

Dysfunctional Individuation in Early and Late Adolescence

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Background

Separation-individuation is a developmental process through which individuals renegotiate self-other boundaries. Although this process is thought to be critically engaged in the first years of life, it is generally agreed that adolescence and young adulthood constitute a “second phase” wherein these issues are renegotiated in light of the developmental tasks common to this age period (Blos, 1962; Josselson, 1982).

The developmental task of the adolescent and emergent adult is to flexibly manage the on-going dialectic between separation and connectedness while avoiding the undesirable outcomes of fusion and enmeshment, on the one hand, and complete detachment and isolation, on the other. Put differently, the desire for self-assertion, the desire to exercise autonomous agency, must be realized in a way that does not give in to narcissistic isolation. Independence and self-governance must affirm ongoing relational commitments. Hence, self-investment and self-regard necessarily exists in dynamic tension with object relational needs. Bakan (1966) called this dialectical tension the basic “duality of human existence” because it is around the themes of agency and communion that much of our lives take meaning, and not just in adolescence.

A number of assessment strategies have been devised to measure elements of separation-individuation, although extant measures have proven to be of limited utility to clinicians and researchers. In this context a measure of pathology of separation-individuation (which we denoted as “PATHSEP”) holds more promise (Christenson & Wilson, 1985). The original construction of PATHSEP was guided by Mahler’s (Mahler, Pine & Bergman, 1975) work on infantile separation-individuation. According to Mahler, separation-individuation unfolds over several phases of increasing differentiation that culminate when self- and object-representations (of caregivers) are consolidated into a stable intrapsychic image (“object constancy”) that is comforting to the child in the caregivers absence. Disturbances of the separation-individuation process were assumed to result in patterns of personal and relational dysfunction throughout the life course.

Pine (1979) argued that the adult manifestation of disturbance in separation-individuation takes two forms. A “lower-order” disturbance is characterized by uncertain self-other boundaries; by an experience of merger with another and the loss of the sense of the existential self. A “higher order” disturbance is marked by an inability to tolerate aloneness; by an attempt to re-establish coercive omnipotent control over others; and by deficits in object constancy.

On the basis of this clinical-developmental theory Christenson and Wilson (1985, p. 562) argued that pathology of separation-individuation is manifested “*in difficulty in differentiation of self from others, in splitting of the self and other internal representations into ‘good’ and ‘bad,’ and in relationship disturbances in aloneness tolerance, coercion and object constancy.*” Their initial attempt to measure these manifestations of pathology of separation-individuation yielded a 65 item-scale that reflect three symptom patterns: (1) differentiation failure, (2) splitting, and (3) relational disturbance. Subsequent scale reduction found that 39 items discriminated a sample of adults diagnosed with borderline personality from a random control group of university employees. This 39-item scale reported satisfactory internal consistency ($\alpha = .92$) and a unitary factor structure (otherwise not described) that accounted for 49% of the variance.

Our interest in this scale was to use it a basis for examining individuation gone awry in adolescents and emerging adults without presuming that it measures clinically significant psychopathology or personality disorders. We used the 39-item scale in a number of studies which reported strong evidence of internal consistency and very robust correlations (in the proper direction) with indices of mental health and adjustment.

Yet we wanted to reduce the scale even further so that it could be used more efficiently for research on the dynamics of individuation but also to serve as a construct valid diagnostic screen for developmental dysfunction. For example, Lapsley, Aalsma and Varshney (2001) reported two studies that reduced the 39-item scale into a single-factor, 19-item scale that was moderately and positively correlated with indices of insecure adult attachment, depressive symptoms and with indices of psychiatric symptomatology and poor college adjustment. We do not believe that we are picking up clinically significant psychopathology in this work but only evidence of sub-clinical dysfunction, although how well the scale discriminates pathological individuation and dysfunctional individuation is an open empirical question.

Purpose

In this presentation we report three studies that chart further evidence for the construct validity of this promising measure of dysfunctional individuation in samples of early and late adolescents and emerging adults.

Study 1

In the first study we attempted to provide the evidence of convergent validity of PATHSEP by examining its relationship with those subscales of the Separation Individuation Test of Adolescence (SITA) that are most strongly predictive of MMPI-derived psychopathology (Holmbeck & Leake, 1999). In addition we attempted to cast a wider nomological net by examining validity coefficients with indices of self-esteem, family and interpersonal problems (from the College Adjustment Scales); with indices of psychiatric symptoms (from the Brief Symptom Inventory); and with ratings of adult attachment style (secure, fearful, preoccupied, dismissing).

