

Profile of Adolescent Depression and Individuation: A Validity Study

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PREVIEW

ACKNOWLEDGEMENTS

To my mother: Your unwavering love, support, and strength continue to amaze and inspire me throughout every phase of my life. Thank you.

To my husband, Evan: You are amazing. Thank you for your devotion, encouragement, support, humor, strength, and love. I couldn't have done this without you. I look forward with anticipation and excitement to our ongoing journey through life together.

To my father: You are with me always. This is for you.

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ABSTRACT

The purpose of this study was to provide evidence in support of the validity of Hart's Profile of Adolescent Depression and Individuation (PADI) instrument through a convergent validity analysis. The established measures, whose constructs were expected to, and did provide validation of the PADI scales, were the Center for Epidemiological Studies Depression Scale for Children (CES-DC), The Washington University Sentence Completion Test (WUSCT), and The Millon Adolescent Personality Inventory (MAPI).

Both empirically and theoretically derived, the PADI is a 70-item self-report measure designed to assess positions an adolescent may assume in response to the challenges of individuation and adolescent development. Positions may be temporary and transient reactions to stage specific developmental demands or become significant aspects of the final personality organization. The scales include three types of depressive experiences: Self-Destructive Depression (Scale I), Lonely/Alienated Depression (Scale III) and Sensitive/Anxious Depression (Scale V). One scale assesses attainment of psychic structure: Identity Formation (Scale II), two scales assess varieties of masked depression and counter-depressive reactions: Ruthless/Grandiose (Scale IV) and Stimulation-Seeking (Scale VII), and one measures aspects of the adolescent's bond to their parents: Object Loyalty (Scale VI).

Specifically, Pearson's correlation coefficients between each scale of the PADI and scales from the other validated instruments were estimated in order to determine whether there was a significant relationship and whether that relationship was in the expected direction. In addition, 2 by 4 ANOVA's were used to assess the relationship between gender and ego development level and multiple regression analyses were run to

determine which, if any, PADI scales made a significant contribution to depression, MAPI Personality Styles, and MAPI Expressed Concerns. Overall, with a few minor exceptions, our hypotheses were supported and the PADI was validated.

PREVIEW

INTRODUCTION

Adolescence is considered a turbulent developmental stage in which the tasks of self-exploration, individuation, and identity formation are beset by the experience of significant loss and regressive episodes. How the adolescent moves away from childhood to a stage of greater responsibility, new sensibilities, and awareness, provides opportunity for restructuring of the self, a shift in ideals, roles, relationships, self-sentiment, and ways of being in the world. While this time is often reflected upon as a bittersweet memory of awkward insecurity and self-doubt, for those who are developmentally ill-equipped, it can be a traumatic and negatively self-defining experience (Adams & Fitch, 1981; Evans, Brody, & Noam, 2001; Hart, 1992).

In recent decades, there has been a sharp rise in affective disturbance among adolescents, with suicide the third leading cause of death (Anderson & Smith, 2003). Recent research reports that the risk of depression increases significantly from childhood into adolescence with more than half of adults with depression experiencing their first episode before the age of 20 (Reinhard, 1990; Schultz, 1999). Affective disturbances threaten the well-being of adolescents and present to those concerned, a challenge to better understand their plight and experience. As adolescents attempt to individuate and define themselves, affective disturbances can be understood to reflect problems inherent to these strivings and the mourning attendant to leaving the past behind in order to claim responsibility for one's own life.

To date, there is no one assessment measure that identifies type or degree of adolescent response to depression arising from the task of individuation, deficits which

may prolong the depression, or the developmental attainments which may enable the adolescent to successfully mourn and work through what has been lost.

PREVIEW

CHAPTER 1

LITERATURE REVIEW

Adolescence

“To be normal during the adolescent period is by itself abnormal.”

~Anna Freud

According to developmental theory, the life span can be conceived of as occurring in five distinct stages: prenatal, infancy, childhood, adolescence, and adulthood. Each stage involves particular progressive tasks which need to be attained in a particular sequence. In addition, the ability to move on to the next task is dependent on the successful resolution of earlier ones. Havighurst (1972) delineated eight tasks vital to adolescence: (1) achieving new and ever maturing relationships with peers of both sexes, (2) achieving a gender identity and social role, (3) accepting one's body and using it productively, (4) achieving psychological independence from one's parents and/or other important adults, (5) getting ready for marriage or similar type union and family life, (6) preparing for the work force or other type of economic role, and (8) acknowledging the need for and attaining socially responsible behavior (Daniels, 1990).

