

2003

The Development and Validation of a Measure of Identity Distress

Steven L. Berman

Marilyn J. Montgomery

William M. Kurtines

Follow this and additional works at: <https://digitalcommons.georgefox.edu/gsc>



Part of the [Counseling Commons](#), and the [Psychology Commons](#)

The Development and Validation of a Measure of Identity Distress

Steven L. Berman

Marilyn J. Montgomery and William M. Kurtines

Abstract

The most frequently used measures of identity development do not contain a scale to measure the distress that can sometimes be associated with the process. The purpose of this study was to assess the reliability and validity of the Identity Distress Survey. The measure was found to have high internal consistency and test–retest reliability. Identity distress was related to the constructs of identity style and identity status. Identity distress was positively correlated with identity exploration and associated with the informational style and was negatively correlated with identity commitment. This measure could help identify those people who are having exceptional difficulties in the process of identity development and in need of intervention.

As modern Western societies have become increasingly more complex, diverse, and pluralistic, the transition to adulthood has become a more formidable challenge and many young people experience considerable distress as part of this transition. For some, the distress becomes overwhelming and disrupts the normal course of development, rendering the individual dysfunctional. Indeed, the *Diagnostic and Statistical Manual of Mental Disorders* (3rd ed., rev. [DSM–III–R], American Psychiatric Association, 1987) presented a diagnostic 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. As defined by DSM–III–R, Identity Disorder encompassed uncertainty about a variety of issues relating to identity, including long-term goals,

career choice, friendship patterns, sexual orientation and behavior, religious identification, moral value systems, and group loyalties. The *Diagnostic and Statistical Manual of Mental Disorders* (4th ed. [*DSM-IV*], American Psychiatric Association, 1994) reclassified Identity Disorder as Identity Problem and listed it under the heading of “Other Conditions That May Be a Focus of Clinical Attention.”

This reclassification reflected recognition that the process of defining one’s sense of identity, although now more challenging than in the past, is one of several normal and healthy developmental challenges of life, particularly in adolescence (Erikson, 1968). Accordingly, the experience of a certain amount of distress, sometimes severe and disruptive to day-to-day functioning, during this psychosocial crisis can be expected in contemporary Western societies and other societies in which the transition to adulthood has become more prolonged and complex. Thus, although the *DSM* category for this type of distress has changed, the problem itself has not changed or gone away; identity distress can still represent a serious problem for many young people.

The most frequently used measures of identity development (e.g., Extended Objective Measure of Ego Identity Status, Bennion & Adams, 1986; Ego Identity Process Questionnaire [EIPQ], Balistreri, Busch-Rossnagel, & Geisinger, 1995; Identity Style Inventory [ISI], Berzonsky, 1997) do not measure the distress that can sometimes be associated with the process. The purpose of this study was to assess the reliability and validity of a new measure of identity distress modeled after the *DSM-III-R* categorization of Identity Disorder. It was felt that such a measure could not only monitor the range of difficulties people experience in identity maintenance, but it could also help identify those people who were having exceptional difficulties in the process of identity development. Being able to identify those who are experiencing serious difficulties in identity development we should be in a better position to develop and test interventions aimed at relieving such distress by assisting and enhancing the identity development process. This measure not only could be used to identify those in need of intervention, but could also be used as a treatment outcome measure in such research. In fact, it is already being tested in just such an intervention project (Hernandez, Cordaro, & Montgomery, 2003), where 36% of multiproblem youth sampled from urban high schools reported experiencing clinically significant levels of identity distress. Additionally, identity distress was correlated with other problem behaviors including past year marijuana use ($r = .27, p < .05$) and other drug use ($r = .26, p < .05$). This study was undertaken to investigate the reliability of this measure and to begin to establish some norms among a college student population.

STUDY 1

The purpose of study one was to determine the test–retest reliability of the Identity Distress Survey (IDS).

