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BOUNDARIES: THE RELATIONSHIPS AMONG FAMILY STRUCTURE,  
IDENTITY STYLE, AND PSYCHOPATHOLOGY

by

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B.S. University of Central Florida, 2013

A thesis submitted in partial fulfillment of the requirements  
for the degree of Master of Arts  
in the Department of Psychology  
in the College of Sciences  
at the University of Central Florida  
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Major Professor: Steven L. Berman

## **ABSTRACT**

Research has long held that family of origin plays a significant, if not critical, role in mental health. The purpose of the present study was to provide theoretical evidence to support the feasibility of a new target for clinical intervention by demonstrating that identity style, the way individuals take in and process identity-relevant information, is a mediating factor between family cohesion and psychopathology. Secondly, this study aimed to provide empirical evidence for identity boundaries, or the cognitive barrier that dictates the assimilation and disposal of identity-relevant information, by linking identity style to one's ability to differentiate the self from others. A total of 496 university students were surveyed using a self-report battery available via an online research database provided by the author's institution. Results suggested that individuals adhering to the informational identity style had the highest degrees of self-other differentiation followed by the normative identity style and, finally, the diffuse-avoidant. Further, the diffuse-avoidant identity style (and by extension, diffuse identity boundaries) significantly and fully mediated the relationship between balanced family cohesion and psychopathology. Given that the diffuse-avoidant identity style is linked to a number of maladaptive decision-making and problem-solving strategies, interventions aimed at changing one's ability to master their environment may have positive implications for the way that they amalgamate their sense of self which may, in turn, lead to improved functioning.

To my wonderful mentor, Dr. Steven Berman. For almost three years now you have put up with a lot from me as a student, teaching assistant, and research assistant. Your dedication is abundantly clear and I am so very appreciative of the time and effort you have put into seeing me grow as an academic. I am certain that I would not be the person that I am today if it was not for your guidance. It has been a pleasure working with you and if my next mentor can measure up to you even half way, I'll be in good hands.

To my old friend, Samantha DeLong. In early 2013, I promised to vicariously give you the whole "college experience- grad school turmoil and all." This is in an effort to fulfill that promise. I know that we drifted apart over the last year, but I want to thank you for the happiness that you brought to me and all those around you in your time on earth. Please rest in peace and know that you are loved and missed by those both near and far from you.

To my family and friends. For all that you've done for me, the least I can do is vaguely mention you in print.

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## INTRODUCTION

Erikson (1950, 1968) proposed that the answer to the question, “Who am I?” has arguably the most important implications for one’s life. While there are many possible answers to this question, one consistent piece of evidence is found with regard to its answer: one’s sense of identity is paramount to adaptive interpersonal functioning, mental health, adjustment, and general psychological well-being (Berman, Montgomery, & Kurtines, 2004; Berman, Weems, & Petkus, 2009; Call & Mortimer, 2001; Schwartz et al., 2010; Thoits, 1999; Waterman, 2007; Young et al., 2003). Despite this importance, some people struggle with identifying the aspects that make them a unique individual and this distress has been linked to clinically significant distress and impairment in functioning (American Psychiatric Association, 1980, 1987; Berman et al., 2004). With the magnitude of importance a sense of identity seems to have in the quality of one’s life, many researchers have dedicated efforts to examining the factors and elements that lead to the formation of one’s sense of self.

One of the most promising lines of investigation into causal factors related to identity development lies within the arena of one’s earliest life experiences and sources of knowledge for how to behave in a social system. The parent-child relationship and the nuclear family has been extensively studied with regard to both healthy functioning (Gorall & Olson, 2006; Minuchin, 1974; Minuchin & Nichols, 1993; Nichols, 2014; Olsen, Russell, & Sprenkle, 1983) and the process individuals adopt to construct their sense of self (Ávila, Cabral, & Matos 2012; Berzonsky, 2004; Fullinwider-Bush & Jacobvitz, 1993; Perosa, Perosa, & Tam, 1996; Smits, Soenens, Luyckx, Duriez, Berzonsky, & Goossens, 2008). The socialization that occurs in one’s

childhood and adolescent period, in particular, the process of separating oneself from the nuclear family and interacting with nonfamilial individuals, is thought to be influenced by experiences with primary caregivers (Martin & Young, 2010). These early experiences are thought to guide individuals in social interactions throughout their life and certain negative early experiences may lead to maladaptive patterns of interpersonal behavior resulting in varying degrees of acute and chronic psychopathology (Erikson, 1959; Young, Klosko, & Weishaar, 2003).

