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PREVIEW

**The Relationship Between Individuation and Depression and the Development of
Features of Eating Disorders in a Non-Clinical Female Adolescent Population**

**By
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**A Doctoral Project Submitted in Partial Fulfillment of the Requirements for the
Degree of Doctor of Psychology in the Department of Psychology at Pace
University**

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PREVIEW

ABSTRACT

Researchers and clinicians alike have offered many perspectives on the etiology of eating disorders, including but not limited to, biological, sociocultural, and structural family models. Many psychoanalytic theorists have additionally proposed a developmental viewpoint. However, the majority of the psychoanalytic literature illustrates a theoretical link between the construct of separation-individuation and the development of eating disorders in adolescent populations. Thus, the current study aimed to offer an empirically bound developmental explanation for the vulnerability of adolescent females to eating disorders.

This research investigated the relationship between individuation and the development of features of eating disorders in a non-clinical female adolescent population. Subjects were 205 ninth through twelfth graders from a Westchester school district. The participants were drawn from a larger 6-year longitudinal study of adolescent development and depression conducted at Pace University. For this study, the data collected in 1992 was used. The students were administered the Profile of Adolescent Depression and Individuation (PADI), measuring reactions to the adolescent individuation process, and the Eating Disorder Inventory (EDI), measuring eating disorder symptomatology. Generally it was hypothesized that female adolescents experiencing difficulty in their progress toward individuation would be more likely to develop features of eating disorder symptomatology. Self-destructive, lonely, and less individuated adolescents would be more disposed to eating disturbances, while those who were

making significant progress toward individuation would be relatively protected from eating disordered symptoms.

An analysis of the subscales of the PADI and the subscales of the EDI found that 35 out of the 41 correlations' hypothesized between the two measures were significant, indicating an empirical relationship between separation-individuation and eating disorder constructs. Upon further evaluation, it was determined that the set of PADI subscales were statistically significant predictors of the EDI subscales, also supporting an empirically based relationship. These results were discussed in terms of limitations and implications for school/clinical psychology. Suggestions for future research were also provided.

CHAPTER I

INTRODUCTION

Statement of the Problem

Traditionally, theorists describe adolescence as a stage of turmoil and stress, making this population vulnerable to psychological disorders. G. Stanley Hall first introduced this idea in an 1891 article, describing adolescence as characterized by a “lack of emotional steadiness” such that “the previous self-hood is broken up and a new individual is in the process of being born.” Hall stated that it is typical for adolescents to vacillate between various extreme forms of behavior. Numerous psychoanalysts further developed the idea of the adolescent in crisis. Anna Freud (1958) established that adolescent emotional upheavals are unavoidable because they are outward manifestations of the renewed battle of the ego and the id. She contends that the pre-existing balance between the two structures is disturbed in adolescence, resulting in functioning similar to individuals with severe forms of pathology. She writes,

I take it that it is normal for an adolescent to behave for a considerable length of time in an inconsistent and unpredictable manner; to fight his impulses and accept them; to ward them off successfully and to be overrun by them; to love his parents and to hate them; to revolt against them and to be dependent on them (p.275).

In other words, Freud postulates that the adolescent process is, in and of itself, fraught with inconsistencies. Blos (1970) also supports this view suggesting that the peaceful

and relatively stable time of latency transforms into a disorganized and chaotic period as the child enters into this stage.

It has been widely accepted that adolescents experience considerable distress, yet there is also research that counter-indicates the stress theory. Studies of normal populations suggest that relatively few adolescents experience the inner conflict and unpredictable behavior described by psychoanalytic theorists. In a longitudinal study, Masterson (1967) determined that turmoil was not inherent in the normal adolescent process. Using exploratory and descriptive methods, 101 adolescent outpatients and 101 matched controls were seen initially at age 16 and followed until age 21. Findings indicated that the control group of “healthy” adolescents, as evidenced by flexibility in personality structure, at worst presented with sub-clinical levels of depression and anxiety.

Offer, Ostrov, & Howard (1981) also believe that while adolescence may be challenging, most teenagers successfully accomplish this developmental task without serious disruptions. Offer et. al. concur with Erikson’s concept of “normative crisis” (1959), which elucidates the typical difficulties one is presented with at the time of developmental transitions. Erikson defines “normative crisis” as “a normal phase of increased conflict characterized by a seeming fluctuation in ego strength, and yet also by a high growth potential” (1959, p.116). Erikson identifies the critical task of adolescence to be the formation of identity versus identity/role diffusion. He describes this period as a “psychosocial moratorium” (1959, p.116) during which the adolescent experiments with different roles until establishing his/her own unique identification. He further postulates that whether or not difficulties will arise in this

particular phase will be dependent upon the degree to which earlier developmental crises were resolved on the side of developmental progress. Erikson's theory of adolescence depends upon regression, seen as a second chance to revisit and reverse earlier stage crises with the advantage of a more mature ego. However, if ego development is not on track, adolescent regressions may re-emerge in the experience of identity diffusion.

