CHAPTER I
INTRODUCTION

The Dysfunctional Separation-Individuation Scale has been shown to be a psychometrically sound and clinically useful measure of separation-individuation for use with young adolescents. To date, several scales designed to assess the separation-individuation process have proven to be valid and reliable measures (Hansburg, 1972, 1980; Hoffman, 1984; Levine, Green, & Millon, 1986). However, prior to the present study, no scale has been shown to be promising for use with a young adolescent population.

Adolescent separation-individuation can be described as a developmental process whereby individuals increase their sense of differentiation and independence from their parents and create a unique identity within the context of the parent-child relationship (Karpel, 1976; Rice, 1992). Although researchers are in general agreement in viewing adolescent separation-individuation as a critical process in adolescent development (Crespi & Sabatelli, 1993; Erikson, 1960, 1968; Josselson, 1980, 1988; Lapsley, Rice, & Shadid, 1989), they conceptualize the process differently (Allison & Sabatelli, 1988; Blos, 1962, 1979; Josselson, 1980, 1988). As such, various measures have been designed to assess separation-individuation in adolescents.

The Dysfunctional Separation-Individuation Scale (DSIS; Christenson & Wilson, 1985; Lapsley, Aalsma, & Varshney 2001; Lapsley & Horton, 2002) has proven to be an
effective screening measure for difficulties in the separation-individuation process when used with populations of older adolescents (Blazina & Watkins, 2000; Lapsley, Aalsma & Varshney, 2001; Lapsley & Edgerton, 2002; Levitz-Jones & Orlofsky, 1985). The purpose of the present research was to investigate the psychometric integrity and clinical utility of the DSIS when applied to a new population of young adolescents.

Background

Adolescent separation-individuation has long been of interest to researchers, and has been conceptualized in a number of ways. Blos (1962, 1979) viewed the process from a psychodynamic perspective and described separation-individuation in terms of ego development, in which the adolescent attempted to transcend infantile object representations and reorganize the ego structure in order to develop a unique sense of self. He described the process as “the shedding of family dependencies, the loosening of infantile object ties in order to become a member of society at large or, simply, of the adult world” (Blos, 1979, p. 142).

Whereas to Blos, separation-individuation entailed the de-idealization of the parents as necessary for identity development, other theorists have described the separation-individuation processes as occurring within the framework of the adolescent-parent relationship. One such researcher was Josselson (1980, 1988) whose conceptualization diverged from that of Blos (1962, 1979) in the importance placed on the idea that individuation took place in the context of relationships. Similarly, others (e.g., Allison & Sabatelli, 1988) have viewed the process as a reciprocal renegotiation of family relationships. Despite these differences in emphasis various researchers have placed upon aspects of separation-individuation, the separation-individuation process has
proven significant in our understanding of adolescent development, and has been identified as a critical developmental process for adolescents (Erikson, 1960, 1968; Josselson, 1980, 1988; Lapsley, Rice, & Shadid, 1989).

Researchers have suggested that the separation-individuation process affects many aspects of functioning. McClanahan and Holmbeck (1992) specifically cited an individual’s self-esteem, quality of family relationships, success in peer relationships, and levels of depression and anxiety as being affected by the course of the separation-individuation process in adolescents. Other research has linked difficulties separating from parents to personality disorders (Noam, 1988), eating disorders (Bruch, 1985; Friedlander & Siegel, 1990; Kenny & Hart, 1992), and suicidal ideation (Wade, 1987).

Several factors have been identified by researchers as having an impact on successful navigation through the separation-individuation process. Family dynamics (Teyber, 1983a; Teyber, 1983b), family structure (Jones, Kramer, Armitage, & Williams, 2003; Kenny & Donaldson, 1991; Lopez, Campbell, & Watkins, 1988) and parental marital status (Sessa & Steinberg, 1991) are factors that have been shown to have an effect on separation-individuation in adolescents.

Successful resolution of the separation-individuation process occurs when the adolescent is able to “strike a balance between enmeshment with parental identifications and complete disengagement and isolation” (Lapsley, Rice, & Shadid, 1989, p. 286). That is, the adolescent must establish a sense of self which is at once independent of the parent but also in relation to the parent (Josselson, 1980, 1988; Lapsley & Edgerton, 2002; Mazor & Enright, 1988). This balance exists between extremes of enmeshment characterized by an internalization of others’ opinions and expectations and detachment
from the parent and peers characterized by a lack of meaningful interaction. The ideal outcome of the separation-individuation process in adolescence is the formation of a unique identity, while simultaneously maintaining the capacity for attachment to others, (Allison & Sabatelli, 1988; Josselson, 1988).

Three measures which have been prominent in the literature were developed from distinct theories, and took dissimilar approaches to measurement of the separation-individuation process. For example, Hansburg’s Separation Anxiety Test (SAT: 1972, 1980) was a semi-projective measure, and was developed from the psychodynamic theory of attachment. The SAT assesses reactions to stimuli which reflect situations of grief and loss.

A second measure was the Psychological Separation Inventory (PSI: Hoffman, 1984), a self-report inventory which assessed four aspects of adolescent separation-individuation identified by Hoffman. These aspects were: functional independence, attitudinal independence, emotional independence, and conflictual independence from parents.

Finally, the Separation-Individuation Test of Adolescence (SITA), was developed by Levine, Green, and Millon (1986), and was oriented to Mahler’s theory of separation-individuation in infancy. The SITA was designed to identify indicators of psychopathology and manifestations of healthy separation-individuation progress in adolescents.

Various criticisms have been raised regarding these measures following their subsequent use in later research. For example, the length of the SAT and its inadequateness for use as a clinical screener have been cited as disadvantages (Lapsley,
Aalsma, & Varshney, 2001). Rice, Cole, and Lapsley (1990) suggested that the PSI may not be sensitive enough to detect more serious patterns of difficulties accompanying dysfunctional separation-individuation. Furthermore, Rice, Cole, and Lapsley (1990) reported a lack of consistency in the correlations between the PSI and various measures of adjustment. Inconsistent findings were also evident in terms of gender differences in the separation-individuation process in studies using the PSI (Rice, 1992), and the need for separate mother and father scales has been questioned. Holmbeck and McClanahan (1994) expressed concerns with the construct validity of the SITA in terms of how well it measured the theoretical constructs it was designed to assess.

Another measure, which has recently shown promise, is an instrument here referred to as the DSIS scale. Originally developed as the Separation-Individuation Inventory (SII; Christenson & Wilson, 1985) the 39-item inventory was designed to assess manifestations of disturbances in the separation-individuation process among adults. Christenson and Wilson (1985) cited the work of Mahler (1971), Kernberg (1975), Pine (1979), and others as suggestive of a relationship between separation-individuation disturbances and pathology, stating “disturbances in separation-individuation are manifest 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.” (Christenson & Wilson, 1985, p. 562). Specifically, Christenson and Wilson (1985) noted the similarities of these disturbances to the diagnostic features of Borderline Personality Disorder, and designed their inventory in order to assess these disturbances.
In the original study (Christenson & Wilson, 1985), the DSIS proved effective in differentiating a group of adult patients with Borderline Personality Disorder from a sample of nonclinical university employees. Subsequent studies by other researchers found that the DSIS was significantly correlated with measures of emotional autonomy and self-esteem, as well as with parental communication of acceptance and independence (Ryan & Lynch, 1989) and with measures of borderline personality symptomology (Dolan, Evans, & Norton, 1992). Furthermore, Lapsley and Edgerton (2002) found the DSIS to be a “robust predictor of adult attachment styles” (p. 490).

Lapsley, Aalsma, and Varshney (2001) conducted two studies to assess the psychometric properties and factor structure of Christenson and Wilson’s (1985) original 39-item inventory. The goal of these studies was to derive a measure that was shorter in length, yet retained construct validity. The study resulted in a reduced 19-item DSIS scale which would prove to be useful as a diagnostic screening measure of pathology of separation-individuation.

Lapsley, Aalsma, and Varshney (2001) reported that the DSIS scale “was associated strongly with various indicators of psychopathological symptomatology” (p. 926). In regard to adult attachment styles, the DSIS scale was found to correlate negatively with the secure attachment style, positively with both the fearful and preoccupied attachment styles, and was unrelated to the dismissing attachment style. Lapsley, Aalsma, and Varshney (2001) concluded that the shortened scale was “a reliable and construct valid measure” (p. 930).

Despite the advances made concerning the factor structure, construct validity, and reliability of the DSIS scale as a measure of separation individuation, to date, studies
have been limited to either adults (Allen & Stoltenberg, 1995; Christenson & Wilson, 1985; Dolan, Evans, & Norton, 1992; McChrystal & Dolan, 1994) or college students (Blazina & Watkins, 2000; Lapsley, Aalsma, & Varshney, 2001; Lapsley & Edgerton, 2002; Levitz-Jones & Orlofsky, 1985). To date, the DSIS scale has not been used to investigate the separation-individuation process in young adolescents (i.e., middle and high school age students), despite theoretical postulations that the separation-individuation process begins at a young age (Blos, 1962; Josselson, 1980).

**Purpose of proposed research project**

Separation-individuation has been consistently identified as a critical process in adolescent development, with dysfunction being linked to difficulties with self-esteem, quality of family relationships, success in peer relationships, levels of depression and anxiety (McClanahan & Holmbeck, 1992), personality disorders (Noam, 1988), eating disorders (Bruch, 1985; Friedlander & Siegel, 1990; Kenny & Hart, 1992), and suicidal ideation (Wade, 1987). As such, early identification and treatment of dysfunction in the separation-individuation process is important. Therefore, the purpose of this research was to examine the psychometric integrity and clinical utility of the DSIS scale as a measure of dysfunctional separation-individuation in young adolescents, a group not yet studied using the measure.

This research analyzed the underlying factor structure of the DSIS scale (Christenson & Wilson, 1985; Lapsley, Aalsma, & Varshney, 2001; Lapsley & Horton, 2002) in a sample of young adolescents. Specifically, the following research questions were asked:
Question 1: What is the factor structure of the 19-item DSIS scale when used with a population of young adolescents? Moreover, is the factor structure consistent with that found in populations of older adolescents and young adults (Christenson & Wilson, 1985; Lapsley, Aalsma, & Varshney, 2001; Lapsley & Horton, 2002)?

Question 2: What is the relation between the DSIS factors and measures of related constructs?

Question 3: Is the DSIS predictive of depression and positive adjustment in young adolescents?

Significance of the problem

The current research was designed to investigate the psychometric integrity and clinical utility of the DSIS scale when used with young adolescent populations. Disturbances in the separation-individuation process have been linked to disorders in various areas of functioning such as self-esteem, quality of family relationships, success in peer relationships, levels of depression and anxiety (McClanahan & Holmbeck, 1992), personality disorders (Noam, 1988), eating disorders (Bruch, 1985; Friedlander & Siegel, 1990; Kenny & Hart, 1992), and suicidal ideation (Wade, 1987).

Evidence of the measure’s psychometric integrity and clinical utility with a population of young adolescents will provide mental health professionals who work with young adolescents an effective tool to screen for dysfunction in the separation-individuation process early in its course, and allow for earlier treatment. The current research was designed to further develop our understanding of the adolescent separation-individuation process in general and of the psychometric properties of the DSIS scale in particular.
Assumptions

It is assumed that during the course of this research, all measures were administered according to standardization procedures. Furthermore, it is assumed that subjects completed the measures in a manner which validly reflects the true state of those constructs purported to be assessed.

Limitations

The design of the current research necessitates that the following potential limitation be considered. Primarily, generalizability of results can only be made to similar populations.

Summary

The intent of the present research was to investigate the psychometric integrity and clinical utility of the DSIS scale. This will be accomplished by examining the factor structure of the measure when applied to a population of young adolescents and investigating the scales relationship to measures of similar constructs as well as measures of depression and positive adjustment.

As we have seen, measures of separation-individuation have progressed in relation to continued theoretical advances regarding the adolescent separation-individuation process. By examining the psychometric properties of the DSIS scale in populations of younger adolescents, it may be revealed that it is a valid measure of earlier phases of adolescent separation-individuation. This would allow researchers to more easily design longitudinal studies of the separation-individuation process, an area of
investigation which is lacking in the literature to date (Lapsley, Aalsma, & Varshney, 2001).
CHAPTER II
REVIEW OF LITERATURE

Introduction

Whether viewed as a period of “storm and stress” (Hall, 1904) or a period of more modest “transformations” (Baumrind, 1991), adolescence is conceived of as a period of change and growth. Adolescent separation-individuation is one important process during this period which requires a redefinition of the adolescent-parent relationship and results in the development of autonomous functioning and the creation of a unique sense of self. As such, the development of psychometrically sound and clinically useful measures of the process is important. In this chapter the major theories of adolescent separation-individuation and related constructs important to our understanding of the process will be discussed. Furthermore, measures designed to assess various aspects of the separation-individuation process in adolescents will be reviewed.