The present study is based on the scaffolding of identity as a mediating variable in the relationship between nuclear parenting practices and maladjustment provided by Luyckx (2006). In his dissertation, Luyckx found support for this mediational model which has the potential to translate to promising implications for clinical practice by illustrating the importance of identity-oriented interventions in positive youth development (Berman, Kennerley, & Kennerley, 2008; Kurtines, Berman, Ittel, & Williamson, 1995; Kurtines, Ferrer-Wreder, Berman, Lorente, Silverman, & Montgomery, 2008). Whereas Luyckx examined how one's current status in identity formation (a transitional outcome variable) influenced the relationship between parenting practices, personality dimensions, and maladjustment, the present study seeks to delineate *how* the way an individual takes in (or does not take in) information relevant to one's identity-related choices is related to nuclear family structure and is implicated in the formation of psychopathology. That is, rather than examining where the individual is in the identity formation process, the present study will examine how the individual copes with the influx of identity-relevant information that is encountered daily. Three types of styles are proposed to exist to categorize how individuals handle this incoming, socially-derived information. The first of the

styles, the informational identity style, is one characterized by critical analysis and careful selection of identity-relevant information. The second style, the normative identity style, describes a process where one's ideals are unthinkingly accepted and incorporated from influential figures in the individual's life. The third style, the diffuse-avoidant identity style, is a style used to describe identity-relevant information being indiscriminately taken up from one's surroundings. It is hypothesized that individuals have the capacity to use all three of the proposed processing styles (Berzonsky, 1989, 1992); however, their preference for one of these styles typically influences the outcomes that researchers like Luyckx have so often examined. If individuals indeed have the capacity to use all three of the styles, encouraging the adoption of a processing approach conducive to creating a coherent sense of identity may have implications for both mental health and interpersonal functioning given the literature that surrounds the relationship between these constructs. Although clinicians cannot alter the past (i.e., the maladaptive family boundaries that may have had some causal influence in the development of the present psychopathology), the findings of this study may create an avenue for which a clinician may intervene in the present day (i.e., by helping the individual adopt a more adaptive way of constructing and solidifying a sense of identity to provide a protective buffer against psychopathology).

In addition to examining how socio-cognitive processing approaches regulate the relationship between characteristics of the nuclear family and psychopathology, the present study will be among the first studies to examine the newly developed structural view of identity as proposed by Lile (2013). As will be described further, Lile posits that one's self-regulatory

abilities (or lack thereof) are largely related to the way one processes identity-relevant information. Currently, this model has intuitive appeal, but has yet to be tested empirically. Should the structural model be supported, not only will a new model of identity formation be given some legitimacy, but psychosocial constructs will be given a new conceptualization to pursue further research from both a developmental psychopathology and clinical perspective.

## **REVIEW OF THE LITERATURE**

### The Structural Theory of Family Dynamics

Structural Family Therapy was originally developed by Minuchin (1974) who believed that interactions between family members were often the result of an overall arrangement in the family system. In a review of structural family therapy, Nichols (2014) states that family structure is an organizational construct that reflects a hierarchy of individuals which is maintained by certain interpersonal boundaries of emotional involvement, contact, and family roles. Family structure is often thought of as a relatively static condition in that the transactions that are observed between members of the family set the stage for expectations of behavior within the family and subsequent enduring behavioral patterns amongst the family members. These behavioral expectations and patterns vary ideographically and manifest themselves in the form of either implicit or explicit rules for family functioning (e.g., which individuals hold authority in the household, who is expected to care for children, how the children are expected to behave). These patterns are often thought not to change despite the availability of alternatives unless either internal or external demands exert pressure on the family system. External pressures may include job loss or relocation whereas internal pressures may include the family reaching a developmental milestone (e.g., an adolescent buds and the degree of autonomy granted to the child must be renegotiated) or divorce. In terms of its functional utility, family structure is posited to allow the family to adapt and overcome these stressors while still maintaining their continuity (Umbarger, 1983) and overall structure.

