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Lynn Hernandez

Marilyn J. Montgomery

William M. Kurtines

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Identity Distress and Adjustment Problems in At-Risk Adolescents

Lynn Hernandez, Marilyn J. Montgomery,
and William M. Kurtines

Abstract

This study assessed the usefulness of the Identity Distress Scale (IDS), a measure modeled after the *Diagnostic and Statistical Manual of Mental Disorders* (3rd ed., rev. [DSM-III-R]; American Psychiatric Association, 1987) defined Identity Disorder, by investigating links between identity distress and poor psychological adjustment in at-risk middle adolescents. A significant proportion (16%) met DSM-III-R criteria for Identity Disorder, and 34% met the more liberal criteria for Identity Problems as defined by the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.; American Psychiatric Association, 1994). Significant associations were found between identity distress and both internalizing and externalizing symptoms. The IDS appears to be useful for identifying youth experiencing significant difficulties in developing an identity and for exploring links between Identity Problems and other areas of psychological functioning.

The process of defining one's sense of identity is one of several normal and healthy developmental challenges of the life course, particularly during adolescence (Erikson, 1968), and the experience of some distress over identity-related issues during this developmental stage is normal and expected. A number of adolescents, however, experience considerable distress over identity-related issues—a fact that resulted in Erikson's coining of the term *identity crisis* (Erikson, 1963). For some, this identity-related distress may disrupt normal development and increase risks for individual dysfunction and problem behaviors. In recognition of this type of distress, the *Diagnostic and Statistical Manual of Mental Disorders* (3rd ed., rev. [DSM-III-R]; American Psychiatric Association [APA], 1987) included a diag-

nostic category termed *Identity Disorder*, whose essential feature was severe subjective distress regarding the inability to integrate aspects of the self into a relatively coherent and acceptable sense of self associated with specific roles, relationships, and social commitments.

As defined by *DSM-III-R* (APA, 1987), Identity Disorder (a pathological “identity crisis”) included excessive and prolonged uncertainty over a variety of identity-related issues, including long-term goals, career choice, friendship patterns, sexual orientation and behavior, religious identification, moral value systems, and group loyalties, with significant distress and interference with normal adaptive functioning. The *Diagnostic and Statistical Manual of Mental Disorders* (4th ed. [DSM-IV]; APA, 1994) currently includes the classification of Identity Problem, listed under the heading of “Other Conditions That May Be a Focus of Clinical Attention,” with the more liberal criteria of “uncertainty about multiple issues relating to identity” (p. 685), including those specified in the earlier version of the *DSM*.

Of significant concern to researchers and clinicians are maladaptive levels of identity-related distress. To what extent are maladaptive levels of identity distress associated with problem behaviors and symptoms of poor psychological adjustment during adolescence? Unfortunately, very few empirical studies address this question, probably because most measures of identity do not measure the distress that may be associated with identity crisis. In response to the absence of such a measure, Berman, Montgomery, and Kurtines (2004) created the Identity Distress Scale (IDS), a measure modeled after the *DSM-III-R* (1987) categorization of Identity Disorder, to be used to identify individuals experiencing distress with identity development. Preliminary studies involved in developing the measure offered promising evidence of the scale’s reliability and validity. The purpose of this study was to further assess the usefulness of the IDS by investigating the links between identity distress and symptoms of poor psychological adjustment within a sample of at-risk adolescents.

METHOD

Participants

The sample included 106 participants (74 girls, 32 boys) from four Communities in Schools of Miami (CIS-M) alternative high schools between the ages of 14 and 18 years ($M = 16.28$ years, $SD = .97$). Participants identified themselves as belonging to one of the following ethnic or racial groups: White (11%), Black (33%), Hispanic/Latino (38%), or biracial/other groups (18%). Ninety percent of the sample were born in the United States, but 48% of fathers and 44% of mothers were born outside the United States, indicating that nearly half of the youth in the study were from recently immigrated families.

CIS-M high schools are alternative schools for youth with an “at-risk” profile by meeting one or more of the following criteria: (a) excessive absenteeism; (b) failing grades; (c) retention in the same grade 1 year or more; (d) falling behind in earned credits; (e) low test scores; and (f) failing to meet state proficiency levels in reading, mathematics, or writing. School officials describe the student population as “lacking in motivation” and coming from “deprived family or neighborhood” environments. Although these students have been classified as “at risk” and have exhibited behavioral and motivational problems, they have not engaged in the types of serious offenses that may require placement in probationary alternative schools such as “boot camps.” Nevertheless, they are youth experiencing difficulty during this developmental period.

