) = 56.34$, $p < 0.00$			

Regarding stress, 29% of the variance ($F = 56.34$, $p = 0.00$) was explained by all the entered predictors. Mindfulness ($\beta = -0.26$, $p = 0.00$) emerged as the strongest negative predictor, followed by IA as a positive predictor ($\beta = -0.24$, $p = 0.00$). Additionally, PA ($\beta = 0.17$, $p = 0.00$) showed significant but slightly lower beta weights.

4. Discussion

In the last 20 years, researchers have directed their focus toward understanding the specific features of emerging adulthood (EA) that distinguish EA from adolescents and young adults. Many authors emphasize that EA is characterized by intensity and instability in development [2,4]. Given these characteristics, it becomes evident that focusing on mental health during EA is crucial. Identifying risk and protective factors for the promotion of mental health is of the utmost importance. It is well-known that almost two-thirds of mental disorders appear in a person's mid-twenties [10,11]. In light of these concerning findings, the aim of this study was to examine the prevalence and interrelationships between anxiety, stress, intolerance of uncertainty and mindfulness among EA men and women.

Firstly, it was important to explore anxiety and stress levels in EA men and women. The results showed that both EA men and women in this sample experienced mild anxiety and stress levels, with women's anxiety results being slightly closer to a moderate level. These findings are not surprising, considering the non-clinical sample, as similar results have been observed in other studies [20,36,37]. Moreover, the utilization of a convenience sample, along with the auto-selection of participants within this research, holds the potential to attract individuals with lower levels of stress and anxiety [38].

Gender differences were not confirmed for anxiety and stress, but it was observed that women's results tended to be slightly higher. Farhane-Medina et al. [39], in a systematic review of gender differences in anxiety, highlighted that the prevalence of anxiety disorders is usually higher in women than in men, regardless of age. Although this study did not find significant gender differences in anxiety, it indicated a trend of women experiencing higher levels of anxiety. It is worth noting that results from other studies have shown inconsistency regarding gender differences in anxiety and stress when assessed with DASS-21 [40]. An earlier study observed that women's heightened vulnerability to stress can be attributed to their increased utilization of emotional and avoidance coping strategies, as well as their comparatively lower employment of rational and detachment coping mechanisms. Conversely, men tend to exhibit a higher propensity for emotional inhibition [4]. However,

it is important to reassess this finding, considering that the absence of gender differences might be due to Generation Z's greater likelihood, when compared to previous generations, to openly report various mental health concerns [8].

The same was observed regarding mindfulness; in this research, both EA men and women were found to be mindful slightly above average. Some other studies highlighted gender differences in mindfulness, indicating that gender is a significant moderator and that female participants reported a higher level of mindfulness [22,23,41,42]. Only gender differences were found in both dimensions of intolerance of uncertainty, indicating that men are more tolerant of uncertain and ambiguous situations. They have more ability to take action and make choices in unexpected future events and tend to worry and ruminate less about uncertain outcomes than women. According to Ferhane-Medina et al. [39], higher IU is reported in female EA, explaining that women are more impacted by uncertainty and, therefore, more prone to ruminate and use avoidance in dealing with negative and unpleasant emotions. The other research highlighted that women tend to use more maladaptive responses to uncertainty [40].

When it comes to the interrelation between anxiety, stress, intolerance of uncertainty and mindfulness, it can be noted that for EA females, all correlations are significant in comparison with men. The results highlighted that emerging adult women who experience higher levels of anxiety and stress also tend to be less mindful. In the case of emerging adult men, anxiety was not significantly correlated with mindfulness, but stress showed a negative relation with mindfulness. It must be noted that one of the limitations of the study is the small number of men included. Due to the limited number of male participants, the lack of statistical power might explain why certain correlations did not achieve significance.

Furthermore, one of the possible explanations could also be that masculinity can protect men from anxiety, as they are socialized to contain their feelings of insecurity and to be more instrumentally oriented [39]. In general, it is expected that mindfulness has protective benefits because it is one of the most recommended therapeutic interventions addressing mental health issues, especially stress and anxiety [21,23,43]. Namely, becoming aware of one's inner states and focusing on the present moment in a non-judgmental way can lead to less stress and anxiety. Other studies have also shown the benefits of mindfulness practice for dealing with negative states and mental health issues [17,30,33].