Theoretical Approaches to Separation-Individuation

Adolescence is a period of transition from childhood to adulthood during which changes in many aspects of human life occur, including development of the physical body, social relationships, and psychological processes (Steinberg, 1999). One developmental process occurring during adolescence is that of psychological separation-individuation. The adolescent separation-individuation process has been defined as “the
process of increasing one’s sense of differentiation from parents and achieving some
degree of self-definition. The process involves moving from dependence on parents to
increasing independence from parents.” (Rice, 1992, p. 203). Separation-individuation is
considered a critical process for adolescent development (Erikson, 1960, 1968; Josselson,
1980, 1988; Lapsley, Rice, & Shadid, 1989), and successful navigation through this
period will result in the acquisition of an identity of self and autonomous functioning
through a gradual redefinition of parent-child relations and social relations external to the

*Separation-individuation in infancy.* The first to describe a process of separation-
individuation was Margaret Mahler (Mahler 1963, 1968; Mahler, Pine, & Bergman,
1975) who observed the development of self in infant children, as well as the
development of relationships between infants and their care-givers. Mahler’s
observations led her to postulate a developmental theory including distinct phases
through which the infant must pass.

Mahler (1963, 1968) termed the first phase the *autistic* phase. This phase,
occuring during the first month of life, is marked by an almost exclusively inward focus,
that is, the infant’s primary concern is with bodily needs and functions. Interaction with
or action upon the external environment is limited in scope and complexity. This
changes, however, as the infant enters the second, or *symbiotic* phase which lasts from
approximately two to six months. The defining characteristic of the symbiotic phase is a
reciprocal interpersonal exchange between infant and caregiver. From the perspective of
the infant, the care-giver is not an entity of the external environment, but is incorporated
into a sense of self as a fused part of the expanded self. The care-giver becomes a focus
of the infant as an implement of relief from the tensions of hunger, toileting, etc. The quality of the care given during this phase is related to the self-esteem of the infant child.

Continued motoric, sensory, and cognitive developments occurring after approximately 6-months of age allow the infant to begin to navigate, perceive, and understand the environment in a new and more complex manner than was previously possible. This marks the beginning of a gradual process, the phase of separation-individuation from the care-giver, which means that the child has begun to differentiate between itself and its care-giver. Initial efforts toward rejection of the symbiotic fusion characteristic of the previous stage are subtle, for example, games of peek-a-boo. This rejection is an indicator of the subphase Mahler termed differentiation. Later behaviors such as crawling allow the infant to begin to attempt extended separation, a subphase Mahler termed practicing. Care-givers who succeed in allowing this separation, in balance with the reliable provision of adequate comfort and consolation, pave the way for future efforts on the part of the infant to separate. Moreover, the infant’s experiences exploring the environment stimulate continued development in a reciprocal process.

“Predictable emotional involvement on the part of the mother seems to facilitate the rich unfolding of the toddler’s thought processes, reality testing and coping behavior.” (Mahler, Pine, & Bergman, 1975, p. 79).

The next subphase, rapprochement, involves an awareness of the separateness of the parents along with an increased need for their emotional availability. It is marked by ambivalent behavior on the part of the child who on the one hand, celebrates and protects newfound independence, rejecting the mother with temper tantrums or darting away from her. On the other hand, the child is conflictually experiencing anxiety about separation
from the mother, and has a strong need for the mother’s emotional availability. The child can be seen to shadow the mother and cling to her, actively engaging the mother by sharing every experience with her. The child reacts to separation from the mother by mourning her absence. Another defense mechanism, splitting, described as the “failure to integrate good and bad images of self and others” (Kernberg, 1975), may also be revealed.

Finally, the subphase of consolidation marks the end of the separation-individuation process in infancy. The ideal result of the separation-individuation process in infancy as described by Mahler is a well differentiated sense of self, promoted by the new ability of the child to hold a mental representation of the caregiver in the mind, an ability labeled Object Constancy, which provides the child a sense of well being in the physical absence of the caregiver. Failure to achieve this may be caused by the caregiver’s anxiety regarding the infant’s attempts at separation, or rejection of the infant on the part of the caregiver. In situations such as these in which the separation-individuation process is subverted, the results may often be an overly intense emotional attachment to the family lasting well past infancy.

Separation-individuation in adolescence. Although the original formulation of separation-individuation dealt with the formation of self in infancy (Mahler, 1963, 1968), ensuing theorists would apply the framework to the unique tasks of psychological development in adolescence. In particular, the work of Blos (1962) and Josselson (1988) will be highlighted due to the importance their approaches have had upon our understanding of adolescent separation-individuation.
Blos. The first researcher to describe a process of separation-individuation occurring beyond infancy was Blos (1962, 1967, 1979). In investigating the development of self and changes in family structure during adolescence, Blos postulated that a second separation-individuation process occurs during this later stage of life. The process occurring during adolescence, Blos believed, was not a novel process, but rather it was a recapitulation of the infant’s Oedipal complex, and he termed the adolescent experience a “second phase” of separation-individuation to denote this (Blos, 1967). Blos (1979) described the second, adolescent phase as “the shedding of family dependencies, the loosening of infantile object ties in order to become a member of society at large or, simply, of the adult world” (Blos, 1979, p. 142). It is similar to the process in infants in that both adolescence and infancy are viewed as periods of heightened vulnerability due to a reorganization of personality, urgency for changes in psychic structure propelled by maturation, and by the threat of pathological consequences if deviant or unhealthy development occurs.

Five distinct stages of adolescent separation-individuation were identified by Blos (1962). These stages were the Preadolescent, Early Adolescent, Adolescent, Late Adolescent, and Post Adolescent stages. During these stages, individuals were faced with Oedipal conflicts and detachment from their parental objects as they restructured their ego organization.

The adolescent’s restructuring of ego organization is accomplished through a disconnection from the infantile as well as contemporary parental objects. The term objects here, refers to the people (specifically parents), aspects of these people, and psychological representations of them to which the sexual and aggressive drives of the
adolescent are linked. The reorganization process Blos described required the adolescent to both mourn the loss of the idealized parent figure formed during infancy and childhood, and to readjust to the reality parent. The process is fraught with psychological pitfalls. For example, a cessation of development during this period of heightened narcissism may result in the development of a personality disorder. Blos (1979) summarized the process as a dialectic process between regression and progression which places great strain upon the ego, drive organization, and interaction between the two, and where “this strain is responsible for many varied distortions and failures in individuation” (Blos, 1979, p.169).

The Preadolescent phase marked the end of the latency period, and was characterized by a “qualitative increase in drive” as well as a reintroduction or reinforcement of ego defenses such as repression, reaction formation, and displacement (Blos, 1962, p. 58). Males and females are faced with dissimilar experiences during the preadolescent phase.

As Blos (1962) states:

The preadolescent boy struggles with castration anxiety (fear and wish) in relation to the archaic mother and accordingly turns away from the opposite sex; the girl, on the other hand, defends herself against the regressive pull to the preoedipal mother by a forceful and decisive turn toward heterosexuality. (p. 67)

These unique struggles lead to changes in how the preadolescent interacts with their peers. Boys, due to their castration anxiety and the socialization of guilt as a solution to instinct gratification, display an increase in group (exclusively male)
affiliation. In fact, “The castration anxiety which brought the oedipal phase into its
decline reappears and forces the boy into the exclusive company of his own sex.” (Blos,
1962, p. 60). In girls, the central conflict of preadolescence was penis envy (Blos, 1962),
demonstrated through a “denial of femininity” as the preadolescent phase for girls “is
characterized by a thrust of activity during which playacting and tomboyishness reach
their height.” (Blos, 1962, p. 60).

The Early Adolescent phase was prompted by pubertal maturation, and was the
stage at which a “genuine process of separation from early object ties was begun” (Blos,
1962, p. 75), eventually culminating in the establishment of mature object relations. The
early adolescent withdraws from the parent and object representations of the parents (the
infantile love objects) in a process termed decathexis, and replaces them with new objects
and corresponding values and identities. The early adolescent phase is as Blos (1962)
states:

A period of repeated attempts at separation from primary love
objects… At early adolescence an upsurge of close idealizing
friendships with members of the same sex commonly occurs… and
a clumsy groping for new – not merely oppositional – values
emerges. (p. 72)

Friendships for the early adolescent take on a new and important significance.
The chosen peer is idealized, that is, “some characteristic in the other is admired and
loved because it constitutes a quality which the subject himself would like to possess”
(Blos, 1962, p. 77). Through friendship with this admired individual, the early adolescent
is able to possess the desired trait vicariously. According to Blos, fixation at the early
adolescent phase, with its emphasis on same sex friendship, could result in latent or manifest homosexuality.

Continued pubertal maturation spurs the adolescent into the phase Blos termed *Adolescence Proper* (1962). Psychological development during this phase was characterized by a search for heterosexual objects, as opposed to the idealized friendships of the early adolescent phase. As Blos (1962) describes:

> Adolescence proper marks an advance to the heterosexual position; or rather, this organization, while still incomplete, gains in clarity and irreversibility. Toward this end, object libido becomes turned outward again, this time towards nonincestuous objects of the opposite sex; concomitantly, narcissism declines. (p. 127)

A mature sexual identity is formed, as the body has reached sexual maturity, indeed “sexual identity formation becomes the ultimate achievement of adolescent drive differentiation during this phase.” (Blos, 1962, p. 89). And the adolescent, having now abandoned the early objects (parents) for first idealized friends, and in this phase for heterosexual love, comes to undervalue the parents, allowing the adolescent to continue the process of separation from them.

The culmination of these developmental processes occurred in the phase Blos termed *Late Adolescence* (1962). To Blos, this stage was one of consolidation, elaborating five aspects of psychological functioning, specifically:

1) a highly idiosyncratic and stable arrangement of ego functions and interests; 2) an extension of the conflict-free sphere of the ego; 3) an irreversible sexual position, summarized as genital primacy;
4) a relatively constant cathexis of object- and self-representations; and 5) the stabilization of mental apparatuses which automatically safeguard the integrity of the psychic organism. (Blos, 1962, p. 129)

A crisis can occur during late adolescence if there is a reluctance on the part of the adolescent to bring childhood to its final close. However, successful completion of the late adolescent phase will cause an individual “to arrive at a final settlement which the young person subjectively feels to be ‘my way of life.’” (Blos, 1962, p. 127).

Blos also identified a stage occurring between adolescence and adulthood, which he labeled *Postadolescence*. This was a stage in which the individual began to live out the identity they had formed in adolescence. As Blos (1962) stated “at postadolescence, the implementation of these goals (life tasks chosen during adolescence) in terms of permanent relationships, roles and milieu choices becomes the foremost concern.” (p. 151).

*Josselson.* The subphases of the separation-individuation phase which Mahler, Pine, and Bergman (1975) identified in infancy (i.e., differentiation, practicing, rapprochement, and consolidation) were, according to Josselson (1980, 1988), also structurally present during the adolescent separation-individuation phase. As in infancy, the process begins with the individual in a state of *symbiosis*. During this period, prior to adolescence, the prepubescent child is dependent upon the parents both physically and emotionally. Similarly to the symbiotic phase occurring during infancy, in which the infant and parent are largely separated from external influences, the preadolescent’s self-esteem and sense of self-concept are derived primarily from interactions with the parents.
It is out of this symbiotic relationship that, as with the infant, differentiation (Josselson, 1980) begins the adolescent’s separation-individuation process. Differentiation in the adolescent process may take the form of the adolescent gaining a sense of distinction between the parents’ preferences and beliefs and the preferences and beliefs of the adolescent themselves (e.g., favorite radio stations or television shows). This distinction is gained through the adolescent’s widening experiences, often due to increased interactions with peers.

With the onset of puberty, the adolescent enters into the subphase of practicing, (Josselson, 1980) in which the adolescent begins to act more and more autonomously, often in conflict to the demands of the parents, from whom an adjustment is also required. Josselson (1980) described the transition thusly:

The adolescent, generally from ages 11 to 13, delights in his feelings of separateness and autonomy, often wants to act as though he has no parents at all, and defines himself primarily through saying ‘NO’ to the parents or anyone else who tries to infringe on his freedom. (p. 194)

During rapprochement, (Josselson, 1980) the subphase which follows practicing, the adolescent’s behavior can be thought of as being analogous to that of the young child using newly developed motor skills to explore the environment, but still relying upon the parent as a secure base in times of stress. The adolescent is similarly faced with a crisis between remaining emotionally close to the parent and becoming more independent.

Josselson (1988) described rapprochement as a period of increased autonomy for the adolescent, during which the adolescent is increasingly responsible for themselves,
but still maintains a connection to the parents. It is through the successful navigation of both distancing and reconnecting with parents that the adolescent is able to maintain the connection with them, a connection which is being continuously reformed. Ideally, the adolescent affirms the relational connectedness with the parents and the feelings of individuality and autonomy occur within the context of a positive on-going relationship with parents (Josselson, 1980), just as the infant’s explorations of the environment occurred under the watchful eye of the care-giver.