Due to this consistency, these family patterns may be observed over time and across generations; however, family dysfunction occurs when the family, under its given structure, is unable to cope with these pressures. In line with the idea of pattern endurance, Nichols goes on to point out that individuals tend to feel more comfortable with intimate partners who endorse boundaries similar to that which existed in their family of origin. This observation lends credence to Minuchin's original hypothesis that family boundaries tend to be perpetual across generations.

### Components of Structural Family Theory

#### Subsystems and Family Boundaries

The hierarchical structure of the family is composed of various subsystems and is maintained by boundaries (Nichols, 2014). Family subsystems tend to be made of various homogenous entities (i.e., similar individuals categorized by gender, age, or role in the family). These boundaries that exist within the family, and in particular, the family of origin, are hypothesized to shape the relational skills of individuals in later life and social contexts. Minuchin (1974) described boundaries as varying from rigid to flexible. Disengagement occurs when boundaries are extremely rigid, thus, cutting off contact between subsystems. While disengagement tends to foster autonomy in each of the subsystems involved, emotional closeness, affection, and support are often sacrificed (Nichols, 2014). Disengaged subsystems tend to be unaware of the problems occurring in other subsystems and often do not support each other when support is needed due to the excessive amount of emotional distance that



characterizes this family profile. Craddock, Church, and Sands (2009) found significant relationships between disengagement and Baumrind's (1971) and Maccoby and Martin's (1983) styles of child rearing. Specifically, it was found that disengagement was positively associated with authoritarian parenting (i.e., parenting that is characterized by high behavioral and psychological control with little warmth and responsiveness) and uninvolved parenting (i.e., parenting characterized by low levels of warmth, emotional support, demandingness, and control) and negatively associated with authoritative parenting (i.e., parenting that is characterized by a balance of behavioral control and warmth).

On the other side of the continuum lies enmeshment, a boundary that is characterized by intrusiveness and diffusion between two individuals. It is thought that independence and initiative are casualties of enmeshed boundaries; however, these relationships are often characterized by emotional closeness. This boundary style often leads to conflict between subsystems (e.g., children and parents), particularly in western societies, as they vie for authority and placement on the family hierarchy. Furthermore, the enmeshed boundary, especially the parent-child boundary, tends to stunt the child's development of problem-solving efficacy and individuation (Greenberger & Sorensen, 1974). While literature has often conceptualized family cohesion as a curvilinear construct with enmeshment as an extreme end (Gorall et al., 2004; Olsen & Gorall, 2006; Olsen, Russell, & Sprenkle, 1983), Barber and Buehler (1996) argue that cohesion is characterized by supportive interrelationships whereas enmeshment is an entirely different construct: a form of psychological control and psychoemotional fusion (Barber, Olsen, & Shagle, 1994). Enmeshment has been found to be positively associated with the authoritarian

parenting style, which lends credence to Barber and his colleagues' (1994) claim of it being a construct of psychological control (Craddock et al., 2009; Olson & Gorall, 2006); however, the findings with regard to differentiating between cohesion and enmeshment are still largely mixed.

Finally, subsystems characterized by clear boundaries are said to have learned to accommodate each other's interpersonal styles. These clear boundaries bring together the strengths of both poles: engendering autonomy and emotional capacity. It is hypothesized that the presence of clear boundaries are most conducive to family functioning (Becvar & Becvar, 1995; Olsen et al., 1983) due to their balanced adaptation and cohesiveness (Gorall et al., 2004). With this, homeostasis is often retained within the subsystem and conflict between subsystems is more infrequent. Furthermore, authoritative parenting (Baumrind, 1971; Maccoby & Martin, 1983) has been found to be most associated with these clear boundaries, as well as a healthy balance of both family cohesion and structural flexibility (see below; Olson & Gorall, 2006).