Method

Participants. Participants from a U.S. university included 105 introductory level psychology students (83.5% women and 16.5% men), with a mean age of 25.5 and a standard deviation of 8.6. Year level included Freshmen (31.9%), Sophomores (29.7), Juniors (29.7), and Seniors (8.8%). Participants identified themselves as belonging to one of the following ethnic/racial groups: White (76.9%), Black (12.1%), Hispanic (5.5%), Asian (3.3%), and Other (2.0%). Marital status was defined as: Single (72.5%), Married (17.6%), Divorced (8.8%), and Separated (1.1%). Incomes were reported as Less than \$30,000 (51.7%), \$30–50,000 (15.7%), \$50–100,000 (11.2%), Greater than \$100,000 (2.2%), and Don't Know (19.1%).

Materials. The IDS questions (see Appendix 1) ask the degree to which 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. The survey was scored in terms of whether or not the participant met the full criteria for Identity Disorder as defined in the *DSM-III-R* (see later).

Procedure. A working draft of this measure, the IDS, was created and administered twice to 105 introductory level psychology students with a 1-week delay between test and retest.

Results

Internal Consistency Reliability was in the acceptable range ($\alpha = .84$). To calculate the test–retest reliability, surveys were scored for whether or not each participant met *DSM-III-R* criteria for Identity Disorder at each testing. To be considered as meeting diagnosis, participants needed to rate distress in at least 3 of the 7 listed areas (Items #1–7) at a level of “severe” or “very severe,” with overall distress (Item # 8) or interference ratings (Item # 9) “moderate” or higher, and duration (Item # 10) being greater than 3 months. Cohen’s Kappa was then calculated from the two observations of each participant ($\kappa = .82$, suggesting that the test–retest reliability was also quite high).

With regard to race/ethnicity, there were no differences between groups in levels of distress for any of the identity issues (goals, career, etc.). There was, however, a difference regarding the total number of issues that were distressful, with non-Whites reporting significantly more distressful issues/areas than Whites ($t = -2.00, p = .048$).

The only gender difference found was in the area of friendships, with men reporting significantly more distress over this issue than women ($t = 2.25, p = .025$). There were no differences found in regard to income, marital status, age, or grade.

STUDY 2

The purpose of Study 2 was to examine the relation between identity distress, identity status, and identity style.

Method

Participants. Participants included 331 students taking various psychology courses (82.2% women, 16.9% men, and .9% [3 students] who did not answer the gender question), with a mean age of 20.96 and a standard deviation of 3.58. Grade distribution included Freshmen (20.8%), Sophomores (19.0%), Juniors (30.8%), and Seniors (29.4%). Participants identified themselves as belonging to one of the following ethnic/racial groups: White (67.4%), Black (7.9%), Hispanic (13.3%), Asian (3.9%), Mixed (4.8%), and Other (2.4%). One participant did not endorse any ethnicity. Marital status was defined as: Single (91.5%), Married (3.6%), Divorced (.9%), or Domestic Partner (3.6%). One participant did not endorse any marital status. Incomes were reported as Less than \$30,000 (21.5%), \$30–50,000 (15.1%), \$50–100,000 (27.5%), Greater than \$100,000 (16.9%), and 19.0% reporting either “Don’t Know” or not answering this question.

Materials. The IDS was described earlier.

The EIPQ (Balistreri et al., 1995) was used to identify participants’ identity status. The EIPQ has two subscales—identity exploration and identity commitment. Chronbach’s alpha for the exploration subscale has been reported to be .76 with test–retest reliability of .90. Chronbach’s alpha for the commitment subscale has been reported to be .75 with test–retest reliability of .76 (Balistreri et al., 1995). Median splits provided by Balistreri et al. can be used to assign participants to one of four identity statuses as defined by Marcia (1966). Low scores on exploration and commitment are “Diffused,” low in exploration but high in commitment is “Foreclosed,” high in exploration but low in commitment is “Moratorium,” and high in both exploration and commitment is “Achieved.”