Study 1 Participants and Measures

Participants included 245 (167 females: $M_{\text{age}} = 20.35$, $sd = 3.80$) university students. We have renamed PATHSEP the Dysfunctional Individuation Scale (DIS) to indicate our belief that the scale does not necessarily track individuation pathology. The DIS is a strongly reliable, single factor 19-item scale that includes items with three symptom patterns: differentiation failure (e.g., *"I need other people around me to not feel empty"*), splitting of self-others into "good" and "bad" (*"Whenever I see someone I really respect and look up to, I often feel worse about myself"*) and relationship disturbances including (1) aloneness tolerance (*"I need other people around me to not feel empty"*), (2) coercion (*"I am tempted to control other people in order to keep them close to me"*), and (3) object constancy (*"I feel that people seem to change whenever I get to know them"*).

In addition to the DIS participants were administered 5 subscales from the Separation-Individuation Test of Adolescence (SITA, Levine, Green & Millon, 1986): separation anxiety ($\alpha = .78$), engulfment anxiety ($\alpha = .81$), self-centeredness ($\alpha = .85$), dependency denial ($\alpha = .87$) and healthy separation ($\alpha = .73$). These scales were selected on the basis of research (Holmbeck & Leake, 1999) which demonstrated their differential relationship to MMPI indices of adjustment (healthy separation), and maladjustment (separation anxiety, dependency denial, engulfment anxiety, self-centeredness).

Participants also responded to the Brief Symptom Inventory (BSI, Derogatis, 1993). The BSI is a 53 item scale that can be decomposed into 9 subscales, each of which taps a different psychiatric symptom pattern. These subscales include somatization ($\alpha = .85$), anxiety ($\alpha = .82$), hostility ($\alpha = .78$), paranoid ideation ($\alpha = .79$), psychoticism ($\alpha = .76$), phobic anxiety ($\alpha = .84$), interpersonal sensitivity ($\alpha = .85$), depression ($\alpha = .89$) and obsessive-compulsion ($\alpha = .79$).

Three subscales from the College Adjustment Scales (Anton & Reed, 1991) were also used. These subscales assess interpersonal problems ($\alpha = .79$), self-esteem problems ($\alpha = .85$) and family problems ($\alpha = .79$).

Adult attachment styles were assessed with the methodology designed by Bartholomew and Horowitz (1991). Four attachment styles are described by brief statements and participants are required to endorse the one statement that is most self-descriptive. The *secure* attachment style is characterized by a positive sense of self-worth plus and an expectation that others are trustworthy, reliable and available. The *dismissing* attachment style is characterized by a positive working model of the self but a highly negative model of others. The *preoccupied* attachment style is characterized by a model of the self as unlovable or unworthy, but a positive view of others. Finally, the *fearful* attachment style is characterized by a sense of self-unworthiness and a view that others are rejecting, untrustworthy or unavailable. After endorsing one of these classifications, participants are also asked to rate the self-descriptiveness of each of the four attachment classifications along a 7-step continuum (*not at all like me* to *very much like me*). This *dimensional* rating provides a continuous score for each participant on each of the four attachment styles.

Results

Table 1 reports the validity coefficients of the DIS with other measures. The correlations with SITA indicate strong evidence of convergent (engulfment, separation anxiety, dependency denial) and discriminant (healthy separation) validity. The DIS is also a strong predictor of interpersonal ($r = .63$) and family ($r = .37$) problems, and it is positively correlated with all 9 indicators of psychiatric symptomatology ($M_r = .43$). Finally, the DIS was positively correlated with fearful and preoccupied adult attachment styles ($r = .32$) and negatively correlated, as anticipated, with secure adult attachment ($r = -.32$).

The relation between adult attachment classifications and PATHSEP was further explored with an Attachment Category (4: secure, fearful, preoccupied, dismissing) x Gender ANOVA. Significant effects were found for Attachment Category, $F(3, 230) = 10.31, p < .001$. Post-hoc comparisons (Tukey's HSD) indicated that participants with fearful and preoccupied adult attachments reported significantly more pathology of separation-individuation than did participants with secure attachments (see Table 2). No other effects were evident.

Study 2

Study 2 examined dysfunctional individuation in a sample early adolescents ($N = 145, 81$ females, $M_{age} = 12.98$). Participants were administered the DIS, five subscales from SITA, the Reynolds Adolescent Depression Scale, four subscales from the Self-Image Questionnaire for Young Adolescents, and two subscales from the Multidimensional Self Concept Scale.