However, this is often a period of emotional conflict between the adolescent and parents, during which the adolescent relies more and more heavily on relations with peers to meet the interpersonal needs for which the adolescent previously relied upon the parent. As Josselson (1980) wrote:

In a large part, the early adolescent attempts to feel separate and distinct from his parents by finding ways of irritating them. This is a way of flexing the will, of proving to oneself that one is taken seriously as a separate person. Physical separation and involvement with peers buttress this embryonic independent set of self-representations. (p. 94)

Following the subphase of rapprochement, the adolescent enters the final subphase of separation-individuation, termed consolidation (Josselson, 1980). Consolidation occurs typically during late adolescence and consists of a solidification of identity and autonomy. During consolidation, reliance on peers may decrease while closeness to parents likely re-intensifies. However, due to the reformation of the parent-
child relationship which has occurred at previous phases, this closeness is not a return to previous patterns of attachment. In describing Josselson’s work, Bartle (1989) states:

The renegotiation of the level of connectedness with the family and the progressive changes in the adolescent’s evolving identity that accompanies individuation during adolescence, requires the relationship with the parents to be reconstituted gradually on a more mutual and adult level. Hence, individuation during adolescence must involve changes in the degree to which the adolescent is functionally, financially, and psychologically dependent on significant others, as well as gradual renegotiations of the parent/child relationship from asymmetrical authority during early and middle childhood toward potentially adult-to-adult mutuality and symmetry during adulthood. (p. 284)

The relationship has transformed to become more egalitarian, with the adolescent now able to form and hold values and make decisions independently from the parents, “as the adolescent comes to experience more freedom about choices for the self, she [he] consolidates her [his] individuality with increasing independence from parents” (Josselson, 1988, p. 95). With the conclusion of the consolidation phase, the individuation process has become less central, and adolescence ends.

The development of autonomy is an important outcome of the separation-individuation process. Ryan and Lynch (1989) described the term autonomy as referring “to self governance and self-regulation.” (p. 340). Steinberg (1999) defined autonomy as “the psychosocial domain concerning the development and expression of independence”
The development of autonomy can be observed to occur at many stages throughout an individual’s lifespan and as with separation-individuation, the physical, cognitive, and interpersonal changes of adolescence make this period of life important for the development of autonomy. Steinberg (1999) differentiated among three types of autonomy in adolescence:

- **Emotional autonomy**—that aspect of independence which is related to changes in an individual’s close relationships, especially with parents;
- **Behavioral autonomy**—the capacity to make independent decisions and follow through with them;
- **Value autonomy**—having a set of principles about what is right and wrong, about what is important and what is not. (Steinberg, 1999, p. 278)

Autonomy is also closely related to attachment, and they have been described as being interconnected constructs. The relational connection between autonomy and attachment in Bowlby’s ethological theory is described by Josselson (1988) as that of autonomy as an aspect of attachment, “autonomy is not the antithesis of relatedness. Rather, autonomy is a property of it” (Josselson, 1988, p. 101).

Although autonomy can be thought of as an aspect of attachment, research does not suggest that autonomy strongly coincides with the construct of detachment. In their discussion of autonomy, Hill and Holmbeck (1986) concluded that “autonomy seems to be related to a transformation in parent-child interaction but not to detachment or to freedom from social influence” (p. 158).

According to Josselson (1980) systematic shifts in autonomy and connectedness, particularly with regard to the parent-adolescent relationship, drive the continuing
The adolescent’s ability to successfully negotiate the separation-individuation process is greatly influenced by interactions with parents (Allison & Sabatelli, 1988; Ryan & Lynch, 1989). Conflict may arise as adolescent autonomy increases, especially if parents are unwilling or unable to adjust their expectations of behavior and their interactions with their child in a way which is supportive of further development (Sabatelli & Mazor, 1985). This does not mean, however, that autonomy necessitates a disengagement of the adolescent from the parent-child relationship. Rather, it is a transformation of the family dynamic (Larson, Richards, Moneta, Holmbeck, & Duckett, 1996). As opposed to freedom from parental attachments, Hill and Holmbeck (1986) suggest that autonomy is related positively with closeness to parents.

The adolescent’s development of autonomy, according to Josselson (1988), is not merely a transition from dependence towards independence from parents, but rather is a change in the nature of the relationship, where the parent-child connection is maintained; “Bonds change from dependence to interdependence, from submission and rebellion to interrelatedness. As selfhood becomes more defined, relationships deepen and differentiate. Connection grows in the context of autonomy” (Josselson, 1988, p. 97). The relation between autonomy and individuation is complementary. Sabatelli and Mazor (1985) described the processes thusly: individuation leading to greater autonomy, which reciprocally impacts identity formation and finally encourages further individuation. Josselson (1980) used the analogy of a coin to describe the relationship; individuation and autonomy are opposite sides of a coin and “as individuation proceeds, autonomy grows” (p. 191). The process has effects beyond the family dynamic as well, as the
adolescent’s culture begins to place expectations on the adolescent to increase self-reliance and autonomy, rather than hold on to internalized parental value systems. (Hock, Eberly, Bartle-Haring, Ellwanger, & Widaman, 2001).

*Family systems.* Other theorists have described the adolescent separation-individuation process through the lens of family systems theory (Bowen, 1976; Minuchin, 1974). In this framework, the process of adolescent separation-individuation involves the adolescent’s reworking of family ties. The adolescent’s establishment of an independent identity occurs while simultaneously maintaining connectedness with the family, resulting in a “separate yet connected self”. As Allison and Sabatelli (1988) state:

> The renegotiation of the level of connectedness with the family and the progressive changes in the adolescent’s evolving identity that accompanies individuation during adolescence, requires the relationship with the parents to be reconstituted gradually on a more mutual and adult level. Hence, individuation during adolescence must involve changes in the degree to which the adolescent is functionally, financially, and psychologically dependent on significant others, as well as gradual renegotiations of the parent/child relationship from asymmetrical authority during early and middle childhood toward potentially adult-to-adult mutuality and symmetry during adulthood. (p. 284)

Separation-individuation, when viewed from the family systems perspective, is similar to the concept of differentiation (Bowen, 1978). Differentiation refers to the
ability to distinguish between thought and emotion, as well as the ability to remain connected to others while maintaining an autonomous individuality (Bowen, 1978; Kerr & Bowen, 1988). According to Bowen (1976) differentiation is necessary for healthy functioning of both individuals and families, and well differentiated family relationships foster the process of individuation in adolescents (Crespi & Sabatelli, 1993).

All families are characterized by a level of differentiation, reflected in the methods by which they regulate the emotional climate of the family, as well as the family’s “boundary processes”, or the levels of separateness and togetherness allowed to occur (Crespi & Sabatelli, 1997). A family’s level of differentiation has been defined as its “tolerance for autonomy and intimacy” (Sabatelli & Anderson, 1991).

According to Bowen (1978) the level of differentiation within the family creates an environment that impacts on how the individuation process proceeds. In well differentiated families, individuals experience both an ongoing sense of emotional connectedness, and a sense of autonomy, which facilitate individuation. In poorly differentiated families however, emotional climate and boundary processes discourage individuality and autonomy (Crespi & Sabatelli, 1993), and the adolescent experiences fusion in interpersonal relations. Defining characteristics of fusion include “the dissolving of ego boundaries between self and others, the inability to establish an ‘I’ within a ‘we’, a high degree of identification with others, and dependence on others.” (Crespi & Sabatelli, 1997).

Related Constructs

In order to understand the concept of separation-individuation more fully, it will be useful to discuss those related components which have proven important to
development of the research and theories of separation-individuation; specifically, the constructs of attachment and detachment.

Attachment. An important framework for understanding the child-parent relationship is the theory of attachment (Bowlby, 1988; Ainsworth & Bowlby, 1991). In developing attachment theory, Bowlby (1969) employed concepts from such diverse schools of thought as the theories of evolution, ethology, information processing, developmental psychology, and psychoanalysis. Attachment theory posits that the sensitivity and reliability of care provided to the infant child by the parental figures results in the development of an attachment orientation toward that parent, which the child comes to internalize as a working model of self and others. The individual’s internal working model serves as a framework for predicting aspects of the environment as well as consequences of actions within the environment, and serves to guide the individual’s behavior in a way which, ideally, promotes well-being (Bowlby, 1969).

Development of internal working models begins at birth, with the infant’s instinctual and reflexive behaviors, such as crying and eye contact, promoting contact with and nurturance from the parental care-giver (Bowlby, 1969). Later, the infant’s cognitive development allows the infant to be aware of physical sensations (i.e., hunger) and to direct behavior to gain attention and resources from the care-giver. Developments in the infant’s cognitive abilities also allow the infant to differentiate between the parental care-giver and strangers, which with experience evolves into a preference for, or attachment to, the primary care-giver. How this care-giver responds to the infant’s needs influences the attachment orientation and thus the nature of the internal working model of the infant. Reliable and sensitive response to the infant’s needs on the part of the care-
giver promotes the development of an internal working model of self and others that is positive. The child forms a cognitive framework of themselves as valued, and of others as available and dependable to meet his/her physical and emotional needs (Bowlby, 1988). However, in instances in which parental care is either rejecting, intrusive, or unreliable, such as prolonged parent-child separations, the internal working model developed by the infant reflects a construct of self and others that is negative.

As children develop mobility, they begin to use their care-giver as a ‘secure base’ from which to explore the environment, returning to the care-giver for support in times of stress. Again, the care-giver’s sensitivity to the child’s needs, as well as the care-giver’s ability to both nurture exploration and maintain firm boundaries, provides further information about the self and others which is then incorporated into the internal working model (Bowlby, 1969).

Ainsworth (1985), a member of Bowlby’s research team in London, sought to empirically validate Bowlby’s theory and developed a classification scheme for the categorization of infant attachments. The categories were based upon the security of the infant’s attachment to the mother, and included avoidant, ambivalent, and secure attachment styles (Ainsworth, 1989). Securely attached infants tended to have more sensitive mothers; moreover, they explored their environments in the presence of their mothers, protested separation from them, and greeted them positively upon reunion (Stayton & Ainsworth, 1973). Infants who displayed avoidant attachment orientations tended to have less sensitive mothers, appeared uninterested in exploration, appeared unconcerned during separation from their mothers and indifferent to their mothers regardless of the mothers presence (Ainsworth & Bell, 1970). Ambivalently attached
infants appeared anxious about exploring the environment, were extremely distressed when separated from their mothers, and appeared ambivalent to the mothers return (Ainsworth & Bell, 1970).

Sroufe and colleagues (Sroufe, 1979; Sroufe & Waters, 1977; Waters & Sroufe, 1983) studied the behavior and attachment of infants, and expanded the traditional view of attachment to state that the goal of attachment behavior, rather than contact with the care-giver, is a sense of safety, or “felt security”; and the function of the attachment, rather than survival, is to obtain support for exploratory behaviors. Their view of attachment also differed in that they emphasized the meaning of attachment behavior over the frequency with which it was observed to occur. They termed this the “organizational perspective” (Sroufe & Waters, 1977). Furthermore, they hypothesized that attachment relations in infancy become the basis for subsequent adaptive behavior, or what is known as the “continuity of adaptation” hypothesis. As they wrote, “an adaptive, secure relationship at time 1 will be the basis for a similar quality relationship at time 2.” (Sroufe & Waters, 1977, p. 1188).

Although individuals assimilate experiences into their internal working models, they are largely seen as being stable over the course of development. In fact, “internal working models contain safeguarding mechanisms that provide stability by selectively attending to data that validate and confirm existing beliefs, thus maintaining simplistic generalizations.” (Griffith, 2004, p. 169). Thus, the internal working models of self and others formed during childhood are carried forward and guide attachment in subsequent relationships in childhood and adulthood (Bowlby, 1988). This is particularly relevant
during adolescence, when the importance of peers takes on special importance to the child.

Many studies have validated this hypothesis. For example, Downey and Feldman (2004) suggested that individuals who emerge from infancy with an insecure attachment relationship are more sensitive to being rejected by others in later romantic encounters. Similarly, Parker, and Herrera (1996) found that children who have been physically abused by their parents behave less intimately with their friends than do nonabused children.

A number of studies have tracked individuals from infancy into childhood (e.g., Erickson, Sroufe, & Egeland, 1985; Lewis, Feiring, McGuffog, & Jaskir, 1984; Renken, Egeland, Marvinney, Mangelsdorf, & Sroufe, 1989). The overall finding of these studies is that difficulties with early attachment can lead to later interpersonal problems. For example, anxiously attached infants have been found to be more likely to develop psychological and social problems during childhood, including poor peer relationships. Problems in peer relations during childhood limit the child’s ability to practice and develop his/her interpersonal skills, which compounds the child’s difficulties and can affect the development of social competence during adolescence. The quality of peer relations in adolescence has also been found to be related to interpersonal relationships later in life.