Adolescence is considered to be a developmental stage of significant fluidity that enables opportunity for transformation and revision of all that has come before. Like other transitional stages in life, adolescence involves loss of a former way of being in the world and the discovery and anticipation of a sense of self and future that will be different from what one has previously known. Anna Freud said the adolescent is a mourner who must let go of the past, despite the uncertainty of what lies ahead. Loss, transition, self-discovery, and regressive episodes alter the psychological landscape,

shape the course of the adolescent passage and provide the context within which adolescents conceive of themselves. What is lost and, therefore, what must be given up in adolescence, are the childhood ties to the parents and to childhood itself. Once those ties are relinquished, the adolescent reaches out to influences of the wider world and inward to private spheres of a more reflective self. Not uncommonly, perplexing behaviors and mood swings beset their passage and may have long-lasting effects which can endanger both the adolescent's emotional and physical well-being (Esman, 1990; Hart, 1992).

Empirical studies have confirmed that, during adolescence, there is a growth in the development of intellectual abilities, abstract and moral reasoning, behavior, ego development, identity development, and self-image (Freud, 1969; Peterson & Craighead, 1986). Numerous theorists have attributed the changes during the period of adolescence to either biological transformations such as puberty, or to social changes in role and interpersonal relationships. The inner world of the adolescent is transformed by new self-conceptions, conceptions of reality, and the relationship between them (Broughton, 1981).

Considered the father of scientific adolescent study, G. Stanley Hall depicted adolescence as a time of Sturm and Drang (storm and strife) characterized by tumultuous and wide-ranging swings in mood and emotions (Lloyd, 2002). Since that time, our conceptualization of adolescence and its multitude of processes has progressed beyond a limited focus on reactive, ephemeral behaviors of developing children to the examination of complex developmental processes. Along the course, numerous theorists and researchers have extended our understanding of how cognitive, social, and biological developments contribute to the overall development and well-being of the adolescent

(Lloyd, 2002; Powers, Hauser, & Kilner, 1989). Arnett (1999) and others have summarized evidence for adolescence as a period of storm and stress, noting increases in conflict with both peers and parents, criminality, risk taking, and depression. All of these appear more commonly in adolescence than in other critical stages of life development (DeFruyt, Bartels, Van Leeuwen, De Clercq, Decuyper, & Mervielde, 2006; McCrae et al., 2002).

Freud spoke to the adolescent challenge when he described adolescent development as the reawakening of sexual impulses which have been repressed and sublimated into various acceptable interests and pursuits during the latency period of early childhood. Biological and psychological changes increase sexual tension during adolescence, reviving incestuous objects of the oedipal stage, and directing libido toward them. Therefore, a major developmental task of adolescence is to revisit oedipal anxieties, now with a physically mature body-self, before the actual transfer of libido to an inappropriate love object occurs. With adequate resolution, tension is reduced and the goal of mature, adult sexuality, with the biological aim of reproduction, can be realized (Freud, 1905).

Elaborating on her father's concepts of adolescence, Anna Freud postulated that the major developmental task of this time was the dramatic reduction of dependency on parental figures, separating from the family, and forming an adult identity. She attributed the psychological disequilibrium of adolescence to the reawakening of previously repressed libidinal forces which are brought on by the natural process of (sexual) maturing. Adolescence, then, is an interruption of peaceful growth and as such, maintaining a steady equilibrium during this time could be considered atypical, in and of

itself. In fact, she stated that at times, “typical” adolescent behavior could resemble severe forms of psychosis due their extreme nature. Adolescent turmoil, including emotional crises and upheaval were therefore seen not only appropriate responses, but as inevitable and necessary to normal personality integration and development. Symptoms or behaviors which would be considered, at best, “odd,” and at the worst, obvious indications of mental illness, are therefore considered acceptable during the course of adolescence. A. Freud also believed that these conflicts and disruptive behaviors result from an imbalance among the superego, ego, and the id. Therefore, another central goal of this life stage is to restore accord in order to reestablish psychic equilibrium (Doctors, 2000; Freud, 1958, 1969; Powers et al., 1989).