As Table 3 indicates, the DIS was positively related to engulfment and separation anxiety, self-centeredness and dependency denial, and unrelated to healthy separation. It counterindicated measures of positive adjustment, and two indices of self-concept, but was positively correlated with depressive symptoms.

These data indicate a pattern of convergent, discriminant and concurrent validity. The DIS converges with indices of SITA (engulfment anxiety, self-centeredness, separation anxiety and dependency denial) and is discriminated from SITA-healthy separation. Moreover the DIS is negatively correlated with indices of adolescent self-image (mastery coping, superior adjustment, family and peer relations) and with two indicators of multidimensional self-concept, but positively correlated with depressive symptoms.

Study 3

The successful resolution of individuation and the achievement of full psychological adulthood is not simply a matter of individual development but implicate the family system as well. Family systems theory suggests that families have different levels of tolerance for individuation. Poorly differentiated families are intolerant of individuation because this is interpreted as a threat to the family. In contrast, well-differentiated families flexibly adapt to the expanding needs of the developing child for increased autonomy.

Differentiation, then, is a family system variable that is presumed to influence the course of individuation. One marker of differentiation is the degree of parental control exercised within the family. For example, in poorly differentiated families parents are expected to exercise greater control over children because individuation is more threatening to the family system than are parents in well-differentiated families.

The degree of parental control should be associated with the quality of individuation. For example, children whose parents exercise greater control should experience more dysfunctional individuation than children whose parents exercise lesser control---particularly over the course of life transitions when the press towards autonomy is normatively expected, such as the transition to college. Indeed, perceptions that one has attained adulthood should be inversely related to high degrees of perceived parental control and dysfunctional individuation.

We hypothesized that emergent adults in poorly differentiated families (who perceived their parents as highly controlling) would exhibit more family-, self-esteem and interpersonal problems, but that this relationship would be mediated by dysfunctional individuation

Participants (N = 115, 50 males, $M_{age} = 21.25$) completed the Parental Control Scale (Barber, 1996), the DIS, the Healthy Separation subscale from SITA; three subscales of the

College Adjustment Scales; and a perceptions of adulthood scale; and a measure of risk behavior (Rowe, 1885). Table 4 reports the correlations and scale reliabilities.

As can be seen in Table 4 dysfunctional individuation was strongly correlated with high levels of both maternal ($r = .47$) and paternal ($r = .50$) control, and was robustly correlated with three indices of college adjustment: family problems ($r = .56$), self-esteem problems ($r = .67$), and interpersonal problems ($r = .69$). High levels of reported maternal control were strongly correlated with family problems ($r = .59$), low self-esteem ($r = .42$) and interpersonal problems ($r = .47$). The same was also true for perceived paternal control, which was positively correlated with family problems ($r = .53$), low self-esteem ($r = .36$), and interpersonal problems ($r = .57$), as significantly correlated with both frequency ($r = .31$) and duration ($r = .29$) of college students' substance use.

We examined whether the influence of parental (mother and father) control on college adjustment problems was mediated by dysfunctional individuation using structural equation modeling (EQS 6.1; Bentler, 2006). In building the model (see Figure 1) we considered creating a latent factor for parental control, but theory suggests that the effects of parental control on adjustment problems might differ by parent (e.g., Barnes & Farrell, 1992; Gecas & Schwalbe, 1986). In addition, the two parental control variables were not very highly correlated. College adjustment problems (family problems, interpersonal problems, self esteem problems) were treated as a latent factor in the model.

Mardia' coefficient (8.74) indicated that the data were not multivariate normal; hence robust statistics were used to evaluate model fit. Analyses revealed the model (see Figure 1) provided a good fit: Satorra–Bentler $\chi^2(5, N = 115) = 4.69, p = .46, CFI = 1.00, RMSEA = .00$. Dysfunctional individuation mediated the relationship between paternal and maternal control and college adjustment problems. Both maternal control (standardized estimate = $.30, p < .05$), and paternal control (standardized estimate = $.33, p < .05$), had positive indirect effects on college adjustment problems. In these analyses the error variances of interpersonal problems and family problems, as well as those of interpersonal problems and self-esteem problems were allowed to correlate both because the manifest variables were highly related, and also because doing so improved the overall model fit.

These findings indicate that college students who perceive their parents as highly controlling also exhibit problems with interpersonal and familial relationships, as well as self esteem problems, but mostly because controlling parenting has a deleterious effect on the individuation process. These results reveal that high levels of parental control contribute negatively to young people's increased of self-esteem problems, interpersonal problems, and family relationship problems, but mostly because of its interference with the individuation process.