Patterns of attachment have been found to influence the separation-individuation process in different ways. As Mayseless (1996) stated, “young adults with different attachment patterns will deal differently with the developmental task of separating from their parents” (p. 670), with securely attached individuals progressing through the
separation-individuation in a smoother, possibly healthier manner, “secure young adults seem to have undergone the traditional and ‘normal’ gradual process of separation and individuation from their parents” (Mayseless, 1996, p. 684).

In summary, attachment during adolescence is best examined in relation to the individual’s infantile attachments (Armsden & Greenberg, 1987; Greenberg, Siegel, & Leitch, 1983). Infants who enjoyed a more secure attachment to their caregiver will develop a healthier or more secure internal working model of self and others (Kobak, Cole, Ferenz-Gillies, Fleming, & Gamble, 1993; Kobak & Sceery, 1988; Sroufe & Waters, 1977;).

**Detachment.** Detachment is a construct inversely related to the aforementioned attachment, and has been described by several researchers in the literature. Anna Freud (1958) described detachment as the adolescent’s withdrawal and movement away from the family; similarly, Bowlby (1969) described detachment as a disconnection from others, with attachment then, as connection to another. Ryan and Lynch (1989) described detachment as representing loss and separation, where some forms of detachment are associated with the lack of parental support and acceptance which can interfere or prohibit the consolidation of identity and the formation of positive self-concept (p.340). Finally, Hill and Holmbeck (1986) stated that the general use of the term “detached” to describe parent and adolescent relationships ignores the closeness that often exists in the parent-child bond during adolescence.

**Summary of theoretical approaches.** Separation-individuation has long been theorized as being a critical process in adolescent development (Blos, 1967; Josselson, 1988). However, despite the advances made in theory, the amount of research into the
process has been somewhat limited. For example, studies have been limited to either adult populations (Allen & Stoltenberg, 1995; Christenson & Wilson, 1985; Dolan, Evans & Norton, 1992; McChrystal & Dolan, 1994) or populations of college students (Blazina & Watkins, 2000; Lapsley, Aalsma & Varshney, 2001; Lapsley & Edgerton, 2002; Levitz-Jones & Orlofsky, 1985). Furthermore, to date, no longitudinal study of adolescent separation-individuation has been undertaken (Lapsley, Aalsma & Varshney 2001).

One reason for the dearth of research is the lack of suitable assessment tools (Holmbeck & McClanahan, 1994; Lapsley, Aalsma & Varshney, 2001; Rice, 1992; Rice, Cole & Lapsley, 1990). In the remainder of this chapter, those measures which have been designed to assess the adolescent separation-individuation process will be discussed.

Measures of Separation-Individuation

Now that we have reviewed the major theoretical approaches to understanding adolescent separation-individuation, we will turn our attention to the empirical literature. Several measures of adolescent separation-individuation have been developed. These include the Separation Anxiety Test (SAT; Hansburg, 1972, 1980), the Psychological Separation Inventory (PSI; Hoffman, 1984), the Separation-Individuation Test of Adolescence (SITA; Levine, Green & Millon, 1986), and a scale here referred to as the Dysfunctional Separation-Individuation Scale (DSIS; Christenson & Wilson, 1985; Lapsley, Aalsma, & Varshney, 2001). Thusly, the following review is arranged by measure.

The Separation Anxiety Test. One of the first attempts at assessment of the adolescent separation-individuation process was Hansburg’s (1972, 1980) Separation
Anxiety Test (SAT). The SAT was a semi-projective measure, grounded in the psychodynamic theory of attachment. The adolescent responded to 12 black and white drawings depicting either mild or potentially traumatic degrees of separation. The adolescent’s responses were fixed to one of 17 listed statements, each describing or provoking a different defense mechanism commonly utilized in situations similar to those depicted in the drawings. Based upon the pattern of responses, each subject was scored on six psychological systems: *attachment need*, *individuation capacity*, *painful tension*, *hostility*, *reality avoidance*, and *self-evaluation*. Furthermore, responses were classed into one of three general attachment profiles described by Hansburg (1980), and were based upon interrelationships among the six systems. These profiles included *secure*, *anxious*, and *detached*. Hansburg (1972) validated the SAT by comparing interpretations of subjects responses to existing psychiatric and psychological reports. In a separate investigation, Black (1981) found internal consistency coefficients for SAT response systems ranging from .67 to .77, with overall test consistency found to be .86. Moreover, Black (1981) found test-retest reliability ranging from .61 to .82 over a 6-month period.

Research using the SAT has varied in its focus, and has not been limited to adolescent populations. Hansburg (1978) found that elderly subjects who resided in their own home obtained higher ratings of individuation and lower attachment needs on the SAT than elderly subjects who resided in nursing homes. DeLozier (1979) used the measure with adult females, comparing child-abusing with non child-abusing mothers. DeLozier’s results showed that the SAT was able to differentiate between the two groups, with the abusive mothers demonstrating significantly higher levels of anxiety, hostility,
attachment need, and feelings of rejection and self-blame, in addition to a lowered capacity for individuation.

Levitz-Jones and Orlofsky (1985) found that the SAT was able to discriminate between college age female participants with separation-individuation difficulties and ones without, and that women who possessed a higher need for intimacy displayed “healthier patterns of reaction to separation from and loss of attachment figures” (Levitz-Jones & Orlofsky, 1985, p. 167) as measured by the SAT, than women with lower intimacy capacities. Furthermore, they found a significant negative relation between psychological individuation and separation-defensiveness and depression. Other research using the SAT with college populations (Kroger, 1985; Kroger & Haslett, 1988) found psychological individuation to be positively related to identity exploration.

In critiquing measures of separation-individuation, Lapsley, Aalsma, and Varshney (2001) decried the length of the SAT and its inadequateness for use as a clinical screener as disadvantages, in addition to it being “handicapped by the psychometric constraints that attend all projective procedures.” (p. 916).

*Psychological Separation Inventory.* A second instrument developed to measure aspects of adolescent psychological separation-individuation was Hoffman’s (1984) self-report inventory, the Psychological Separation Inventory (PSI). Hoffman viewed separation-individuation as a primary issue in late adolescent personal adjustment. He stated “the individual’s drive toward healthy personal adjustment is critically dependent on his or her ability to psychologically separate from the parents and gain a sense of identity as a separate individual” (Hoffman, 1984, p. 170).
Drawing on Mahler’s (1968) and Boszormenyi-Nagy and Spark’s (1973) work on the separation-individuation process in infancy, as well as Blos’ (1979) theory of a second separation-individuation phase occurring in adolescence, Hoffman defined four aspects of adolescent separation-individuation around which he constructed his measure. The first aspect was *functional independence*, which was described as the adolescent’s efforts to “manage and direct one’s practical and personal affairs without the help of his or her mother and father” (Hoffman, 1984, p. 171). The second aspect Hoffman identified dealt with the adolescent’s unique self-image, the degree to which the adolescent had developed his/her “own set of beliefs, values, and attitudes” (Hoffman, 1984, p. 171), distinct from those of the adolescent’s father or mother, and was termed *attitudinal independence*. The third aspect of adolescent separation-individuation according to Hoffman was *emotional independence*. Emotional independence was defined by Hoffman as “freedom from an excessive need for approval, closeness, togetherness, and emotional support in relation to mother and father” (Hoffman, 1984, p. 171). Finally, the fourth aspect was defined by Hoffman as “freedom from excessive guilt, anxiety, mistrust, responsibility, inhibition, resentment and anger in relation to mother and father” (Hoffman, 1984, p. 171), and was labeled *conflictual independence*.

It is important to note that in Hoffman’s conceptualization of adolescent separation-individuation, the process of separation from the mother was distinguished from the process of separation from the father. Hoffman explained, “This distinction is important because differential separation from one parent as opposed to the other may have critical implications for personal adjustment” (Hoffman, 1984, p. 172).
In development of the PSI, Hoffman (1984) rewrote several items from the pre-existing Emancipation Questionnaire (Sherman, 1946), and generated new items related to the identified aspects of adolescent separation-individuation “by thinking of examples from personal and professional experience working with college students” (Hoffman, 1984, 173).

The final version of the PSI (1984) is a 138 item inventory, which subjects respond to on a 5-point Likert scale. The functional independence subscale consists of 13 items, the emotional independence subscale 17 items, the conflictual independence subscale 25 items, and the attitudinal independence subscale 14 items, with separate scales completed by the subject for mother and father. The complete measure takes approximately 12 minutes to administer.

Hoffman (1984) reported internal consistency for the scales, utilizing Cronbach’s coefficient alpha, ranging from .84 to .92. Correlations between the mother and father scales across the four subscales ranged from .71 to .91. The Pearson product moment test-retest reliability coefficient resulted in a median of .83 for both males and females. Evidence of construct validity was shown through correlations with measures of personal adjustment.

Subsequent psychometric studies of the PSI suggested a two factor model (Rice, Cole, & Lapsley, 1990). The first factor combined the functional independence, emotional independence, and attitudinal independence subscales, and was termed general independence from parents (Rice, Cole, & Lapsley, p. 200). It was reported to assess the “adoleseents’ ability to manage their own daily responsibilities, freedom from needing parents’ approval and emotional support, and beliefs or values that are distinct from those
of their parents” (Rice, Cole, & Lapsley, p. 200). The second factor was labeled positive separation feelings and reflected affective dimensions of separation-individuation, such as “hopeful, nonanxious, and unresentful reactions to a variety of separation experiences” (Rice, Cole, & Lapsley, p. 200).

Since its development, researchers have utilized the PSI to investigate various aspects of separation-individuation; for example, research investigating the correlation between separation-individuation and college adjustment (Hoffman & Weiss, 1987; Lapsley, Rice, & Shadid, 1989; Lopez, Campbell, & Watkins, 1986; Rice, 1992; Rice, Cole, & Lapsley, 1990; Rice, FitzGerald, Whaley, & Gibbs, 1995). Other studies using the PSI have researched relations between separation-individuation and family structure (Lopez, Campbell, & Watkins, 1988; McCurdy & Scherman, 1996), separation-individuation and career development (Blustein, Walbridge, Friedlander & Palladino, 1991; Lucas, 1997), and also depression (Lopez, Campbell, & Watkins, 1986).

Some criticisms of the PSI have been raised. Rice, Cole, and Lapsley (1990) suggested that the PSI may not be sensitive enough to detect more serious patterns of difficulties accompanying dysfunctional separation-individuation. Furthermore, Rice et al. (1990) reported a lack of consistency in the correlations between the PSI and various measures of adjustment. Inconsistent findings were also evident in terms of gender differences in the separation-individuation process in studies using the PSI (see Rice, 1992).

Separation-Individuation Test of Adolescence. Oriented to Mahler’s theory of separation-individuation, the Separation-Individuation Test of Adolescence (SITA), was developed by Levine, Green, and Millon (1986), who attempted to design an instrument
“that would measure specific resolutions of Mahler’s separation-individuation phases as they might express themselves during later developmental periods” (Levine, Green, & Millon, 1986, p. 124). The authors attempted to create a measure in line with Mahler’s model that would identify indicators of psychopathology and manifestations of healthy separation-individuation progress in adolescence.

In reviewing the work of Mahler (Mahler, 1968; Mahler, Pine, & Bergman, 1975), and others (Blos, 1967; Erickson, 1963; Esman, 1980; Weiner, 1970), Levine, Green, and Millon (1986) identified six basic dimensions of adolescent separation-individuation, described here using the original titles. The Nurturance–Symbiosis dimension represented residual effects of the symbiotic phase and described individuals striving for intense attachment. Engulfment Anxiety measured residual effects of reengulfment fear experienced during rapprochement and described feelings of being engulfed by intimate relationships. The Separation Anxiety dimension represented residual affects of anxiety felt during rapprochement and described fear of abandonment from significant others. The Need Denial dimension detected individuals who deny or avoid interpersonal needs and described feelings of attachment needs denial. The Self-Centeredness dimension assessed the residual effects of the practicing phase, specifically narcissistic tendencies, and described feelings of self-absorption. Finally, the Healthy Separation dimension represented individuals who had successfully progressed through the consolidation phase of separation-individuation in childhood and described the healthy balance between independence and dependence in relationships.

The SITA originally consisted of 103 items to which subjects respond on a 5-point Likert scale. Through subsequent research (Levine & Saintonge, 1993) this original
scale was refined to an 86 item scale with additional subscales. For example, a factor analysis of the original measure (Levine, Green, & Millon, 1986) suggested dividing the Nuturance-Symbiosis scale into two separate subscales, *Interpersonal Enmeshment* and *Nuturance-Succorance*. Furthermore, *Self-Involvement* was judged to have been a more appropriate title for the dimension previously labeled Self-Centeredness. In later research other scales were also renamed to better reflect the underlying constructs; for example, Interpersonal Enmeshment was renamed *Enmeshment-Seeking*, Nurturance–Succorance became *Nuturance-Seeking*, and Need Denial was renamed *Dependency-Denial*.