Peter Blos viewed adolescence as a second separation-individuation phase, with turmoil viewed as a healthy part of normal progression toward adult development. He postulated that adolescent development involves five discreet stages: pre-adolescence, early adolescence, adolescence proper, later adolescence, and post adolescence. In order to advance from one phase to the next, resolution of certain conflicts and maturational tasks must be attained, determining either healthy psychological development or serious maladjustment. According to Blos (1962), psychological maturity occurs through a disentanglement of libidinal ties with parents. This separation from the internalized object, however, causes loss of ego support making it imperative that the adolescent replace this loss with other objects who can serve to support the fragile ego. Similarly, Sandler and Joffe (1965) emphasize the process of individuating from infantile objects and assert that the deidealization and the working through of the remaining infantile

strivings is a prerequisite for progressive, healthy development, including autonomy throughout life (Doctors, 2000 & Grotevant & Cooper, 1985).

According to Jacobson, the task of adolescence is the reconstruction of psychic structures, during which the superego and ego become reconfigured, consolidated, and higher levels of maturity, strength, and autonomy are attained. Therefore, the conflicts which arise in adolescence are caused by psychological changes which create emotional turmoil and disturbance. With sexual maturation, infantile struggles and oedipal strivings are revived. To resolve them adequately, the adolescent must let go of aggressive oedipal wishes and loosen parental ties to make room for new object choices. This process leads to transformations in the ego and superego which, in turn, allow the adolescent to become more autonomous and to evolve more intimate relationships beyond the family (Jacobson, 1961).

Kaplan sees the adolescent both as a mourner and an active revisor of the infantile past making dynamic alterations of all that has come before. As adolescents surge toward adulthood, unconsciously aiming to retain all that is intrapsychically valuable, they sort through and fight against those aspects of childhood which impede their healthy developmental progression. Thus, adolescent regression and rebirth afford opportunities to reconsider and revise earlier paradigms and modes of functioning. The regressive pull of adolescence serves to arouse the most primitive dynamics, defenses, and modes of behavior reminding the adolescent of earlier childhood predicaments and strivings. Through reenactment and repetition, the past becomes present and spurs the adolescent to actively master past traumas, to rectify and reinterpret old longings, and make decisions about future values and ideals (Kaplan, 1984).

Erikson described adolescence as a time of dichotomy between a genuine interior and a false exterior persona, and modified the psychoanalytic view of adolescence to include the cultural and societal forces which work to shape the adolescent personality. Erikson viewed the primary task of adolescence to be the establishment of a stable and integrated sense of self with the adolescent's struggle reflecting attempts to achieve continuity between what they were "then" and what they are "now." According to Erikson, psychological development proceeds through a series of eight fixed stages with each representing its own conflict or crisis. With successful resolution of the Identity vs. Identity Confusion stage, which occurs during adolescence, the ego has been strengthened and identity has been achieved so that the individual can go forth to establish vocational and sexual roles. However, with unsuccessful resolution, the developing ego is damaged and the culmination of a whole and healthy identity is derailed (DeFruyt et al., 2006; Erikson, 1963, 1968; French, Seidman, Allen, & Aber, 2006; Ollech & McCarthy, 1997; Steinwand, 1984).

Josselyn viewed adolescence as a complex maturational and psychological stage of development in which the adolescent relives each phase of earlier development in an effort to make new adjustments to the basic conflicts of human development. Ultimately, the struggle to gain independence is the hallmark of this time and is viewed as a chaotic psychic achievement. Similar to Kaplan's views, Josselyn believed that adolescent behavior reflects reactivation of earlier problems, coupled with typical adolescent troubles. In order to successfully traverse the adolescent path, the adolescent must abandon earlier childhood defenses and adaptations to make way for new and untried solutions and modifications. During these trials, the adolescent struggles to structure a

new identity, combining the earlier framework of strengths and weaknesses with newfound abilities and limitations. Hallmark adolescent behaviors of impulsivity are viewed as the result of the disorganized energy which is being discharged during this process (Josselyn, 1971).