Conclusions

The DIS demonstrated strong internal consistency and an encouraging pattern of convergent, discriminant and concurrent validity in samples of early and late adolescents. These results also underscore the interplay of individuation and parenting in the adaptive functioning in emerging adulthood.

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Table 1
Correlation among Dysfunctional Individuation and Indices of Separation-Individuation, Adjustment, Symptoms and Adult Attachment (Study 1)

<u>Measures</u>	<u>r with</u> Dysfunctional Individuation Scale
Separation-Individuation Test of Adolescence	
Self-Centeredness ($\alpha = .85$)	-.08
Engulfment Anxiety ($\alpha = .81$)	.28
Separation Anxiety ($\alpha = .78$)	.52
Dependency Denial ($\alpha = .87$)	.45
Healthy Separation ($\alpha = .73$)	-.46
College Adjustment Scales	
Interpersonal Problems ($\alpha = .79$)	.63
Self-Esteem Problems ($\alpha = .88$)	.59
Family Problems ($\alpha = .79$)	.37
Brief Symptom Inventory	
Anxiety ($\alpha = .82$)	.45
Hostility ($\alpha = .78$)	.36
Paranoid Ideation ($\alpha = .79$)	.53
Psychoticism ($\alpha = .76$)	.45
Phobic Anxiety ($\alpha = .84$)	.39
Interpersonal Sensitivity ($\alpha = .85$)	.49
Depression ($\alpha = .89$)	.49
Somatization ($\alpha = .85$)	.32
Obsessive Compulsion ($\alpha = .79$)	.42
Adult Attachment (1-item dimensional rating)	
Secure	-.32
Fearful	.32
Preoccupied	.32
Dismissing	-.03

Table 2: Means and Standard Deviations for DIS by Adult Attachment (Study 1)

DIS	Adult Attachment Categories			
	Secure	Fearful	Preoccupied	Dismissing
Mean	47.45 ¹²	65.53 ¹³	67.91 ²³	51.87 ³
Std. Dev.	20.44	24.55	25.29	23.27
N	97	62	46	33

Note. Means that share a common superscript are significantly different from each other ($p < .05$)

Table 3
Correlation of Dysfunctional Individuation with Indices of Separation-Individuation, Self-Image, Multidimensional Self-Concept and Depressive Symptoms (Study 2)

Measures	r with
Separation-Individuation Test of Adolescence	Dysfunctional Individuation Scale
Engulfment Anxiety ($\alpha = .79$)	.50
Self-Centeredness ($\alpha = .85$)	.20
Separation Anxiety ($\alpha = .76$)	.39
Dependency Denial ($\alpha = .85$)	.49
Healthy Separation ($\alpha = .74$)	ns
Self-Image Questionnaire for Young Adolescents	
Mastery Coping ($\alpha = .69$)	-.47
Superior Adjustment ($\alpha = .66$)	-.26
Family Relations ($\alpha = .87$)	-.27
Peer Relations ($\alpha = .81$)	-.27
Multidimensional Self Concept Scale	
Family Self Concept ($\alpha = .96$)	-.27
Social Self Concept ($\alpha = .92$)	-.27
Reynolds Adolescent Depression Scale ($\alpha = .94$)	.39

Table 4
Correlations between Dysfunctional Individuation (DIS) and Healthy Separation, Parental Control, Perceived Adulthood, Risk Behavior and College Adjustment Problems (Study 3)

	DIS	Healthy Separation	Parental Control			Perceived Adulthood	Risk Behavior	College Adjustment Problems		
			M	F	Both			Family	Self-Esteem	Interpersonal
DIS	.91									
Healthy Separation	.45	.84								
Parental Control										
Mother	.47	-.27	.82							
Father	.49	-.08	.58	.84						
Both	.23	.005	.35	.33	.70					
Perceived Adulthood	-.35	.14	-.27	-.14	-.09	(1-item)				
Risk Behavior	.27	-.01	.22	.47	.31	-.09	.83			
College Adjustment										
Family	.56	-.26	.59	.53	.15	-.22	.33	.84		
Self-Esteem	.67	-.39	.42	.36	.03	-.36	.12	.43	.86	
Interpersonal	.69	-.32	.47	.57	.21	-.24	.42	.69	.61	.84

Note. Internal consistency (coefficient alpha) is indicated along the main diagonal
All correlations > .20 are statistically significant

Figure 1: Dysfunctional Individuation Mediates Parental Control and College Adjustment Problems