External criterion validity of the SITA was established through correlating the measure with personality profile groupings of the Millon Adolescent Personality Inventory (MAPI; Millon, Green, & Meagher, 1982). Later research with the SITA has confirmed the relationships identified. For example, high correlations between MAPI personality types and SITA subscales in predicted directions has been interpreted as supporting discriminant, construct, and external validity of the SITA (Levine & Saintonge, 1993).

McClanahan and Holmbeck (1992) investigated the construct validity of the SITA by examining relations among SITA subscales, and the relations between SITA subscales and measures of adjustment and family relations. They found the Enmeshment Seeking, Nurturance-Seeking, and Separation-Anxiety scales to be significantly related with each other. Furthermore, the Separation-Anxiety and Engulfment-Anxiety scales were found to be positively intercorrelated. Dependency-Denial was negatively correlated with both the Enmeshment-Seeking and the Healthy-Separation scales; Self-Involvement was correlated with the Nurturance-Seeking and Enmeshment-Seeking scales, as well as with
the Healthy-Separation scale; and finally, the Healthy-Separation scale was positively correlated with the Enmeshment-Seeking scale. Thus, scales representing overdependence upon parents were intercorrelated, as were scales representing healthy resolutions of separation-individuation issues.

Results of cluster analyses conducted by McClanahan and Holmbeck (1992) suggested that SITA scales related “in a coherent and sensible fashion” (p. 482) to measures of adjustment and family relations, and overall, their results supported the use of the SITA as a valid measure of separation-individuation. In further support of the SITA, high internal consistency for the Self-Involvement, Engulfment-Anxiety, Dependency-Denial, and Nurturance-Seeking scales was identified by Kroger and Green (1994).

Subsequent research has identified relations between SITA subscales and college adjustment. Rice, Cole, and Lapsley (1990) suggested that college adjustment was best predicted by the “affective experiences associated with separation-individuation” (p. 201) in a study utilizing the SITA Separation-Anxiety subscale along with other measures of adolescent separation-individuation. Quintana and Kerr (1993) found that college student adjustment was related to the degree to which their relationships gratified their needs for separateness, nurturance, and connectedness. Furthermore, they identified gender differences, with gratification of dependency and nurturance needs holding more importance for adjustment in females than in males.

Holmbeck and Wandrei (1993) found that separation-individuation was a predictor of college adjustment; and as in other research, this relation varied as a function of gender. Other research using the SITA has tied adolescent separation-individuation to
ego identity status (Kroger, 1995; Papini, Micka, & Barnett, 1989), and eating disorders (Rhodes & Kroger, 1992).

Holmbeck and Leake (1999) investigated the relationship of the SITA to a measure of personality, the Minnesota Multiphasic Personality Inventory-Second Edition (MMPI-2: Hathaway & McKinley, 1989). Their results showed that the Separation-Anxiety, Engulfment Anxiety, Dependency Denial, Need Denial, and Self-Centeredness subscales of the SITA were more highly associated with clinical pathology than were the Nurturance Seeking, Enmeshment Seeking, and Healthy Separation scales.

Some criticisms of the SITA include McClanahan and Holmbeck’s (1992) findings from a cluster analysis of four distinct groups of subjects, suggesting the possibility of fewer than seven subscales. Holmbeck and McClanahan’s (1994) work also raised concerns with the construct validity of the SITA, specifically “the SITA may be tapping fewer constructs than was once thought, which would suggest that it may not adequately capture all of the constructs of Mahlerian theory.” (Holmbeck & McClanahan, 1994, p.170). Furthermore, they expressed concern regarding the nature of SITA subscale’s relation to measures of family functioning, as well as the appropriateness of subscale labels.

*Dysfunctional Separation-Individuation Scale.* The scale described in the following section was originally labeled the Separation-Individuation Inventory, and in subsequent studies has been labeled both the PATHSEP and the DSIS. In discussing the development of the scale, the title by which the respective researchers referred to the scale will be used, thereafter, the scale will be referred to as the Dysfunctional Separation-Individuation Scale (DSIS).
The Separation-Individuation Inventory (SII; Christenson & Wilson, 1985) was designed to assess manifestations of disturbances in the separation-individuation process among adults. Christenson and Wilson (1985) cited the work of Mahler (1971), Kernberg (1975), Pine (1979), and others as suggestive of a relationship between separation-individuation disturbances and pathology, stating “disturbances in separation-individuation are manifest 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.” (Christenson & Wilson, 1985, p. 562). Specifically, Christenson and Wilson (1985) noted the similarities of these disturbances to the particular manifestation of borderline personality disorder, and designed their inventory in order to assess these disturbances.

In the development of the SII, Christenson and Wilson, (1985) wrote 65 items, based on clinical manifestations described in the literature, and their own clinical observations of borderline patients. The questions dealt with various aspects of differentiation of self, the defense mechanism of splitting, and relationship issues identified as being associated with separation-individuation disturbances. Subjects indicated how characteristic they felt each statement to be of themselves by responding on a 10-point Likert scale, which ranged from 1 (not characteristic) to 10 (very characteristic).

In the original study (Christenson and Wilson, 1985), the authors compared a group of patients identified by Diagnostic and Statistical Manual of Mental Disorders – Third Edition (American Psychiatric Association, 1987) criteria as exhibiting symptomology and dysfunction consistent with Borderline Personality Disorder with a
sample of university employees. The borderline group consisted of 20 individuals (i.e., 13 females and 7 males), while the nonclinical group consisted of 176 individuals (i.e., 114 females and 62 males).

Results of the study indicated that 39 of the original 65 items effectively discriminated between the two groups; 14 items were related to differentiation, 12 to splitting, and 13 to relationship issues. Overall, 70% of the participants with borderline personality disorder had a composite score over 190, and 190 was suggested by the authors as the cutoff score to differentiate between clinical and non-clinical groups. Factor analysis of the 39-item scale revealed one main factor which accounted for 49% of the common variance. Internal consistency of the 39-item scale was high ($\alpha = .92$).

Using the 39-item scale, Ryan and Lynch (1989) found that the SII was significantly correlated in the predicted directions with measures of emotional autonomy and self-esteem, as well as with parental communication of acceptance and independence. Dolan, Evans, and Norton (1992) found a strong correlation between the SII and two measures of borderline personality symptomology; furthermore, they reported “very high internal consistency” (Dolan, Evans, & Norton, 1992, p. 532) for the inventory. McChrystal and Dolan (1994) reported gender differences; specifically, males displayed increased pathology with regards to separation-individuation as measured by the SII. Allen and Stoltenberg (1995), reported dissimilar results, with no significant gender differences revealed. Blazina and Watkins (2000) found that separation-individuation was related to attitudes regarding gender; specifically, men who held less stereotypical views of women experienced fewer difficulties with differentiation and relationships, as measured by the SII.
Some criticisms of the SII, or recommendations for improvement of the inventory, included those cited by Dolan, Evans, and Norton (1992) who reported a “strong dislike for the Likert scoring method” on the part of subjects. Allen and Stoltenberg (1995) stated that more evidence of construct validity for the scale was necessary, particularly in regards to its use with nonclinical samples. Furthermore, Lapsley, Aalsma, and Varshney (2001) stated that the length of the inventory limited its clinical utility.

Lapsley, Aalsma, and Varshney (2001) conducted two studies to assess the psychometric properties and factor structure of Christenson and Wilson’s inventory, which they termed PATHSEP. Their goal was to derive from the 39-item scale a measure which was shorter in length, yet retained construct validity. They felt that this scale could prove to be more useful as a diagnostic screen of pathology of separation-individuation.

An exploratory factor analysis of the 39-item SII scale was conducted, resulting in four potentially viable factors. Using a varimax rotation procedure Lapsley, Aalsma, and Varshney (2001) demonstrated that the four factors accounted for 43.25% of the variance. The first factor comprised 19 items with factor loadings of at least .40, the second factor consisted of 9 items with factor loadings of at least .40, and the third and fourth factors consisted of three or four items. Lapsley, Aalsma, and Varshney (2001) determined the first factor to be a representative index of pathology of separation-individuation, as the second factor was made up of items similar to those in the first factor, and there were so few items making up the third and fourth factors. Further analysis of this new 19-item scale revealed a single factor which accounted for 36.17% of the variance, item-to-total
correlations ranging from .36 to .65, and internal consistency which was comparable to full SII scale ($\alpha = .89$).

Lapsley, Aalsma, and Varshney (2001) then explored the factor structure of the reduced 19-item PATHSEP scale with an independent sample, as well as the relationship of the scale with indices of college adjustment, psychological symptomology, and adult attachment styles. Results suggested the deleting of one item due to poor correlation with the total PATHSEP score, resulting in an 18-item scale, which results of principal-components factor analysis indicated as demonstrating a single factor accounting for 35% of the variance. Furthermore, Lapsley, Aalsma, and Varshney (2001) reported that “PATHSEP was associated strongly with various indicators of psychopathological symptomatology” (p. 926). In regard to adult attachment styles, PATHSEP was found to correlate negatively with secure attachment, positively with both fearful and preoccupied attachment, and was unrelated to dismissing attachment. Males were found to report significantly higher PATHSEP scores than females, similar to results of studies using the 39-item SII (McChrystal & Dolan, 1994).

Further research has substantiated the construct validity of the shortened measure in populations of late adolescents and young adults. Lapsley and Horton (2001) reported a one factor, 19-item scale accounting for 36% of the variance ($\alpha=.90$), derived using principal components analysis. Furthermore Lapsley and Horton (2001) reported that the PATHSEP correlated positively with indicators of symptomatology as well as fearful and preoccupied attachment styles.

Horton (2003) investigated the factor structure of the 19-item scale, which he termed the *Dysfunctional Separation-Individuation Scale* (DSIS), exploring the
possibility of one and two factor models in a population of late adolescents. Horton’s (2003) findings suggested that a two factor model with covariance between the factors was a comparatively better fit than either a single factor model or a two factor model without covariance between the factors. The two factors were interpreted as pertaining to relational dysfunction ($\alpha=.81$), and dysfunction within the self ($\alpha=.79$).

Summary

As we have seen, the process of separation-individuation has been shown to be critical to the adolescent’s development of identity and interpersonal relations (Karpel, 1976; Rice, 1992). Furthermore, resolution of the process has been identified as affecting many aspects of functioning (Bruch, 1985; Friedlander & Siegel, 1990; Kenny & Hart, 1992; McClanahan & Holmbeck, 1992; Noam, 1988; Wade, 1987).

Despite the importance the separation-individuation process has been given in theory, suitable measures of the process have been lacking (Holmbeck & McClanahan, 1994; Lapsley, Aalsma, & Varshney, 2001; Rice, 1992; Rice, Cole, & Lapsley, 1990). However, the recently developed DSIS scale (Lapsley, Aalsma, & Varshney 2001; Lapsley & Horton, 2002) has shown to be a psychometrically sound and potentially clinically useful measure of dysfunction in the separation-individuation process. The purpose of the present research is to investigate the psychometric integrity of the DSIS when applied to a new population of young adolescents.
CHAPTER III
METHODOLOGY

Purpose

The purpose of this research was to examine the psychometric integrity and clinical utility of the DSIS (Christenson & Wilson, 1985; Lapsley, Aalsma, & Varshney 2001; Lapsley & Horton, 2002) as a measure of dysfunctional separation-individuation in young adolescents, a group not yet studied using the measure.

The DSIS was designed to assess dysfunctions in the adolescent separation-individuation process, a critical process in psychological development (Erikson, 1960, 1968; Josselson, 1980, 1988; Lapsley, Rice, & Shadid, 1989). Separation-individuation has been shown to result in the acquisition of an identity of self and autonomous functioning (Allison & Sabatelli, 1988; Josselson, 1988). Disturbances in the separation-individuation process have been linked to problems with self-concept, poor quality of family relationships, difficulties in peer relationships, as well as levels of depression and anxiety (McClanahan & Holmbeck, 1992), personality disorders (Noam, 1988), eating disorders (Bruch, 1985; Friedlander & Siegel, 1990; Kenny & Hart, 1992), and suicidal ideation (Wade, 1987). As such, a measure shown to accurately screen pathology in the separation-individuation process early in its course would be beneficial to clinicians and therapists.
Participants

Subjects for the present study were recruited from students enrolled in a suburban school district outside of a large metropolitan area in the southeastern United States in 2009. Based upon data provided by the Department of Education in the state in which the study was conducted, the school district served a total of 27,890 students from Pre-Kindergarten through Twelfth grade. 48% of the school district population identified as female, and 52% identified as male. The school district identified its students’ racial/ethnic background demographics using the following descriptors: 25 American Indian/Alaskan Native (0.1%), 251 Asian, Pacific Islander (1%), 5,857 Black, not of Hispanic origin (21%), 1,395 Hispanic (5%), 561 Multi-racial (2%), and 19,801 White, not of Hispanic origin (71%). Furthermore, 9,204 (33%) students were identified as being Economically Disadvantaged and qualified to receive free or reduced lunch.