Viewed as the final period of intellectual development, Piaget postulated that during adolescence, there is a configuration of new cognitive structures which enable the move from concrete to abstract thinking. Formal operational thought, as this achievement is called, enables the adolescent to conceptualize his or her own thoughts, as well as the thoughts of others, in an abstract and complex manner. However, during this time, the adolescent may become fixated on their newfound cognitive skills and trapped in their own world of egocentrism. Therefore, according to Piaget, the cognitive challenge to the adolescent is to move from an all-encompassing egocentrism to a clear perception of reality, self, and of the world (Broughton, 1981; DeFruyt et al., 2006; McCrae et al., 2002).

According to Scharf, Mayseless, & Kivenson-Baron (2004), there are specific qualities which enable certain adolescents to more successfully navigate this time than others. These qualities or developmental achievements have been delineated as vital for the successful transformation from the adolescence stage to adulthood. Specifically, the authors contend that those autonomous adolescents who evince better emotional regulation, rely on others for comfort and help, and for whom separation does not pose a threat, are better able to cope with the adolescent transition than those who evince difficulties in emotion regulation under stressful situations and who find separation difficult. Additionally, the authors state that those adolescents who meet separation with

defensive dismissal also manifest problems in coping, when compared to their autonomous counterparts (Scharf et al., 2004).

Those autonomous adolescents who are able to successfully establish intimacy with peers, including friendships and romantic pursuits, are more likely to successfully negotiate their parental relationships during this time, transitioning from dependency to autonomy while maintaining closeness and intimacy. These adolescents appear to have internalized a positive model of themselves and of others, have trust in themselves and others, and have learned to balance closeness and autonomy in their relationships. Contrarily, adolescents who are dismissive or dependent have more difficulty with parental separation and individuation because they have learned to deal with emotional difficulties by either distancing, demonstrating inappropriate emotional displays of neediness, or by involvement in relationships which do not take into account the need for a healthy level of separateness (Scharf et al., 2004).

Within the context of physical and social changes, the behavior of adolescents is often unpredictable and even undecipherable to those in the adult world (Millon & Davis, 1993). To achieve individuation and establish a stable sense of self-identity are considered critical tasks of adolescence involving increased autonomy, capacity to rely on themselves, make independent decisions, and demonstrate mature and competent behaviors. In conclusion, research has shown that autonomous adolescents have an advantage over their less differentiated peers, during adolescence and following, as they have an internalized, resilient, and positive self-identity and are therefore better able to venture into the world of independence and exploration of adulthood on their own (Scharf et al., 2004).

Depression

“Depression is the inability to construct a future.”

~ Rollo May

Studies have shown that up to 40% of teenagers report experiencing feelings of misery and other symptoms of depression which disrupt their cognitive, emotional, and interpersonal functioning and healthy development (Kendall, 1993; Lewinsohn, Gotlib, Seeley, 1997). According to research, childhood and adolescent depressive symptoms include, but are not limited to, persistent sad mood, withdrawal, deflated affect, lack of relatedness, aggression, helplessness, psychomotor retardation, anxiety, school and social phobia and failure, and sleeping and eating disturbances. Adolescents who specifically meet criteria for a Major Depressive Disorder display symptoms of anhedonia, hopelessness, hypersomnia, weight change, use of alcohol and illicit drugs, and suicidal ideation (Kendall, Stark, & Adam, 1990; Ryan et al., 1987). Additionally, children and adolescents with depression often have a history of poor social adjustment, past depressive episodes, traumatic separation experiences, and at least one parent with a history of recurrent depressive illness (Kendall et al., 1990).

According to Freud, depression involves the experience of disinterest in the external world, painful sadness over object loss, and a reduction in the ability to experience loving and positive emotions. These symptoms are made more intense by feelings and expressions of self-hate and a desire for self-punishment resulting from a depleted and self-loathing ego. In this model, the ego identifies with the lost object, regardless of attachment feelings and/or attitudes toward the object. Therefore, feelings of guilt and remorse are evoked and the ego enters a painful state of conflict and despair.

The source of these deep-seeded feelings is intangible, internal, and unconscious and therefore, unable to be easily rationalized or rectified. In this model, depression is viewed as an insidious and debilitating reaction to object loss with resulting feelings of antipathy, self-devaluation, and helplessness (Freud, 1917).