Maladaptive boundaries between subsystems often have cascading effects for adjacent subsystems. Minuchin and Nichols (1993) point out that conflict in one system (e.g., the spousal system) might be detoured or diverted toward another system (e.g., the child system). Minuchin (1974) holds that this cascade often perpetuates behavior on the part of both systems and results in cross-generational coalitions (i.e., a mixed subsystem in which two members of two different systems align against another member of the family). In short, boundaries between individuals and certain systems are often a result of the boundaries between other systems and individuals within the family. One of the most popular examples of this cascade is "the signature

arrangement of the troubled middle-class North American family” (Minuchin & Nichols, 1993, p. 121): an enmeshed mother-child dyad and a disengaged father/husband figure.

The quoted text above captures the culturally sensitive nature of the structural family argument (Georgas et al., 2001). That is, much of what is described as “pathological” or “maladaptive” varies by one’s cultural background. For example, in Japanese culture, the “signature arrangement of the troubled middle-class family” (Minuchin & Nichols, 1999) describes the common and adaptive family structure of the Japanese family (Rothbaum et al., 2002). According to Rothbaum and his colleagues (2002), the parental coalition and the relatively large degree of separation between mother and child that is pursued in Westernized societies are not as highly emphasized in Eastern contexts. All in all, what may be considered pathological in one culture in terms of family functioning, structure, and emotional distance may be considered adaptive in another. As the relationships between family structure and psychopathology is explored throughout the remainder of the present study, the cultural nuances of family structure should remain in mind.

### Flexibility and Cohesion

Family cohesion and structural flexibility are drawn from the circumplex model of marital and family systems (Gorall, Tiesel, & Olson, 2004; Olson, 2000; Olson & Gorall, 2006; Olson, Russell, & Sprenkle, 1989). According to Olson and Gorall (2006, p. 6), flexibility in family structure is defined as “the quality and expression of leadership and organization, role relationships, and relationship rules and negotiations.” That is, flexibility according to the

Circumplex Model is the amount of change that the family endorses with regard to familial roles such as authority and hierarchical structure. Cohesion, on the other hand, is defined by Olson and Gorall as the degree of emotional bonding between members of a system. As such, the Circumplex Model holds that families with balanced levels of flexibility and cohesion function in the healthiest ways whereas families with unbalanced, or very high or very low, levels of cohesion and flexibility experience the greatest amount of dysfunction. The Circumplex Model has been referred to in the past as the curvilinear hypothesis. As such, four distinct family subtypes are yielded from this model. Clinical characteristics and implications of the different family types will be discussed later in a subsequent section devoted to family structure and psychopathology.

### Psychosocial Development and the Identity Crisis

In his pioneering work, Erikson (1950) described psychosocial development as a hierarchical process wherein stages, which begin at birth, sequentially build upon one another in an inextricable fashion throughout the lifespan. That is, each previous stage in Erikson's theory feeds into the future stages. In addition to the hierarchical nature of these stages, Erikson proposed that these stages were invariant and culturally relative in that they stressed the social context of the individual's development. At each of these stages, a psychological crisis occurs. Each stage is proposed to be a continuum extending from a positive pole and a negative pole; although, ideally, one develops a healthy ratio of both components of the crises in which the positive outcome of the crisis dominates the negative. For example, an individual must learn to