Recruitment for the study was conducted thusly. Following a review of the study by a panel of district level administrators, principals at four of the district’s five high schools, and five of the district’s six middle schools were approached by the investigator to gain permission to contact students in their respective schools regarding study participation. Of the nine principals contacted, five granted permission: two at high schools and three at middle schools. Data bases of student addresses provided by the district indicated a total population of 4,994 students in attendance at the five schools. A letter introducing the survey, a parent permission form, and a pre-addressed return envelope with postage were mailed to each address. Simultaneously, recruitment letters describing the survey were distributed directly to students at their schools. Of the letters mailed to students’ home
addresses, 96 were returned unopened by the Post Office for various reasons (e.g., address did not exist; refused by occupant).

A total of 328 signed parent permission forms were returned to the examiner (6.7% of letters delivered). 304 subjects logged onto the survey website and began the survey, with 296 subjects completing the entire battery (6.0% of delivered letters). Of the 296 subjects, 151 were males and 145 were females. There were 24 subjects in grade six, 29 in grade seven, 40 in grade eight, 33 in grade nine, 25 in grade ten, 31 in grade eleven, and 114 in grade twelve. The average age of subjects was 15.53 (SD = 2.13). Due to a coding error subjects racial/ethnic identity was not analyzable.

Measures

Data for this study were obtained using the following measures: a demographic questionnaire, the DSIS (Christenson & Wilson, 1985; Lapsley, Aalsma, & Varshney 2001; Lapsley & Horton, 2002), the Separation-Individuation Test of Adolescence (SITA; Levine, Green, & Millon, 1986), the Self-Image Questionnaire for Young Adolescents (SIQYA; Petersen, Schulenberg, Abramowitz, Offer, & Jarcho, 1984), and the Reynolds Adolescent Depression Scale (RADS; Reynolds, 1987). In order to ensure that measures were appropriate for young adolescent subjects, Flesch-Kincaid Grade Level indices were calculated for each measure and are reported separately for each measure below.

The demographic questionnaire was used to describe the group of participants. Participants were asked to identify their race, gender, grade level, age, typical grades earned in school, family structure (i.e., Who do you live with?), whether the student had a
boyfriend/girlfriend, and if so, for how long had they been dating. No other personal or identifiable information was gathered.

**DSIS.** Originally titled the Separation-Individuation Inventory (SII; Christenson & Wilson, 1985), the DSIS was designed to assess manifestations of disturbances in the separation-individuation process.

Christenson and Wilson’s (1985) original study resulted in a 39-item measure which effectively discriminated between adults diagnosed with Borderline Personality Disorder and a non-clinical sample. 14 of the items were related to differentiation, 12 to splitting, and 13 to relationship issues. Subjects indicated how characteristic they felt each statement to be of themselves by responding on a 10-point Likert scale, which ranged from 1 (*Not Characteristic*) to 10 (*Very Characteristic*).

Factor analysis of the 39-item scale (Christenson & Wilson, 1985) revealed one main factor which accounted for 49% of the common variance. Moreover, internal consistency of the 39-item scale was high (α = .92). Dolan, Evans, and Norton (1992) found a strong correlation between the DSIS and two measures of borderline personality symptomology. Dolan et al. (1992) reported “very high internal consistency” (p. 532) for the inventory, with an alpha coefficient of internal reliability of .94 for the measure.

Lapsley, Aalsma, and Varshney (2001) conducted two studies to assess the psychometric properties and factor structure of the DSIS, with the goal of deriving a scale which was shorter in length, yet retained construct validity. An exploratory factor analysis resulted in four potentially viable factors. Results revealed four factors accounting for 43.25% of the variance. The first factor consisted of 19 items with factor loadings of at least .40, the second factor consisted of 9 items with factor loadings of at
least .40, and the third and fourth factors consisted of three or four items. Lapsley, Aalsma, and Varshney (2001) determined the first factor to be a representative index of pathology of separation-individuation, as the second factor was made up of items similar to those in the first factor, and the third and fourth factors consisted of few items. Further analysis of this new 19-item scale revealed a single factor which accounted for 36.17% of the variance, item-to-total correlations ranging from .36 to .65, and internal consistency which was comparable to full SII scale (α = .89).

Lapsley, Aalsma, and Varshney (2001) then explored the factor structure of the reduced 19-item DSIS scale with an independent sample, as well as the relationship of the scale with indices of college adjustment, psychological symptomology, and adult attachment styles. Results indicated a single factor accounting for 35% of the variance. Furthermore, the DSIS “was associated strongly with various indicators of psychopathological symptomatology” (Lapsley, Aalsma, & Varshney, 2001, p. 926). In regard to adult attachment styles, the DSIS was found to correlate negatively with secure attachment, positively with both fearful and preoccupied attachment, and was unrelated to dismissing attachment.

Further research has substantiated the construct validity of the shortened measure in populations of late adolescents and young adults. Lapsley and Horton (2001) reported a one factor, 19-item scale accounting for 36% of the variance (α=.90), derived using principal components analysis. Furthermore Lapsley and Horton (2001) reported that the DSIS correlated positively with indicators of symptomatology as well as fearful and preoccupied attachment styles.
Horton (2003) investigated the factor structure of the 19-item DSIS, exploring the possibility of one and two factor models in a population of late adolescents. Horton’s (2003) findings suggested that a two factor model with covariance between the factors was a comparatively better fit than either a single factor model or a two factor model without covariance between the factors. The two factors were interpreted as pertaining to relational dysfunction ($\alpha = .81$), and dysfunction within the self ($\alpha = .79$).

In the present study, a Flesch-Kincaid Grade Level readability index for the DSIS of 6.6 was obtained. The scale mean of the Dysfunctional Separation-Individuation Scale (DSIS) was 72.38. The DSIS had high internal consistency ($\alpha = .97$) and item to total correlations which ranged from .62 to .87.

*Separation-Individuation Test of Adolescence*. The Separation-Individuation Test of Adolescence (SITA; Levine, Green, & Millon, 1986) was designed to measure dimensions of adolescent separation-individuation reflective of Mahler’s (1968) theory. Levine, Green, and Millon (1986) identified six basic dimensions of adolescent separation-individuation and designed the SITA to assess these dimensions. Though the SITA originally consisted of 103 items, subsequent research (Levine & Saintonge, 1993) refined the instrument to 86 items. Participants respond on a five point Likert-type scale with responses ranging from one (*Strongly Agree or Always True*) to five (*Strongly Disagree or Never True*).

External criterion validity of the SITA was established through correlating the measure with personality profile groupings of the Millon Adolescent Personality Inventory (MAPI; Millon, Green, & Meagher, 1982). Later research with the SITA has confirmed the relationships identified, for example, high correlations between MAPI
personality types and SITA subscales in predicted directions have been interpreted as supporting discriminant, construct, and external validity of the SITA (Levine & Saintonge, 1993).

The following subscales identified by Holmbeck and Leake (1986) as being most strongly predictive of pathology were used in the present research. *Engulfment Anxiety* measures residual effects of re-engulfment fear experienced during rapprochement and describes feelings of being engulfed by intimate relationships. The subscale consists of seven items (e.g., I feel my parents’ roles restrict my freedom too much; Sometimes my parents are so overprotective I feel smothered). Holmbeck and Leake (1986) found the Engulfment Anxiety subscale to have high internal consistency (α=.81). The *Separation Anxiety* dimension represents residual affects of anxiety felt during rapprochement and describes fear of abandonment from significant others. The subscale consists of thirteen items (e.g., I often worry about being rejected by my friends; Being alone is a very scary idea for me). Holmbeck and Leake (1986) found the Separation Anxiety subscale to have high internal consistency (α=.78). The *Dependency-Denial* dimension detects individuals who deny or avoid interpersonal needs and describes feelings of attachment needs denial. The subscale consists of twelve items (e.g., I don’t really need anyone; Friendship isn’t worth the effort it takes). Holmbeck and Leake (1986) found the Dependency-Denial subscale to have high internal consistency (α=.87). Finally, the *Healthy Separation* (α=.73) dimension represents individuals who had successfully progressed through the consolidation phase of separation-individuation in childhood and describes the healthy balance between independence and dependence in relationships. The subscale consisted of seven items (e.g., I am friends with several different types of people; Even when I’m
close to another person I feel I can be myself). This subscale was also identified by Holmbeck and Leake (1986) as having high internal consistency ($\alpha=.73$).

In the present study, a Flesch-Kincaid Grade Level readability index for the SITA subscales of 7.7 was obtained. The internal consistency of the Engulfment Anxiety ($\alpha=.94$), Separation Anxiety ($\alpha=.92$), Dependency Denial ($\alpha=.97$), and Healthy Separation ($\alpha=.96$) subscales obtained in the present study were uniformly judged to be indicative of high internal consistency.

**Self-Image Questionnaire for Young Adolescents.** The Self-Image Questionnaire for Young Adolescents (SIQYA; Petersen, Schulenberg, Abramowitz, Offer, & Jarcho, 1984) is an adaptation of the Offer Self-Image Questionnaire for Adolescents (Offer, Ostrov & Howard, 1977). The SIQYA was designed to measure the self-image or self-concept of adolescent populations younger than the original Offer scale. For the purposes of the SIQYA, self-image was operationalized as “the sum of experiences and self-appraisals regarding oneself” (Stemmler & Petersen, 2005, p. 175).

The total SIQYA consists of 98 items and 9 subscales. Each item is answered on a 6-point Likert type scale ranging from 1 (*describes me very well*) to 6 (*does not describe me at all*).

Two subscales assessing positive self concept were selected for the present study. Descriptions of subscales by Petersen, et al. (1984) are as follows. *Mastery and Coping* was described as a measure of an adolescent’s ability to set and achieve goals. This subscale consists of ten items (e.g., If I put my mind to it, I can learn almost anything; I am fearful of growing up). *Superior Adjustment* was described as addressing positive
psychological and interpersonal functioning. This subscale consists of ten items (e.g., How I see myself in the future satisfies me; I am popular at school).

In the original study (Petersen, et al., 1984) internal consistency of .80 was reported for the full SIQYA scale. Subsequent studies have found similar results; for example, Bingham and Crockett (1996) reported internal consistency ranging from .82 to .86, and Graber, Brooks-Gunn & Paikoff (1994) reported internal consistency of .74 to .71. Finally, Galambos and Maggs (1991) reported internal consistency of .66 to .74.

In the present study, a Flesch-Kincaid Grade Level readability index for the SIQYA of 5.2 was obtained. Internal consistency of the Mastery and Coping (α=.94) and the Superior Adjustment subscales (α=.93) were judged to be high.

*Reynolds Adolescent Depression Scale.* The RADS (Reynolds, 1987) was designed to be a general measure of clinically relevant levels of depressive symptomatology in individual adolescents, and specifically for use as a screening measure for the identification of depression in school-based and clinical populations. Item selection was based on symptomatology delineated by DSM-III for major depression and dysthmic disorder, as well as additional symptoms specified by the Research Diagnostic Criteria (Spitzer, Endicott, & Robins, 1978) as assessed by the Schedule for Affective Disorders and Schizophrenia (SADS; Endicott & Spitzer, 1978) adult and child scales. Examples of items include, “I feel happy.” and “No one cares about me.”.

The RADS consists of 30 items and utilizes a four point Likert-type response format (*Almost Never to Most of the Time*). Reynolds (1987) reported high internal
consistency reliability coefficients, with a total sample alpha of .92. Test-retest reliability ranged from .93 to .96.

In the present study a Flesch-Kincaid Grade Level readability index for the RADS of 1.0 was obtained. Internal consistency of the RADS was judged to be high (α=.96).

**Research Design**

In order to examine the psychometric integrity of the DSIS, an exploratory factor analysis of the scale in a sample of young adolescents using principal components analysis was conducted. Previous research has consistently established a one factor solution (Christenson & Wilson, 1985; Lapsley, Aalsma, & Varshney, 2001; Lapsley & Horton, 2002); however, the results of these and other studies (Horton, 2003; Lapsley, Aalsma, & Varshney, 2001; Lapsley & Horton, 2001) have suggested the potential of other factor structures for the DSIS. In fact, there is some theoretical support for a two factor solution. For example, Blos (1962) described two aspects of the adolescent separation-individuation process, which he viewed as entailing both a change in the individual’s representation of their parents and peers and the formation of a unique identity. Josselson (1988) also described separation-individuation as a twofold process consisting of the renegotiation of relationships, along with the consolidation of individuality. Based on these theories, dysfunction could be thought to occur either in one’s relations with others or in one’s perceptions of self, or in both. Therefore, while a one factor solution similar to that found in previous studies was expected, an exploratory analysis was conducted to address the potential for other factor structures, specifically a factor structure in which the factors may reflect relational dysfunction and dysfunction within the self respectively.
As a second step in investigating the psychometric integrity of the DSIS, the convergent and discriminant validity of the scale in relation to measures of related constructs was investigated. The measure of interest was an established measure of adolescent separation-individuation, the SITA (Levine, Green, & Millon, 1986). In order to verify convergent and discriminant validity between the respective measures of separation-individuation, correlational analyses of the DSIS and SITA subscales were performed.