The concept of object loss is considered by many as an integral factor in the development of depression. As described by Mahler and Klein, object loss occurs during the time when the infant struggles to differentiate the self from other and transitions from a state of total dependence on the mother (primary object) to varying degrees of independence, during normal development. According to these theorists, even at this young age, this process provokes anxiety and depression (Klein, 1934; Mahler, 1968).

Melanie Klein postulated two basic “positions” or developmental stages in the first year of life which are critical to healthy psychological development. The first is the schizo-paranoid position where percepts are conceived of as good and bad part-objects, rather than realistic whole objects. Klein’s second position is called the depressive position and the stage when the child realizes that the good and bad parts belong to the same whole object. This position is critical because it is then when the child has to deal with the conflict of external figures being the source of both pleasure and pain. The child can no longer project its hostilities onto the external world and must deal with the ambivalence regarding that realization. As a result, the infant develops “depressive anxiety,” fearing that their now recognized potential for aggression will destroy both the external and internal good objects. Klein postulated that this stage is necessary and healthy as is the depression associated with this normal stage of development. She continued to claim that a lack of ability to incorporate early good objects may result in

depression later in life due to the resulting feelings of “badness” rather than “goodness” which become integrated in the self-image (Klein, 1934).

Winnicott also viewed the depressive position as a normal and necessary stage of healthy infant development and considered this position an achievement in that the infant accepts responsibility for his or her anger and is able to tolerate ambivalence. Winnicott continues to express that it is only once the depressive position is reached, that the child has the capacity for feelings of guilt or shame. Clinical depression, as depicted by Winnicott, is seen as associated with detachment or hopelessness in regard to object relations, or with a sense of helplessness that results from the development of a false self (Schneider, 1992; Winnicott, 1954).

Jacobson applied ego psychology to her theory of depression and agreed with Mahler in that emotional displays of both joy and sadness are evident in the first few months of life as a result of experiences of narcissistic gratification or frustration. Jacobson postulated that, in infancy, disillusionment with others may result in a process of devaluation of self because, at this stage, the self is still merged with the representations of others. Therefore, early childhood disappointments may lead to primary childhood depression. As Jacobson describes it, frustration arouses rage which leads to aggressive attempts to attain desired gratification. When the ego is unable to achieve this goal, aggression is turned onto the self. This self-degradation ultimately leads to lowered levels of self-esteem (Jacobson, 1971). According to Jacobson, when an adolescent is depressed, the ego is seen as helpless and useless and is dominated by the id and superego. Typically, this weakened ego state is considered “normal” during this time and due in part to the numerous changes and natural processes that occur. However,

while transient depressive states can be viewed as typical, clinical depressions must be identified and treated appropriately, as they are maladaptive and detrimental to the normal course of adolescent development (Jacobson, 1964).

Malmquist (1971) also delineated between “typical” adolescent depressive states and clinical forms of adolescent depression by identifying eight features that are said to reflect true adolescent depression. The eight depressive features are: mood swings, unresolved dependency conflicts, diverse superego activity, acting out, insatiable seeking of affection and approval, confusion in identification leading to impaired self-image, confusion in identity leading to identity confusion, and heightened self-condemnation.

Sandler and Joffe describe depression in adolescents as an affective reaction to object loss as well as to the loss of the psychological and biological well-being implicit in the relationship with the object. More specifically, object loss is experienced as a deprivation and this state, along with resultant feelings of helplessness and inability to rectify the loss, becomes characteristic of depression. These childhood and adolescent type depressive reactions can impair or impede natural ego development, resulting in limited intellectual, emotional, and psychological growth (Sandler & Joffe, 1965).

According to Anthony (1975), there are two types of clinical adolescent depressions. Type one is pre-oedipal and revolves around the symbiotic ties with an omnipotent and need-satisfying mother. In this type, there are inconsistencies between the actual ego state and the ego ideal. These discrepancies result in a damaged ego state, lowered self-esteem, and consequent feelings of shame, humiliation, inferiority, and inadequacy. Type two depression is primarily oedipal in nature, with the punitive superego dominating the weakened ego and resulting in hurtful feelings of guilt, shame,