largely trust individuals in infancy. They must learn to some extent that their needs will be met and that others are dependable. At the same time, individuals must learn that their needs will not always be met and that it is appropriate to mistrust certain individuals and at certain times. Within each crisis, one may learn a virtue (should the positive pole dominate) or a core pathology (should the negative pole dominate). Should a virtue be learned, the individual is hypothesized to develop in a relatively healthy fashion. Should a core pathology develop, Erikson posited that the individual would be predisposed to challenges in subsequent developmental stages and be more vulnerable to later psychopathology and interpersonal dysfunction. Optimistically, Erikson maintained that one could successfully revisit and resolve any of these psychosocial crises at a later time. In 1959, Erikson expounded on his theory to include the radii of significant relations and psychological modalities. A radius of significant relationships is the social circle that surrounds and most greatly influences the individual's development and outcome at that psychological crisis. Psychological modalities, on the other hand, are the appropriate ways of being and interacting within society that is learned during the specified psychological stage (Miller, 2011). Erikson believed that a sense of unique identity is the main goal of one's life. Furthermore, ego identity is not only focused and developed during its proposed time of crisis (i.e., adolescence), but is a continual process lasting the duration of one's life. Each crisis outcome has a significant implication for one's sense of self and one's self-conceptualization changes as a result of this collection of life experiences. Due to his emphasis on identity, this component of Erikson's (1950, 1959) theory is among the most heavily studied stages.

It is suggested in Erikson's (1956, 1968) work that during adolescence, individuals face a period of psychological limbo wherein the interest in the discovery of one's sense of self is said to reach a climax. Interacting with multiple groups (e.g., peer, religious, ethnic and minority, political, etc.), adolescents and emerging adults find themselves with a myriad of opportunities to try out a variety of social roles, especially if and when they enter the college environment (Waterman, 1982). On the positive pole of Erikson's stage lies the adherence to a certain set of goals, ideologies, interpersonal styles, and values. It is here that Erikson said the various roles and experiences encountered during childhood are assimilated in a coherent way such that the individual feels stability and consistency across time and with limited variability between persons and situations. This unity in one's psychological making was originally theorized to be useful in guiding the individual into an occupation and consequently a personalized niche within the larger societal framework. On the negative end of the pole lies role confusion or identity diffusion. As the name suggests, one who has developed a sense of identity diffusion has a fragmented sense of self. Rather than the experiences and roles of childhood and adolescence coming together to create a sense of homogeneity, these experiences remain disjointed. Erikson (1950) theorized that this distress, characterized by uncertainty and anxiety, resulted from a lack of occupational identification. This definition of identity diffusion and distress has expanded since his original work (e.g., Berman, Montgomery, & Kurtines, 2004; Grotevant, Thorbecke, & Meyer, 1982; Marcia, 1966) and this lack of coherence has been found to have negative implications for the adolescent with regard to both psychological adjustment (Call & Mortimer,

2001; Hernandez, Montgomery, & Kurtines, 2006) and mental health (Berman, Weems, & Stickle, 2006; Thoits, 1999), which will be more closely examined below.

### Theories of Identity since Erikson

Although identity status will not be examined in the present study, a basic understanding of this construct is conducive to understanding the characteristics and interrelationships of directly relevant variables. Marcia (1966) operationalized Erikson's (1950, 1968) conceptualization of identity according to two underlying continuums. The first of Marcia's dimensions is identity exploration, which according to Meeus (2011), most closely matches Erikson's idea of the testing of alternative roles and ideologies before making a decision with regard to which elements should composite one's identity. Marcia stated that this decision, otherwise known as commitment, is the degree of adherence to this set of characterological traits. Based on these two continuous dimensions, Marcia derived four status of identity with which he uses to categorize individuals: identity achievement (high exploration and high commitment), moratorium (high exploration and low commitment), foreclosure (low exploration and high commitment), and identity diffusion (low exploration and low commitment). The identity achievement status is thought to most closely analogue Erikson's theory of a successful identity whereas identity diffusion is thought to most closely align with Erikson's conceptualization of role confusion. Marcia's identity statuses are traditionally derived from a composite score of exploration and commitment in a number of various identity-related domains including religious, occupational, political, and dating ideologies. Identity status is thought of in a transitional way

wherein individuals typically move from status to status in a progressive manner towards identity achievement (Waterman, 1982) and identity status remains among the most popular means of examining identity formation and adolescent psychosocial development (Årseth, Kroger, Martinussen, & Marcia, 2009; Meeus, 2011).