Moreover, having a lower tendency to tolerate uncertain and ambiguous situations can lead to more anxiety and stress, but only for EA women. Dimensions of intolerance of uncertainty, prospective and inhibitory anxiety have positive relations with anxiety and stress, which is well documented in some previous studies [24,28,29]. IU refers to the incapacity to withstand the aversive response followed by ambiguity or the absence of sufficient information [26,29]. The primary reason why these thought patterns, such as rumination and worry, and behavior, such as avoidance, are not adaptable is that they hinder problem solving.

Additionally, in both samples of EA males and females, it was found that mindfulness is negatively associated with PA and IA. This is not surprising because intolerance of uncertainty and mindfulness can be observed as opposites. PA and IA include the inability to manage living in uncertainties and ambiguities, which influence thought and behavior patterns, leading to becoming more preoccupied and, on the other hand, avoidant and psychologically paralyzed. In contrast with IU, being mindful refers to attention and awareness of the present moment without evaluation. Reperceiving is the core meta-mechanism of mindfulness, which helps individuals simply disengage from continuous everyday dramas [38–41].

Furthermore, the results of the regression analyses showed that anxiety can only be explained with inhibitory anxiety as a dimension of IU and mindfulness, while both dimensions of IU, mindfulness showed a significant prediction for stress in EA. Specifically, emerging adulthood can be an overwhelming and stressful developmental stage characterized by continued instability. Therefore, it has to be highlighted that the dimensions of IU have transdiagnostic vulnerability in terms of the development and maintenance of

many mental health issues [26,27,44]. So, it is not surprising that IU has the primary role in explaining anxiety and stress in EA, as IU can be described as a cognitive bias that enhances a negative prediction of future situations and outcomes. Being intolerant of uncertain and ambiguous situations can lead to a perpetuating cycle of constant preoccupation with worry and avoidance of everyday challenges, which ultimately maintains high levels of psychological distress. Furthermore, the opposite of IU is mindfulness, which is a negative predictor for both anxiety and stress. As mentioned earlier, mindfulness is one of the most widely used interventions and techniques to enhance mental health and reduce stress and anxiety [17,21,45–47]. Mindfulness-based programs have proved beneficial in decreasing negative emotional states. The importance of mindfulness can be explained by the Mindfulness-to-Meaning Theory, which emphasizes that practicing mindfulness is related to frequently using positive reappraisal [48,49]. Namely, the significance of emotional management was underscored by Duorsini et al. [50], who found that emotional-related abilities play a crucial role in well-being, overall adjustment, and quality of life, even among breast cancer survivors.

Additionally, a limitation of this study is associated with the comparatively limited number of male participants, potentially affecting the absence of adequate statistical power in the conducted analyses. As noted earlier, the study is designed as correlational, which restricts us from investigating the causality between investigated variables. Yet, on the other hand, this study sheds light on the significant role of intolerance of uncertainty and mindfulness as opposite constructs that contribute to stress and anxiety in emerging adults.

5. Conclusions

In conclusion, answering the question from the title, it can be noted that men and women from this study generally experience mild levels of anxiety and stress, even though EA was depicted as a time of uncertainty and insecurity but also as a period of possibilities and optimism. The latter feature of EA can explain the lower levels of stress and anxiety. Furthermore, men showed more tolerance of uncertainty than women. Stress during emerging adulthood may be explained by IU and mindfulness, suggesting that higher levels of negative emotions and intrusive thoughts in uncertain situations, combined with feeling out of control and on autopilot, may lead to higher stress levels. Even though this sample is non-clinical and exhibits relatively mild levels of stress and anxiety, this study aimed to underscore the significance of cognitive and emotional factors contributing to certain aspects of mental health in emerging adults. For these emerging adults, who are, in fact, part of Generation Z, experiencing mild stress and anxiety, it is crucial to concentrate on nurturing mindfulness and developing tolerance of uncertainty. These practices hold the potential to play a positive role in emotional and cognitive adjustment, enhancing adaptation during this demanding transitional developmental phase.

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Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Data Availability Statement: Data from this study are not available due to privacy reasons because participants were not informed of research data sharing outside the research team.

Conflicts of Interest: The author declares no conflict of interest.

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