Measures

IDS. The IDS (Berman et al., 2004) is a 10-item scale based on criteria for Identity Disorder as defined in the *DSM-III-R* (APA, 1983). Using a 5-point Likert-type scale, seven questions ask to what degree the participant has recently been upset, distressed, or worried over the following issues: long-term goals, career choice, friendships, sexual orientation and behavior, religion, values and beliefs, and group loyalties. Two general questions ask participants to indicate their global levels of distress about the issues raised in the previous seven questions, using the same 5-point scale, with high scores representing more distress (discomfort, interference with life). One question asks about duration of distress over these issues. In this study, Cronbach’s standardized alpha for the IDS Items 1–9 was .80.

Zill Behavior Items, Behavior Problem Index (ZBI [BPI]). The ZBI (BPI) (Zill, 1988) is a 32-item questionnaire that obtains self-reports of problem behaviors from adolescents. This measure was developed to examine behavior problems in youth in national surveys. Each of the items that comprise the ZBI (BPI) describes various behavior problems that may have occurred during the last 3 months. In this study, the ZBI (BPI) was used to assess participants’ psychological adjustment. The ZBI (BPI) contains five subscales, which include antisocial behavior, anxious or depressed behavior, hyperactive behavior, peer problems or social withdrawal, and headstrong behavior. Alphas in this sample ranged from .78 for the peer conflict or social withdrawal antisocial subscale to .83 for the anxious/depressed subscale. Cronbach’s standardized alpha for the total scale was .94.

Procedure

Students were surveyed as they entered an ongoing school-based project (*Youth Development Project: The Changing Lives Program*). This project involves volunteer participants in weekly counseling groups that address issues such as anger management, relationship concerns, substance use, and self-esteem; students may

self-refer or be referred by teachers or school counselor. Parents consented to their youth's participation, and youth gave assent themselves.

RESULTS

Items representing each of the identity issues were first examined separately for gender, race or ethnicity, and immigration status differences. There were no gender differences in levels of distress for any of the identity issues (goals, career, etc.). With regard to race or ethnicity, one significant difference was found for sexual orientation and behavior, $F(X, XX) = 2.79, p = .03$. Non-Hispanic White youth reported the highest distress on this issue; follow-up tests indicated that they had significantly more distress than Hispanic youth ($p = .05$). There were no differences found with regard to immigration status, but participants were more likely to experience distress in the area of sexual orientation and behavior if their father, $F(X, XX) = 6.43, p = .002$, or mother, $F(X, XX) = 3.19, p = .05$, was born outside the United States.

Next, the IDS was scored in several ways. First, surveys were scored for whether each participant met *DSM-III-R* (APA, 1987) criteria for Identity Disorder. To be considered as meeting diagnosis, participants had to rate "upset, distress, or worry" in at least three of the seven identity issues at a level of "often" or "almost always," with overall distress or interference ratings as "moderate" or higher and duration of distress as being 3 months or more. Based on these criteria, 16% of our sample qualified for an Identity Disorder diagnosis. There were no significant differences in diagnostic status by ethnicity or immigrant status. Significant differences were found by gender, however, $\chi^2(X, N = XX) = 9.38, p = .009$, with 23% of the girls (and none of the boys) meeting the criteria for Identity Disorder.

Second, surveys were scored for whether each participant met *DSM-IV* (APA, 1994) criteria for an Identity Problem. To qualify for this diagnosis, participants had to indicate that uncertainty over identity issues had caused more than moderate distress or interference. Based on these criteria, 34% of the sample qualified as having a clinically significant Identity Problem (capturing an additional 17% who did not meet the multiple criteria for Identity Disorder). Again, there were no significant differences in this diagnostic status by ethnicity or immigrant status, but significant differences were found by gender, with significantly more girls than boys meeting criteria for Identity Problems (36.5% vs. 7.5%), $\chi^2(X, N = XX) = 9.86, p = .002$.

Third, two subscales were constructed based on factor analysis of the IDS. Two first-order factors representing Identity Issues Distress (IID) and Global Identity Distress (GID) were formed from summed items. IID was composed of the first seven items (which measure distress related to the specific identity issues). GID was composed of Items 8 and 9 (which measure the extent to which identity issues

TABLE 1
Correlations Between Identity Disorder, Identity Issues Distress,
Global Identity Distress, and Adjustment Problems

	<i>Antisocial Behaviors</i>	<i>Anxious/ Depressed Symptoms</i>	<i>Hyperactive Behaviors</i>	<i>Peer Problems/ Social Withdrawal</i>	<i>Headstrong Behaviors</i>
Identity disorder	.39**	.11	.28*	.17	.19
Identity issues distress	.34**	.36**	.34*	.38*	.29*
Global identity distress	.31**	.42**	.47**	.41**	.45**

*Correlation is significant at the $p = .01$ level (one-tailed). **Correlation is significant at the $p = .05$ level (one-tailed).

in general are causing discomfort and interfering with life). The composite score for the entire IDS scale was also calculated by summing all items. IDS scores were moderately correlated with GID ($r = .30, p = .001$), suggesting that the two subscales measure distinct but related aspects of IDS. Participants' scores on the IDS or its subscales did not differ significantly by gender, ethnicity, or immigration status; were not correlated with income; and were only marginally correlated with age ($r = .18, p = .04$ for GID; $r = .17, p = .05$ for IID).