### Identity Style

Some researchers have argued that Marcia's (1966) identity status paradigm is a measure of outcome (Berzonsky, 1989; Berzonsky et al., 2013). Rather than measuring the degree to which an individual has engaged in exploration and commitment, Berzonsky (1989, 1992) generated constructs for describing how individuals engage in Marcia's exploration and commitment by conceptualizing identity-processing styles. Identity-processing styles are socio-cognitive approaches to how individuals cope, integrate, and/or defend against incoming identity-relevant information. Berzonsky identified three identity styles: informational, normative, and diffuse-avoidant. While research has found that individuals are capable of using all three styles, it has also been suggested that late adolescents have a proclivity to use one strategy over the others (Berzonsky, 2011).

The informational identity style is characterized by enthusiastic exploration of identity-relevant material (Berzonsky, 1989). Individuals predominantly adhering to this style are likely to critically evaluate this incoming material as well as evaluate their own identity composition after making preliminary commitments. That is, those with an informational identity style tend to critically analyze identity-relevant information and to compose their identity in a mosaic-like



fashion only after this careful picking-and-choosing has occurred. Furthermore, these individuals tend to be willing to make accommodations in the face of dissonant information and conflicting ideologies. As such, the informational identity style has been positively associated with both the identity achievement and moratorium statuses (Berzonsky, 2011; Berzonsky & Neimeyer, 1994) personality traits of extroversion, conscientiousness, and open-mindedness (Clancy Dollinger, 1995), personal growth (Vleioras & Bosma, 2005), pro-social behaviors (Smits, Doumen, Luyckx, Duriez, & Goossens, 2011), and engagement in less buck-passing and avoidance behaviors (Berzonsky & Ferrari, 1996).

In the case of individuals adhering primarily to a normative identity-processing strategy, a much more rigid and inflexible picture is delineated by Berzonsky (1989, 1992). The normative style is characterized by the ability to be easily influenced by others and the uncritical, automatic adoption of identity-relevant material from the opinions of prominent individuals (e.g., parents, peers, teachers, counselors, and religious entities). It has been found that these individuals will often vehemently defend their beliefs from conflicting ideology or construe it in such a way that it fits in with their existing ideology (Berzonsky, 1992) and that these individuals tend to be the least open to experience (Clancy Dollinger, 1995). It is suggested that this defense is done in an effort to maintain their existing identity structure; however, in spite of such firmness, researchers have found that these individuals tend to have a strong sense of purpose, discipline, and conscientiousness (Soenens, Duriez, & Goossens, 2005) coupled with high degrees of agreeableness and low levels of neuroticism (Clancy Dollinger, 1995). As such, the normative

identity style has been positively associated with commitment and the foreclosed identity status (Berzonsky, 2011; Berzonsky & Neimeyer, 1994).

Finally, Berzonsky (1989) described the diffuse-avoidant identity style as the tendency to procrastinate identity-relevant decisions until situational constraints demand a choice. This procrastination often results in the tendency to engage in avoidance behaviors and rationalization (Berzonsky & Ferrari, 1996). While individuals who use the diffuse-avoidant style may make commitments, these commitments are often capricious and contingent upon external factors such as situation, reward, or people (Berzonsky, 2011). Those who adhere mainly to the diffuse-avoidant identity style are also likely to fall within the diffused identity status (Berzonsky, 2011; Berzonsky & Neimeyer, 1994). This style of processing has been linked to a number of negative implications including its positive relationship with neuroticism and negative association with personality constructs such as extraversion, openness, agreeableness, and conscientiousness (Clancy Dollinger, 1995) in addition to constructs related to well-being such as feeling a sense of purpose in life and the capacity for personal growth (Vleioras & Bosma, 2005).

