

The Construct Validity of Dysfunctional Individuation in Emerging Adulthood

Christen McDonough, Paul C. Stey, & Daniel Lapsley

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Background

Individuation is the process by which adolescents and emerging adults construct new boundaries between self and others. The goal is to avoid excessive dependence or independence from others, although it is not successfully achieved for a distressing number of emerging adults. Failure to secure an adequate resolution of self-in-representation elevates the risk of adjustment problems. Hence, the ability to identify dysfunctional individuation is a high research priority with decided implications for counseling intervention.

Recently, a single factor, 10-item Dysfunctional Individuation Scale (DIS) has been developed that holds promise as a diagnostic screen (Stey, Hill & Lapsley, 2013). Although the DIS has demonstrated strong evidence of concurrent validity, additional evidence of construct validity is required before it can be recommended for screening and intervention. This submission examines the incremental validity of the DIS over dispositional neuroticism and provides additional evidence of convergent, discriminant and concurrent validity.

Purpose

The present study has three primary goals:

- 1) We test the stability of dysfunctional individuation in a longitudinal study of college students over a period of one year.
- 1) We investigate the relationship between dysfunctional individuation and depressive symptoms over time.
- 1) We test the extent to which dysfunctional individuation is uniquely predictive of depressive symptoms over time after controlling for situational or dispositional factors.

Table 1

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1. Dysfunctional Individuation Scale	—														
2. Beck Depression Inventory	.49	—													
3. CAS Interpersonal Problems	.57	.59	—												
4. CAS Family Problems	.38	.48	.54	—											
5. CAS Self-Esteem Problems	.51	.71	.62	.51	—										
6. SITA Separation Anxiety	.48	.53	.49	.30	.57	—									
7. SITA Engulfment Anxiety	.31	.27	.34	.65	.30	.24	—								
8. SITA Healthy Separation	-.25	-.17	-.18	-.10	-.25	-.12	.03	—							
9. BFI Extraversion	-.17	-.25	-.31	-.21	-.41	-.27	-.14	.17	—						
10. BFI Agreeableness	-.41	-.23	-.51	-.19	-.25	-.14	-.10	.23	.08	—					
11. BFI Conscientiousness	-.36	-.35	-.33	-.28	-.41	-.21	-.24	.12	.10	.26	—				
12. BFI Neuroticism	.38	.57	.53	.36	.60	.54	.12	-.20	-.20	-.33	-.28	—			
13. BFI Openness	-.03	.04	.06	.04	-.05	.07	.02	.20	.05	.16	-.01	.01	—		
14. Perceived Stress Scale	.44	.73	.53	.39	.69	.53	.20	-.13	-.23	-.22	-.36	.59	-.01	—	
15. Age	-.08	.01	-.02	.00	-.01	-.03	.00	-.03	.04	-.02	.06	.02	.00	.01	—
16. Gender	-.08	.05	-.06	.03	.07	.15	-.04	.14	.09	.18	.12	.18	.08	.12	-.02

†Note: all correlations of magnitude greater than ± .11 are significant at $p < .05$.

Method

Participants:

Adolescents and Emerging Adults (N = 450, $M_{age} = 19.83$) recruited from a private Midwestern university.

Procedure:

The participants were administered the Dysfunctional Individuation Scale (Stey, Hill & Lapsley, in press), the College Adjustment Scales (Anton & Reed, 1991); the Perceived Stress Scale (Cohen et al., 1983); the Beck Depression Inventory (Beck, 1961); the Big Five Inventory (John et al., 1991); and the Engulfment Anxiety, Separation Anxiety, and Healthy Separation subscales from the Separation-Individuation Test of Adolescence (Levine et al 1986).

Results

Correlational analyses show that the DIS was negatively correlated with healthy separation ($r = -.25$) and positively correlated with separation anxiety ($r = .48$) and engulfment anxiety ($r = .31$) and with various college adjustment problems ($M_r = .49$). The DIS was also significantly correlated with depression ($r = .49$), neuroticism ($r = .38$) and perceived stress ($r = .44$).

Multiple regression analysis was used to examine the relationship between depression, dysfunctional individuation, and neuroticism. We fit regression models with scores on the BDI regressed on the DIS and the Neuroticism subscale of the BFI. The main effects model shows that even when accounting for the influence of neuroticism, the DIS remains a robust predictor of depression, $t(422) = 7.91, p < .001$, with the model accounting for 42% of the variance in scores on the BDI-II, $F(2, 422) = 153.00, p < .001$.

To further investigate the relationship between these three variables, we also fit a model estimating an interaction term of neuroticism and dysfunctional individuation. Predictor variables were mean centered prior to fitting this model. This model revealed a significant interaction effect of neuroticism and the DIS on depression, $t(421) = 3.73, p < .001$, accounting for 44% of the variance in scores on the BDI-II, $F(3, 421) = 109.70, p < .001$. As Figure 1 indicates, as scores on the DIS increase, neuroticism becomes an increasingly strong predictor of depression. Hence, dysfunctional individuation moderates the relationship between neuroticism and depression.

Discussion and Future Directions

These results show that DIS shows a robust pattern of convergent, discriminant validity and is not a surrogate measure of neuroticism. Moreover, dysfunctional individuation moderates the relation between neuroticism and depression. Since dysfunctional individuation is a developmental construct, we expect to see in future research that participants' scores on the DIS will show change over time. Specifically, we expect that as participants age they show fewer problems associated with individuation.

Furthermore, we expect that age and scores on the DIS will interact to predict depressive symptoms such that as individuals age DIS will become a stronger predictor of depressive symptoms. This follows from the view that problems of individuation are especially deleterious later in life when most have successfully negotiated the individuation process.

Figure 1