The ISI (Berzonsky, 1997) was used to assess participants’ identity style. The ISI measures three types of information processing styles in regard to making identity relevant decisions. The “Diffuse/Avoidant” style is characterized by procrastination and avoidance of identity exploration and decision making. The “Normative” style is characterized by little exploration of alternatives and attitudes such as subservience, deference to authority, and dogmatic, inflexible commitments. The “Informational” style is characterized by active exploration of alternatives, information seeking, and flexible commitments. The Diffuse/Avoidant style tends to lead to a diffused identity status, the Normative style tends to lead to foreclosure, and the Informational style leads to moratorium and eventual identity achievement. Respondents were classified as Normative, Informational, or Diffuse/Avoidant based on which scale they scored highest. Berzonsky (1997) re-

ported Chronbach alphas for the ISI scales as .70 for Informational, .66 for Normative, and .76 for Diffuse/Avoidant, with good test–retest reliability.

Procedure. The measures were combined with a demographic survey and other measures not relevant to this study into a battery that was administered over the Internet. Students in psychology classes offering extra credit for research participation had the option of completing this online survey.

Results

Based on the self-report data of the IDS, 12% of the sample would meet *DSM-III-R* diagnostic standards for Identity Disorder. There were no significant differences in diagnostic status by gender, ethnicity, marital status, or income. Significant differences were found by identity status ($\chi^2 = 12.59, p = .006$), with those in moratorium having the highest percentage of identity disordered participants (21.5%), followed by achieved (14.8%) and diffused (11.4%). The lowest percentage was found among the foreclosed (5.0%). Significant differences were also found between identity style groups ($\chi^2 = 6.16, p = .046$), with those in the Informational style group having the highest percentage of identity-disordered participants (15.1%), whereas those with Diffused/Avoidant styles only had 7.4%, and Normative had 5.1%.

Item 8 on the IDS asked participants to give a global distress rating across all listed domains (goals, friendships, values, etc.). A composite distress score was also calculated by averaging the distress scores for each domain (Items 1–7). The participants' global distress ratings significantly correlated with the derived composite distress scores ($r = .64; p < .001$). Mean distress ratings did not differ by gender, ethnicity, marital status, or income, and was not correlated with age.

The global distress score was correlated with identity exploration ($r = .11; p = .047$) and negatively with identity commitment ($r = -.23; p < .001$). A one-way analysis of variance (ANOVA) yielded significant differences between identity statuses in mean levels of distress with $F(3, 327) = 5.55, p = .001$. Scheffé post hoc analyses suggested that the foreclosed group was significantly lower in distress than those in the moratorium or diffused statuses. The moratorium, diffused, and achieved statuses were not significantly different in distress.

A one way ANOVA also yielded significant differences between identity styles in mean level of distress with $F(2, 328) = 7.01, p = .001$. Scheffé post hoc analyses suggested that the group with a Normative style had significantly less distress than the other two styles. The Informational and Diffused/Avoidant groups were not significantly different in distress.

Two other significant differences were uncovered in subsequent data analysis: analyses by identity distress domain revealed a significantly higher mean distress score for men in the area of values ($t = 2.25; p = .027$); and non-Whites had a significantly higher mean distress score than Whites in the area of groups ($t = -2.17; p = .032$).

DISCUSSION

The purpose of this study was to validate a measure of identity distress modeled after the *DSM-III-R* categorization of Identity Disorder. Although this disorder no longer appears in the *DSM-IV-R*, identity problems are still listed among the v-codes as areas that might serve as the focus of clinical attention. The *DSM-III-R* model was used for this measure, even though it was dropped from the *DSM* because it was felt that these criteria could potentially differentiate the normal developmental concerns of adolescents from the more serious distress that might interfere with adaptive functioning. Toward that endeavor, this instrument appears to be a successful first step in that it demonstrated good internal consistency and test-retest reliability. Several suggestive relations were uncovered among identity distress, identity status, and identity style. First, it was found that identity distress is directly related to identity exploration and negatively related to identity commitment. Thus it was no surprise that the moratorium group had the highest percentage of people that met diagnosis for Identity Disorder and the foreclosed group had the lowest percentage. Similarly, the Informational style group had the highest mean level of distress. They also had more than twice the percentage of participants that met criteria for identity disorder than in the Diffused/Avoidant group and almost three times the percentage of the Normative group. Thus it would appear that identity development follows a rule of "no pain, no gain." Maintaining a Normative or Diffused/Avoidant style may help to stave off feelings of identity distress, but it may do so at expense of more differentiated forms of identity development.