### Structural Identity Formation and Boundaries

Marcia (1980) described identity as an “internalized, self-constructed, dynamic organization of drives” based on one’s personal history (p. 158). This description was derived from Erikson’s original (1950, 1968) theory and reiterated in the constructivist views of later theorists (e.g., Berzonsky 1989, 1992; Kroger, 2003; Kroger et al., 2010; Luyckx et al., 2005; Meeus, 2011; Waterman 1982). Given this active description of identity proposed by researchers

in the field, this construct may be thought of as in constant change. That is, components of one's identity are continuously added, modified, and discarded which may lead to shifts in one's self-concept. Van Hoof and Raaijmakers (2003) posit that identity therefore must have some component that performs a regulatory function. Beneath this regulatory function, Kroger (2003) hypothesizes an identity structure: a filter through which one organizes one's life experiences in a coherent way. It is here that Kroger suggests that this regulation (i.e., the manipulation, reception, and retention) of identity-relevant material occurs. Only recently, however, has a structural framework of identity been established (Lile, 2013).

Lile (2013) bases his proposal of identity formation on the concept of structuralism by Gardner (1973). Gardner states that structuralism refers to the efforts at delineating the arrangement of components that lie beneath a given construct or system. In the strategic aspect of Lile's theory, he explains the identity boundary which is informed by the suggestions of van Hoof and Raaijmakers (2003) and Kroger (2003). This boundary is a "cognitive barrier" (p. 324) that performs three primary functions including the preservation of identity-relevant content, the differentiation between the self and others, and the management of incoming identity-relevant content from external social influences that are hypothesized to threaten the unity of one's identity. Lile describes this cognitive structure as analogous to the semipermeable nature of a plant cell wall and describes these boundaries on a continuum that spans from flexible to rigid.

The nature of the identity boundaries that Lile (2013) describes is lent by Minuchin's (1974) theory of boundaries that exists between individuals in a family unit. Permeability characterizes the diffused identity boundary. Identity-related elements flow freely in and out of

this boundary and it is hypothesized that there is little differentiation between the self and others. Furthermore, external social pressures may easily press on one's self-construal if they are characterized by this highly penetrable boundary. Given the descriptions of identity status and style proposed by Marcia (1966) and Berzonsky (1989) respectively and the relationship between status and style described by Berzonsky (1989, 2011), Lile posits that the diffused boundary is positively related to both the diffused identity status and the diffuse-avoidant identity style. The second identity boundary he describes is a rigid identity boundary wherein identity content does not flow in and out of one's self-concept. This boundary is characterized by a stalwart defense from outside identity-relevant information, high retention of identity content that is already synthesized into one's identity, and high distinction between the self and others. As such, Lile theorizes that this boundary most closely aligns with the foreclosed identity status and the normative identity style. Finally, Lile describes the clear identity boundary, which is hypothesized to be a midpoint on the flexible-rigid continuum. Those who have a clear identity boundary tend to retain core constructs of their identity while at the same time being able to discard constructs that no longer fit into their overall self-schema. With regard to one's view of the self in relation to others, those with clear boundaries are suggested to clearly distinguish themselves from others while simultaneously recognizing congruency with others. Finally, the clear identity boundary tends to defend against outside opinions, but modulates them in such a way that they are considered, analyzed, and incorporated into one's identity should it fit with the existing schema. These clear boundaries are posited to most closely align with the identity achievement status and informational identity style.

While the moratorium status is proposed to be positively associated with the informational-processing style and incurred en route to identity achievement (Berzonsky, 1989; Erikson, 1968; Marcia, 1966, 1980), Lile states that it does not so easily fit onto the flexibility-rigidity continuum due to its erratic and transitional nature. Rather, Lile explores the boundaries inherent to those categorized within the moratorium status as transitional and part of the identity modification/synthesis process (Kroger, 2003). According to Kroger, identity modification occurs when the identity structure becomes permeable so that identity components may filter in and out of one's self-concept whereas identity synthesis is the solidification of a boundary such that core identity-related contents are retained and identity cohesiveness is reinstated. That is, like its dual nature (i.e., identity achieved in nature due to its explorative component and diffused in nature due to its lack of commitment), Lile proposes that the boundaries of those in the moratorium status wax and wane over time between flexible and rigid depending on experience and varying by identity domain. This postulation is based on Kroger's hypotheses of identity structure and regulation.