To investigate the associations between identity distress and other adjustment problems, the associations between the IDS scale and subscale scores and the ZBI (BPI) scores were investigated using Pearson correlations. As shown in Table 1, GID was significantly correlated with all psychological problem subscales, whereas the IID was significantly correlated only with antisocial behavior and hyperactivity.

Finally, those with and without an Identity Disorder or Identity Problems diagnosis were compared for their scores on the ZBI (BPI) subscales. Female students categorized as having Identity Disorder diagnosis had significantly higher scores on antisocial behavior, $F(X, XX) = 4.75, p = .01$, and headstrong behavior, $F(X, XX) = 3.19, p = .05$. No male students were categorized as having Identity Disorder, but those categorized as having Identity Problems ($n = 2$) had significantly higher scores on anxiety/depression, $F(X, XX) = 5.40, p = .03$; peer problems/social withdrawal, $F(X, XX) = 4.66, p = .05$; and hyperactivity, $F(X, XX) = 4.47, p = .05$, than those without Identity Problems (and due to the small male subsample size, these results are merely suggestive rather than conclusive).

DISCUSSION

The purpose of this study was to assess the usefulness of the IDS by investigating the links between identity distress and symptoms of poor psychological adjustment within a sample of at-risk adolescents. Our results also demonstrate that

identity distress is a real and difficult experience for some adolescents, albeit an expected one. The results from this study revealed that 16% of the sample met *DSM-III-R* (1987) criteria for Identity Disorder. In a previous study of college students using the IDS, 12% of the sample met *DSM-III-R* diagnostic standards for Identity Disorder with the same measure (Berman et al., 2004). Furthermore, we found by applying the more liberal criteria for Identity Problems now in the *DSM-IV* (1994), 34% of our sample qualified as having clinically significant identity distress. The fact that we found a greater proportion of young people experiencing clinically significant identity distress than previous studies with college students is unsurprising, given that our sample was younger (and theoretically the appropriate age for normative identity crisis), experiencing academic difficulty, and also self- or school staff-referred for participation in the Youth Development Project. Thus, our selected sample would be more likely than other youth to experience adjustment difficulties, including both identity distress and behavior problems. Although boys' and girls' individual issue distress scores did not differ significantly, girls were more likely to meet the multiple diagnostic criteria for Identity Distress or Identity Problems. This might be due to a social desirability factor, with young male adolescents of the type included in the CIS-M schools being less inclined to admit distress, or it could be that these adolescent girls actually experience more distressing Identity Problems.

Girls who met criteria for an Identity Disorder were significantly more antisocial and headstrong (often termed *externalizing symptoms*) than those who did not. It is interesting to note that the small number of boys who qualified as having an Identity Problem differed from other boys in having significantly more anxiety or depression and peer problems or social withdrawal (often termed *internalizing symptoms*). Because girls more often have internalizing problems and boys externalizing problems, our data suggest that having nongender normative adjustment problems may be associated with broad indexes of identity distress. Limitations created by our sample size preclude strong conclusions; nevertheless, these results suggest intriguing questions that could be investigated in future studies.

Our results do indicate that identity distress often co-occurs with symptoms of poor psychological adjustment. At the same time, they suggest another question: Is identity distress different from general psychological distress in adolescents? Concomitantly, should it be targeted specifically in prevention or identity enhancement interventions? What elements should be included in interventions designed to treat youth with clinically significant Identity Disorders or Problems? Although these questions remain for future investigations, the IDS appears to be a useful tool for (a) exploring links between Identity Problems and other important areas of psychological functioning in adolescents, (b) identifying those young individuals who are experiencing significant difficulties in the process of developing an identity, and (c) evaluating efforts to prevent or alleviate identity distress.

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REFERENCES

- American Psychiatric Association. (1987). *Diagnostic and statistical manual of mental disorders* (3rd ed., rev.). Washington, DC: Author.
- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
- Berman, S. L., Montgomery, M. J., & Kurtines, W. M. (2004). The development and validation of a measure of identity distress. *Identity: An International Journal of Theory and Research*, 4, 1–8.
- Erikson, E. H. (1963). *Childhood and society* (2nd ed.). New York: Norton.
- Erikson, E. H. (1968). *Identity, youth and crisis*. New York: Norton.
- Zill, N. (1985). *Behavior problem scales developed from the 1981 Child Health Supplement to the National Health Interview Survey*. Washington, DC: Child Trends.
- Zill, N. (1988). Behavior, achievement, and health problems among children in stepfamilies: Findings from a national survey of child health. In E. M. Hetherington & J. Arasteh (Eds.), *The impact of divorce, single parenting and stepparenting on children* (pp. XX–XX). Hillsdale, NJ: Lawrence Erlbaum Associates, Inc.