Finally, the clinical utility of the DSIS was examined by investigating its predictive validity. This was done by exploring the relation of the DSIS to measures of both negative and positive adjustment. To this end, correlational analyses of the DSIS and the RADS and SIQYA subscales were performed.

Specifically, the following research questions were asked:

Question 1: What is the factor structure of the DSIS scale when used with a population of young adolescents? Moreover, is the factor structure consistent with that found in populations of older adolescents and young adults (Christenson & Wilson, 1985; Lapsley, Aalsma, & Varshney, 2001; Lapsley & Horton, 2002)?

Question 2: What is the relation between the DSIS and measures of related constructs (i.e., an additional measure of adolescent separation-individuation)?

Question 3: Is the DSIS predictive of depression and positive adjustment in young adolescents?

Description of Procedures

The study was reviewed and approved by the Institutional Review Board (IRB) at Ball State University. All measures were posted onto the internet survey website,
SurveyMonkey. Instructions on accessing the site and completing the surveys was provided to parents in the survey introduction letter mailed to students’ parents. Furthermore, instructions to the subjects were posted at the beginning of the survey battery on the website. As required by the IRB, subjects can not be directly or indirectly identified.
CHAPTER IV
RESULTS

Plan of Analysis. The DSIS has not previously been used with a sample of young adolescents; therefore, the initial analyses focused on examining the internal consistency and factor structure of the scale. The convergent and discriminant validity of the scale was then examined by conducting correlational analyses of the DSIS in relation to an established measure of adolescent separation-individuation, the SITA (Levine, Green, & Millon, 1986).

Finally, the clinical utility of the DSIS was investigated by examining its predictive validity. This was done by exploring the relation of the DSIS to measures of both negative and positive adjustment. To this end, correlational analyses of the DSIS and the RADS and SIQYA subscales were performed.

Internal Consistency and Factor Structure. The DSIS had high internal consistency (α = .97) and item to total correlations which ranged from .62 to .89 (see Table 1).
An exploratory factor analysis, extracting principal components, was conducted to examine the factor structure of the DSIS. Costello and Osborne (2005) reported that a ratio of 10 subjects to each instrument item is the most prevalent *a priori* rule for determining adequate sample size for factor analysis. The ratio of subjects ($N = 296$) to items (19) in this study was 15.58 which exceeds the ratios of more than 63% of studies utilizing factor analytic procedures in a survey conducted by Costello and Osborne (2005). In addition to subject–item ratios, other researchers (e.g., Fabrigar et al., 1999; MacCallum, Widaman, Zhang, & Hong, 1999) have cited uniformly high communalities as a measure of adequate sample size. The communalities obtained in this principal components analysis ranged from .42 to .81, all well above the minimum communality value of .32 suggested by Tabachnick and Fidell (2001) for use in determining the adequateness of sample size in factor analytic studies.

Results of the principal component analysis showed one eigenvalue greater than 1 (Eigenvalue = 12.916), and the scree plot also indicated that the DSIS consists of a single factor, accounting for 67.8% of the variance.
Convergent and Discriminant Validity. In order to establish the convergent and discriminant validity of the DSIS, correlations between the scale and the other instruments included in the study were calculated (see Table 2 below). With respect to convergent validity, dysfunctional separation-individuation, as measured by the DSIS, was strongly and positively correlated with Dependency Denial (r = .79), Separation Anxiety (r = .62) and with Engulfment Anxiety (r = .53). With respect to discriminant validity, DSIS was strongly but negatively correlated with Healthy Separation (r = -62). To put the magnitude of these correlations into perspective, Cohen’s (1988) well-known convention considers correlations above .50 as “high”. Similarly, Kaplan and Saccuzzo
(2001) consider correlations above .60 as “high.” By these conventions, the present correlations are uniformly high.

More recently, however, Hemphill (2003) derived empirical guidelines for interpreting the magnitude of correlations. In an analysis of 380 meta-analytic studies of the assessment and treatment literature, he showed that two-thirds of all correlations in this literature are not much higher than .30, suggesting a new benchmark for what is considered a “high” correlation. By this standard, the correlations observed here are unusually strong.

Table 2
Correlations of Dysfunctional Separation-Individuation Scale (DSIS) and Separation-Individuation Test of Adolescence Subscales (SITA)

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>DSIS</td>
<td>.79</td>
<td>.62</td>
<td>.53</td>
<td>-.62</td>
<td></td>
</tr>
<tr>
<td>Dependency</td>
<td>.66</td>
<td>.67</td>
<td>.39</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Denial</td>
<td></td>
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<tr>
<td>Separation</td>
<td>.63</td>
<td>.30</td>
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<td></td>
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<tr>
<td>Anxiety</td>
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<tr>
<td>Engulfment</td>
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<td></td>
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<tr>
<td>Anxiety</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Healthy</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Separation</td>
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</table>

Concurrent Validity. In order to establish concurrent validity of the DSIS, correlations between the scale and measures of depression and positive adjustment were examined. Correlations between the DSIS and the Reynolds Adolescent Depression Scale (RADS) (r = .74), and Self-Image Questionnaire for Young Adolescents (SIQYA)
subscales of Mastery and Coping \((r = -.73)\) and Superior Adjustment \((r = -.70)\), provided evidence of predictive validity (see Table 3).

Table 3

<table>
<thead>
<tr>
<th></th>
<th>DSIS</th>
<th>RADS</th>
<th>Mastery and Coping</th>
<th>Superior Adjustment</th>
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</thead>
<tbody>
<tr>
<td>DSIS</td>
<td>.74</td>
<td>-.73</td>
<td>-.70</td>
<td></td>
</tr>
<tr>
<td>RADS</td>
<td></td>
<td>-.77</td>
<td>-.75</td>
<td></td>
</tr>
<tr>
<td>Mastery and Coping</td>
<td></td>
<td></td>
<td>.88</td>
<td></td>
</tr>
<tr>
<td>Superior Adjustment</td>
<td></td>
<td></td>
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</tbody>
</table>

Tests-of-Means. Mean differences were assessed using analyses of variance. For this purpose, the various grades were aggregated into two levels, with one level composed of middle school students (grades 6, 7, & 8; \(N = 92\)) and the second level composed of high school students (grades 9, 10, 11, & 12; \(N = 198\)).

The first analysis of variance examined Grade (2) by Gender (2) differences on the DSIS. No significant main effect was found for gender \((F_{1, 296}=.056, p = .813, \eta^2 = .000)\), indicating that the mean for males was not significantly different from the mean for females. No significant effect for grade was found \((F_{1, 296}= 2.401, p=.122, \eta^2 = .000)\), indicating that the mean for middle school students was not significantly different from the mean for high school students. Finally, the gender by grade interaction was found to be non-significant \((F_{1, 296}=2.808, p = .095, \eta^2 = .010)\). Table 4 below reports the means and standard deviations for the DSIS by gender and grade.
Table 4
School Level and Gender means for Dysfunctional Separation-Individuation Scale (DSIS)

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
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<tbody>
<tr>
<td>Middle School</td>
<td>76.48</td>
<td>5.20</td>
</tr>
<tr>
<td>High School</td>
<td>76.20</td>
<td>3.50</td>
</tr>
<tr>
<td>Male</td>
<td>72.08</td>
<td>4.58</td>
</tr>
<tr>
<td>Female</td>
<td>70.60</td>
<td>4.28</td>
</tr>
</tbody>
</table>

A Grade (2) by Gender (2) MANOVA was calculated on a linear combination of SITA scales. Significant multivariate effect (Pillai Trace statistic was used in all multivariate analyses) for Grade ($F_{4, 283} = 2.775, p = .027, \eta^2 = .038$), and gender ($F_{4, 283} = 4.654, p = .001, \eta^2 = .062$) were found. However, the multivariate Grade by Gender interaction was not statistically significant ($F_{4, 283} = 1.682, p = .154, \eta^2 = .023$). Table 5 reports the results of the SITA multivariate tests.

Table 5
Separation-Individuation Test of Adolescence Subscales (SITA) Multivariate Analysis

<table>
<thead>
<tr>
<th>Effect</th>
<th>Pillai Trace</th>
<th>F</th>
<th>Hypothesis df</th>
<th>Error df</th>
<th>Significance</th>
<th>$\eta^2$</th>
</tr>
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<tr>
<td>Intercept</td>
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<td>272.675</td>
<td>4.000</td>
<td>283.000</td>
<td>.000</td>
<td>.970</td>
</tr>
<tr>
<td>Grade</td>
<td>.038</td>
<td>2.775</td>
<td>4.000</td>
<td>283.000</td>
<td>.027</td>
<td>.038</td>
</tr>
<tr>
<td>Gender</td>
<td>.062</td>
<td>4.654</td>
<td>4.000</td>
<td>283.000</td>
<td>.001</td>
<td>.062</td>
</tr>
<tr>
<td>Grade by Gender</td>
<td>.023</td>
<td>1.682</td>
<td>4.000</td>
<td>283.000</td>
<td>.154</td>
<td>.023</td>
</tr>
</tbody>
</table>

The significant multivariate effects were further examined through univariate analyses. Significant grade effects were observed for Dependency Denial ($F_{1, 286} = 7.332, p = .007, \eta^2 = .025$) and for Healthy Separation ($F_{1, 286} = 5.538, p = .019, \eta^2 = .019$). Means and standard deviations are reported in Table 6. As can be seen, high school students
reported higher Dependency Denial scores than did middle school students, but middle school students reported higher Healthy Separation scores than did high school students.

No significant grade effects were found for Separation-Anxiety ($F_{1,286}=1.161, p=.282, \eta^2 = .004$) or the Engulfment Anxiety subscales ($F_{1,286}=0.006, p=.939, \eta^2 = .000$).

Table 6  
*School Level and Gender means and standard deviations for Separation-Individuation Test of Adolescence Subscales (SITA)*

<table>
<thead>
<tr>
<th>SITA Subscale</th>
<th>Dependent Variable</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependency Denial</td>
<td>Middle School</td>
<td>27.83</td>
<td>1.74</td>
</tr>
<tr>
<td></td>
<td>High School</td>
<td>33.50</td>
<td>1.17</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>32.25</td>
<td>1.54</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>29.09</td>
<td>1.42</td>
</tr>
<tr>
<td>Separation Anxiety</td>
<td>Middle School</td>
<td>33.67</td>
<td>1.34</td>
</tr>
<tr>
<td></td>
<td>High School</td>
<td>35.40</td>
<td>0.90</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>32.96</td>
<td>1.19</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>36.11</td>
<td>1.09</td>
</tr>
<tr>
<td>Engulfment Anxiety</td>
<td>Middle School</td>
<td>22.59</td>
<td>0.86</td>
</tr>
<tr>
<td></td>
<td>High School</td>
<td>22.91</td>
<td>0.58</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>22.79</td>
<td>0.77</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>22.71</td>
<td>0.71</td>
</tr>
<tr>
<td>Healthy Separation</td>
<td>Middle School</td>
<td>26.64</td>
<td>0.91</td>
</tr>
<tr>
<td></td>
<td>High School</td>
<td>24.01</td>
<td>0.62</td>
</tr>
<tr>
<td></td>
<td>Male</td>
<td>24.91</td>
<td>0.81</td>
</tr>
<tr>
<td></td>
<td>Female</td>
<td>25.78</td>
<td>0.75</td>
</tr>
</tbody>
</table>

A Grade (2) by Gender (2) MANOVA was calculated on a linear combination of the positive adjustment scales (Mastery Coping and Superior Adjustment). A significant multivariate effect for gender was obtained ($F_{2,288}=7.552, p=.001, \eta^2 = .050$). No significant effects for grade ($F_{2,288}=1.544, p=.215, \eta^2 = .011$) or the grade by gender interactions ($F_{2,288}=2.894, p=.057, \eta^2 = .020$) were obtained; however, the grade by gender interaction approached significance. Table 7 reports the results of the SIQYA multivariate analysis of the SIQYA subscales.
Univariate analyses indicated the effect for gender on the Superior Adjustment subscale was significant ($F_{1,289} = 7.131, p = .008, \eta^2 = .024$), with females scoring higher than males (see Table 8).