Throughout the literature adolescence is most typically defined as a developmental stage characterized by struggles with self-identity, autonomy, and individuation. More specifically, it is in this critical developmental stage that the adolescent attempts to separate from parents of childhood and develop an individual identity (Hoffman, 1984). During this time, the adolescent is frequently torn between the desire for adult freedoms and the need for childish protection. The developmental demands of this period, including the development of autonomy and an identity outside of the family context, have been compared to the separation-individuation process of infancy and early childhood first depicted by Mahler (1968). Mahler described the separation-individuation process as consisting of two sets of interdependent changes. One change is behavioral: the degree and flexibility with which the infant achieves independent behavioral activity. The other change occurs mentally: the degree and stability of differentiation between self and object representations.

The developmental tasks accomplished within the first three years of life, within the context of the relationship between the mother and the infant, include a solid symbiosis, rapprochement (the return to the maternal figure), and finally an

internalization of the mother image. If the mother-infant relationship is healthy, and the mother provides adequate love and care while simultaneously encouraging independence, then the child will relinquish emotional dependence on the mother in an undisturbed way. However, if the mother-infant relationship is characterized by ambivalence, anxiety or rejection on the part of the mother, then the separation will not be as smooth and the internalization of the mother will be incomplete.

In accordance with Mahler's viewpoint, Blos (1967) proposed that a second separation-individuation process occurs during adolescence, however the task has become that of relinquishing the authority of the internalized parent rather than internalizing the parent as a whole and constant object, which is the task of the first separation-individuation stage. Blos contends that the combination of intensified pubertal drives and the pull away from parental ego support results in the adolescent's weak ego structure. The adolescent is conflicted between the desire to merge with the objects of infancy and the fear of being overwhelmed by these infantile object relationships. Successful resolution of the adolescent phase is determined by the acquisition of stable and firm boundaries with respect to self and object representations. These boundaries are achieved when the adolescent attains independence and a sense of one's self without needing to cut off parental relations. Blos states that both the first and second phases of separation-individuation must be resolved for healthy development to occur. Further, when the adolescent is unable to achieve actual or psychological separation or a distinct identity of her own, then the development of psychopathology may emerge.

Anna Freud (1958) describes adolescence as a time of mourning the loss of childhood ties to parents and to childhood itself. She states that adolescents fortunate enough to have the capacity to let go, mourn, and to remove parental authority, are also capable of evolving their own ego ideals, assuming moral responsibility for themselves, differentiating self from other and making progress toward identity formation. She indicates that identity formation and individuation are never entirely achieved, and that one is always in the process of becoming oneself. She further postulates that adolescents poorly equipped to mourn the loss of childhood objects and strive for selfhood, are more vulnerable to depression and developmental arrest. Zetzel (1949), like Freud, designated mourning the loss of childhood as a crucial process in adolescence and determined that the successful outcome of this process would prepare the adolescent for future life challenges.

Beattie (1988) indicates that the developmental task of separation-individuation both in the second year of life and again in puberty is a more arduous process for females than males, since girls must simultaneously individuate from and identify with a primary caretaker of the same sex. She states that the boy can identify with the masculinity of the father in order to further the individuation process from the mother. Moreover, Beattie postulates that the adolescent daughter's move toward independence may invoke the mother's unresolved feelings over her own separation-individuation process in adolescence. Thus, when the mother-daughter relationship is enmeshed and the daughter is unable to psychologically separate and obtain a distinct identity from that of the mother, the adolescent becomes at-risk for the development

of psychopathology. Beattie notes that depression and eating disorders are among the most common and that they often occur together.

Geuzazine, Debry, & Liesens (2000) also examined the manner in which males and females experience separation from parents in late adolescence. One hundred ninety college-level students, ranging in age from 18-22, completed the Emotional Independence and Conflictual Independence scales of Hoffman's Psychological Separation Inventory. Emotional Independence was defined as freedom from an excessive need for emotional support from parents and Conflictual Independence as an absence of guilt, mistrust, and anger toward parents. Results of this investigation indicated that girls more than boys need emotional support from their parents, and that they express this need significantly more toward their mothers than their fathers.

Differences in the process of separation-individuation for males versus females appear to be relevant to the female's greater tendency for developing depression, eating disorders, and other forms of psychopathology, thus lending support for a relationship between the separation-individuation process and depressive symptoms and the development of features of eating disorders.

Review of the Literature

Introduction to Depression

Depressive disorders in children and adolescents have been the subject of controversy for many years. While there has been general agreement that children can experience sad affect, there has been considerable disagreement as to whether or not children can endure the broad range of affective, somatic, cognitive and behavioral attributes characteristic of depression in adults. Historically, opinions have varied from understanding depression as part of childhood development to the idea that children are not capable of sustaining sad affect but express it in masked forms such as somatic complaints and behavioral disruptions. Psychoanalytic theorists thought depression in children was not possible because they lacked a well-developed superego. However, within the past two decades much has been learned about childhood depression that had been non-existent in the field of psychology. Literature has more recently concluded that the criteria utilized for adults can be applied to children in recognizing and diagnosing a depressive syndrome (Cantwell & Carlson, 1983).

Diagnostic Criteria and Prevalence for Depression

As in adults, depression in adolescents is expressed not as a single symptom, but as a cluster of symptoms that may include anhedonia, decreased self-esteem, social withdrawal, fatigue, impaired school performance, crying spells, sleeping and eating disturbances, and self-destructive impulses (Carlson & Strober, 1979). According to the DSM-IV diagnostic criteria for major depressive episode, at least five symptoms must be present for a period of two weeks, and there must be a change