Although some group differences in identity distress emerged in terms of gender and ethnicity, the lack of consistency between Study 1 and Study 2 findings suggest that it is too early to draw conclusions without further study. Future research with this scale can explore such group differences, as well as investigate mild and moderate levels of identity problems among the general population. This scale is adaptable to telephone and mail-out survey methods. As such, it could be used in epidemiological surveys estimating the population prevalence of mild, moderate, and severe identity problems during the transition to adulthood, as well as in adulthood. When used in such studies, the IDS could inform educational and health policy if scientific links were established between identity problems and other important areas of functioning.

At the very least, the aforementioned findings suggest that this measure will help identify those having exceptional difficulties in the process of identity development. By studying identity distress in addition to the more traditional focus on identity status measures (developmental level of identity achievement) or identity style measures (the process by which the identity is achieved), a fuller picture of identity development and its sequelae may be achieved. The more applied use of this measure could be its ability to identify people in need of identity distress intervention. Indeed, the fact that Hernandez et al. (2003) found that 36% of their sam-

ple of multiproblem urban youth reported experiencing clinically significant levels of identity distress on this measure, along with the fact that it was found to be correlated with drug use, adds to the evidence for the validity and utility of this measure. By being able to measure and quantify identity distress we would be in a better position to develop and test interventions aimed at relieving this distress by assisting and enhancing the identity development process. This measure not only could be used to identify those in need of intervention, but could also be used as a treatment outcome evaluation measure in such research.

APPENDIX

To what degree have you recently been upset, distressed, or worried over the following issues in your life?	Very Severely				
	Severely				Mildly
	Not at all				
	1	2	3	4	5
1. Long term goals? (e.g., finding a good job, being in a romantic relationship, etc.)	1	2	3	4	5
2. Career choice? (e.g., deciding on a trade or profession, etc.)	1	2	3	4	5
3. Friendships? (e.g., experiencing a loss of friends, change in friends, etc.)	1	2	3	4	5
4. Sexual orientation and behavior? (e.g., feeling confused about sexual preferences, intensity of sexual needs, etc.)	1	2	3	4	5
5. Religion? (e.g., stopped believing, changed your belief in God/religion, etc.)	1	2	3	4	5
6. Values or beliefs? (e.g., feeling confused about what is right or wrong, etc.)	1	2	3	4	5
7. Group loyalties? (e.g., belonging to a club, school group, gang, etc.)	1	2	3	4	5
8. Please rate your overall level of <i>discomfort</i> (how bad they made you feel) about all of the above issues that might have upset or distressed you <u>as a whole</u> .	1	2	3	4	5
9. Please rate how much uncertainty over these issues <u>as a whole</u> has interfered with your life (for example, stopped you from doing things you wanted to do, or being happy)	1	2	3	4	5
10. How long (if at all) have you felt upset, distressed, or worried over these issues <u>as a whole</u> ?					
Never or less than a month	1	2	3	4	5
1 to 3 months					
3 to 6 months					
6 to 12 months					
More than 12 months					

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.
- Balistreri, E., Busch-Rossnagel, N. A., & Geisinger, K. F. (1995). Development and validation of the Ego Identity Process Questionnaire. *Journal of Adolescence, 18*, 179–192.
- Bennion, L. D., & Adams, G. R., (1986). A revision of the extended version of the Objective Measure of Ego Identity Status: An identity instrument for use with late adolescents. *Journal of Adolescent Research, 1*, 183–198.
- Berzonsky, M. D. (1997). Identity development, control theory, and self-regulation: An individual differences perspective. *Journal of Adolescent Research, 12*, 347–353.
- Erikson, E. H. (1968). *Identity, youth and crisis*. New York: Norton.
- Hernandez, L., Cordaro, M., & Montgomery, M. J. (2003, May). *Co-occurrence of identity and emotional distress, peer victimization, and alcohol and other drug use among at-risk adolescents*. Paper presented at the Society for Research in Identity Formation's biennial convention, Vancouver, BC, Canada.
- Marcia, J. E. (1966). Development and validation of ego identity status. *Journal of Personality and Social Psychology, 5*, 551–558.