Table 8

<table>
<thead>
<tr>
<th></th>
<th>Grade and Gender mean and Standard Deviationss for Self-Image Questionnaire for Young Adolescents (SIQYA) subscales</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mastery and Coping</td>
</tr>
<tr>
<td>Middle School</td>
<td>42.43</td>
</tr>
<tr>
<td>High School</td>
<td>40.34</td>
</tr>
<tr>
<td>Male</td>
<td>40.67</td>
</tr>
<tr>
<td>Female</td>
<td>42.10</td>
</tr>
<tr>
<td>Superior Adjustment</td>
<td></td>
</tr>
<tr>
<td>Middle School</td>
<td>44.02</td>
</tr>
<tr>
<td>High School</td>
<td>42.68</td>
</tr>
<tr>
<td>Male</td>
<td>41.65</td>
</tr>
<tr>
<td>Female</td>
<td>45.04</td>
</tr>
</tbody>
</table>

An additional univariate analysis of variance was conducted on the Reynolds Adolescent Depression Scale. No significant main effect were found for gender ($F_{1,294} = .132, p = .717, \eta^2 = .000$) indicating that the mean score for males ($M = 61.310, SD = \ldots$)
1.780) was not significantly different than the mean score for females ($M = 62.194$, $SD = 1.663$). No significant effect was found for grade ($F_{1, 294} = 1.083$, $p = .299$, $\eta^2 = .004$), indicating that the mean for middle school students ($M = 60.485$, $SD = 2.019$) was not significantly lower than the mean for high school students ($M = 63.019$, $SD = 1.362$). Finally no significant interaction effect gender between gender and school level on the RADS ($F_{1, 294} = 2.263$, $p = .134$, $\eta^2 = .008$) was obtained.

Table 9
*Grade and Gender means and standard deviations for Reynolds Adolescent Depression Scale (RADS)*

<table>
<thead>
<tr>
<th></th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Middle School</td>
<td>60.49</td>
<td>2.02</td>
</tr>
<tr>
<td>High School</td>
<td>63.02</td>
<td>1.36</td>
</tr>
<tr>
<td>Male</td>
<td>61.31</td>
<td>1.78</td>
</tr>
<tr>
<td>Female</td>
<td>62.19</td>
<td>1.66</td>
</tr>
</tbody>
</table>
Separation-individuation has been consistently identified as a critical process in adolescent development. As Lapsley and Stey (2009) stated, separation-individuation “is a fundamental organizing principle of human growth that has implications for adaptive functioning across the lifespan.” Blos (1979) described the process as “the shedding of family dependencies, the loosening of infantile object ties in order to become a member of society at large or, simply, of the adult world”. The transformation of these internalized representations of parents allows the adolescent to establish a distinct and independent sense of self. Josselson (1980, 1988) saw the process as a recapitulation of the Mahlerian infantile process and stressed the idea that individuation took place in the context of relationships.

Successful resolution of the separation-individuation process occurs when the adolescent is able to “strike a balance between enmeshment with parental identifications and complete disengagement and isolation” (Lapsley, Rice, & Shadid, 1989, p. 286). That is, the adolescent must establish a sense of self which is at once independent of the parent but also in relation to the parent (Josselson, 1980, 1988; Lapsley & Edgerton, 2002; Mazor & Enright, 1988). A balance is forged between the extremes of enmeshment and detachment from the parent and peers. The ideal outcome of the separation-individuation
process in adolescence is the formation of a unique identity, while simultaneously maintaining the capacity for attachment to others (Allison & Sabatelli, 1988; Josselson, 1988).

Dysfunction in the separation-individuation process has previously been linked to difficulties with self-esteem, quality of family relationships, success in peer relationships, levels of depression and anxiety (McClanahan & Holmbeck, 1992), personality disorders (Noam, 1988), eating disorders (Bruch, 1985; Friedlander & Siegel, 1990; Kenny & Hart, 1992), and suicidal ideation (Wade, 1987). As such, assessment of adolescent separation-individuation, dysfunctional separation-individuation in particular, is a potentially valuable tool for clinicians and researchers.

The majority of the extant measures have faced various criticisms from subsequent researchers. One scale, the DSIS has previously shown promise in use with older adolescent populations (Lapsley, Aalsma, & Varshney, 2001; Ryan & Lynch, 1989). The purpose of this research was to examine the psychometric integrity and clinical utility of the 19-item DSIS scale as a measure of dysfunctional separation-individuation in young adolescents, a group not yet studied using the measure.

**Summary of Findings**

The DSIS was shown to be a valid and reliable measure of dysfunction in the separation-individuation process among young adolescents. The scale had high internal consistency. Furthermore, the one component structure of the 19-item measure was consistent with findings of previous factor analytic studies with older adolescent samples. For example, Lapsley and Horton (2001) reported a one factor, 19-item scale accounting
for 36% of the variance ($\alpha=.90$) with an older adolescent sample. Lapsley, Aalsma, and Varshney (2001) reported similar findings.

*Discussion of Validity Indices.* The DSIS was strongly and positively correlated with Dependency Denial, Separation Anxiety, and Engulfment Anxiety as measured by the Separation Individuation Test of Adolescence. Dependency Denial assesses denial or avoidance of interpersonal needs. Separation Anxiety, assesses residual effects of anxiety felt during rapprochement and describes fear of abandonment from significant others. Engulfment Anxiety, assesses residual effects of re-engulfment fear experienced during rapprochement and describes feelings of being engulfed by intimate relationships. According to Holmbeck and Leake (1986), these three subscales are most strongly related to MMPI indices of dysfunction. Hence, the strong correlation of the DSIS with these measures is compelling evidence of the ability of the DSIS to predict pathology in separation-individuation. Moreover, the negative correlation between the DSIS and the Healthy Separation subscale of the SITA, which assesses successful progression through the consolidation phase of separation-individuation in childhood and describes the healthy balance between independence and dependence in relationships, provides further support for the assertion that the DSIS is an indicator of dysfunctional separation-individuation.

The DSIS was also highly correlated in the expected directions with measures of depression and indices of positive adaptation and adjustment. The strong positive correlation between the DSIS and the RADS, and the strong negative correlations between the DSIS and the Mastery and Coping and Superior Adjustment subscales of the
SITA provide evidence of the ability of the DSIS to predict outcomes of the separation-individuation process.

*Discussion of Tests of Means.* There were no mean differences between the groups examined on the DSIS. There were no significant differences between males and females, or between middle school students and high school students in terms of level of pathology of separation-individuation as measured by the DSIS.

*Implications*

The current findings showed the DSIS to be a psychometrically sound measure of dysfunction in the separation-individuation process among young adolescents. This is an important finding, as the DSIS scale previously has not been used to investigate the separation-individuation process in young adolescents (i.e., middle and high school age students), despite theoretical postulations that the separation-individuation process begins at a young age (Blos, 1962; Josselson, 1980).

The one component structure of the 19-item measure was consistent with findings of factor analytic studies with older adolescent samples (Lapsley, Aalsma, & Varshney, 2001; Lapsley & Horton, 2001), and provides evidence of the potential utility of the DSIS as a clinical screener and as a research tool. Furthermore, the correlations between the DSIS and other measures of pathological and healthy separation-individuation provided further evidence that the DSIS is a strong predictor of pathology in separation-individuation and is a potentially useful instrument for clinical application. The DSIS was also shown to be predictive of levels of depression and positive adjustment.

Because a sample of young adolescents was used, valid generalizations of the results of this study can only be made to similar populations. The scales in this study
were not counterbalanced, therefore, such factors as response set and response bias may have impacted the results. Other limitations of the present study include the lack of racial/ethnic background identifiers for subjects.

**Recommendations for Future Research**

The results of the current study show the DSIS to be a psychometrically sound measure for assessing the separation-individuation process among young adolescents. As this is the first study to use the DSIS with a sample of young adolescents, it is important that additional research be conducted to provide further evidence of the scales psychometric integrity with this population. Future studies should also be conducted using clinical samples, as was done in Christenson and Wilson’s (1985) initial work with the 39-item scale. Although the present study used depression as a single measure of pathological outcomes, previous research has linked the adolescent separation-individuation process to difficulties with self-esteem, poor quality of family relationships, difficulties in peer relationships, levels of depression and anxiety (McClanahan & Holmbeck, 1992), personality disorders (Noam, 1988), eating disorders (Bruch, 1985; Friedlander & Siegel, 1990; Kenny & Hart, 1992), and suicidal ideation (Wade, 1987). As such, future studies should include a broader set of outcome variables assessing multiple constructs of pathology. In particular, studies incorporating the adolescent version of the MMPI may be of particular interest as studies using the DSIS with older adolescent populations have frequently incorporated the MMPI into the design. Finally, the present findings and previous studies suggest that the DSIS is a psychometrically sound instrument for investigating the separation-individuation process across the course
of adolescence. As such, longitudinal studies can be designed using consistent measurement tools.

Conclusion

Adolescent separation-individuation is the process by which an individual negotiates the development of a unique identity while maintaining the capacity for interconnectedness with others. The process can be difficult, and dysfunction in its course can lead to pathological outcomes. The DSIS has been shown in the present study to have great potential to be a psychometrically sound and a likely clinically useful measure of dysfunction in separation-individuation among young adolescents.
References


Arnstein, R. L. (1980). The student, the family, the university, and transition to adulthood. *Adolescent Psychiatry, 8*, 160-172.


(Rice et al 1995)


Dysfunctional Separation-Individuation Scale

Please answer the following questions on a scale from 1 (not characteristic) to 10 (very characteristic).

1. When people really care for someone, they often feel worse about themselves.
2. When someone gets too emotionally close to another person, they often feel worse.
3. It is when people start getting close to someone that they are most likely to get hurt.
4. People need to maintain control over others to keep them from being harmed.
5. I find that people seem to change whenever I get to know them.
6. I find that others often treat me as if I am just there to meet their every wish.
7. I need other people around me to not feel empty.
8. I sometimes feel that part of me is lost whenever I agree with someone.
9. Like others, whenever I see someone I really respect and to whom I look up, I often feel worse about myself.
10. I find it difficult to form mental pictures of people important to me.
11. Whenever I am angry with someone, I feel worthless.
12. If I were able to tell my deepest thoughts, I would feel empty.
13. In my experiences, people always seem to hate me.
14. Often, when I am in a close relationship, I find that my sense of who I am gets lost.
15. I find that when I get emotionally too close to someone, I feel that I have lost a part of who I am.
16. Getting physical affection itself seems more important to me than who gives it to me.
17. I find it difficult to really know another person.
18. I must admit that whenever I see someone else’s faults, I feel better.
19. I am tempted to try to control other people in order to keep them close to me.

Dear Parent,

I am writing to inform you of a research project being conducted at your child’s school, and to request your permission to allow your child’s participation. The purpose of this study titled “Psychometric Integrity of a Measure of Dysfunctional Separation-Individuation in Young Adolescents” is to examine the process by which teens begin to form an identity and develop mature relationships with their families and friends. Participants will be asked questions about their attitudes toward their friends, parents, school, and the future.

Participants are asked to complete a set of surveys posted onto SurveyMonkey an internet site. The link is at the top of this letter. It will take about 20 minutes to answer all of the questions. The risks associated with this study are minimal. Some of the questions will ask about the subject’s current mood. Should your child experience uncomfortable feelings resulting from the surveys, please contact their local school counselor or the Paulding County School District at (770) 443-8003. Please be assured that all answers will be held in the strictest confidence. Names will not be associated with answers in any way.

Your child’s participation is completely voluntary. Subjects can withdraw from the study at any time for any reason without penalty or prejudice from the investigator or your child’s school. Please note that no school funds are being used for this study. If you have questions about the project, please contact the principal investigator, Sam Sabaka, Coordinator of Psychological Services, Paulding County BOE, (770) 443-8030, ssabaka@paulding.k12.ga.us; or Dr. Dan Lapsley, Faculty Advisor, University of Notre Dame, (574) 631-8789.

For one's rights as a research participant, please contact:
Coordinator of Research Compliance, Office of Academic Research and Sponsored Programs, Ball State University, Muncie, IN 47306.
The phone number is: (765) 285-5070

Thanks for your help!
Sam Sabaka
Principal Investigator

PARENT PERMISSION FORM

This study has been explained to me to my satisfaction. I understand and voluntarily agree to the conditions of my child’s participation.

______________________________  _______________________
Parent Signature                  Date
Thank you for participating in this research study. The purpose of this study is to examine the process by which young adolescents begin to form an identity and develop mature relationships with their families and friends. Participants will be asked questions about their attitudes toward their friends, parents, school, and the future.

It will take about 45 minutes to answer all of the questions.

Please remember that your participation is voluntary and they may stop at any time without penalty.

The risks associated with this study are minimal. Some of the questions will ask about your current mood. Should you experience uncomfortable feelings resulting from the surveys, please contact your school counselor. Please be assured that all answers will be held in the strictest confidence. Your name will not be associated with answers in any way. The data will be stored electronically in a data file that will have no personally identifying information.

If you have questions about the project, please contact the principal investigator, Sam Sabaka, Coordinator of Psychological Services, Paulding County BOE, (770) 443-8030 or Dr. Dan Lapsley, Faculty Advisor, University of Notre Dame, (574) 631-8789.

For one's rights as a research participant, please contact:
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The phone number is: (765) 285-5070

Thanks for your help!
Sam Sabaka
Principal Investigator