#### Familial Factors Contributing to Identity Formation

Researchers have more recently suggested that due to changes in the foci of our attachment, the social contributors to identity change over time (Ávila, Cabral, & Matos, 2012). These findings echo Erikson's (1959) postulation of changes in the radii of significant relationships through developmental stages in that as we age, the social contributors to our sense of self shift from parents to peers, and eventually to romantic partners. Nonetheless, parents have

some of the greatest influences on one's sense of self, given that parents provide children with their first form of socialization. With that being said, Ávila, Cabral, and Matos (2012) found that if parental involvement remains high through late adolescence and early adulthood, individuals tend to engage in less identity-relevant exploration. In the cases of parental over involvement and "helicoptering" (Cline & Faye, 1990), evidence has existed for decades that individuation of the child subsystem is severely inhibited as a result of this type of parenting, which is often observed with families characterized by enmeshed boundaries (Greenberger & Sorensen, 1974).

With specific regard to family structure, research suggests that clear boundaries and lack of cross-generational alliances is conducive to adolescent identity development (Fullinwider-Bush & Jacobvitz, 1993); however, it has been pointed out that since these results were not grounded in a particular theory of family structure, validity of these results is somewhat lost (Faber, Edwards, Bauer, & Wetchler, 2003). Rather than identity achievement being tied to clear boundaries and lack of cross-generational alliances, others have suggested that it was the family's ability to resolve conflict and express themselves that is linked to the formation of the identity achievement status within adolescents (Perosa & Perosa, 1993). Later work, such as that done by Faber and colleagues (2003), go on to show evidence that supports Perosa and Perosa's (1993) findings by having data which suggest that the weaker the parental coalition, the more likely the child will be in the diffused or moratorium identity status. In a study by Perosa, Perosa, and Tam (1996) using an exclusively female population, it was found that parental coalition with clear cross-generational boundaries who engaged in conflict resolution independent of the child subsystem was linked to identity achievement in their daughters. In the case of the hypothesized

maladaptive intergenerational boundaries, estrangement from father was positively associated with the development of the moratorium and the diffused identity statuses whereas maternal over involvement and high family cohesion (where differences were not expressed) resulted in daughters who tended to be identity foreclosed.

With regard to identity style development, there seems to be limited data examining its relationship with family boundaries. The present study aims to bridge this gap in the current literature by investigating the explicit association between family boundaries and identity style. Although the research on the relationship between identity style and family boundaries is currently lacking, multiple studies have examined the relationship between Baumrind's (1971) parenting styles and identity style (Berzonsky, 2004; Ratner & Berman, 2014; Smits, Soenens, Luyckx, Duriez, Berzonsky, & Goossens, 2008), which by extension may grant preliminary insight into the relationship between boundaries and identity style. Berzonsky (2004) found authoritative parenting, particularly maternal responsiveness (i.e., warmth and emotional support), to be significantly and positively associated with the informational and normative identity styles. The normative identity style was also found to be significantly and positively predicted by authoritarian parenting (Berzonsky, 2004). Finally, permissive parenting (parenting characterized by high warmth and low degrees of psychological and behavioral control) was most closely associated with the diffuse-avoidant identity style. Smits and colleagues (2008) reiterate these results by suggesting that a balance of psychological control with parental support is positively associated with the informational identity style, support and behavioral control is associated with the normative identity style, and behavioral control is negatively associated with

the diffuse-avoidant identity style. Berzonsky (2004) demonstrated that identity style was not only predicted by parenting style, but also that identity style mediated the relationships between parenting style and identity commitment, a variable which has been shown to be negatively associated with psychopathology symptoms (Berman et al., 2006).

### Personal and Familial Contributors to Psychopathology

#### Identity and Psychopathology

The link between identity and psychological distress, maladjustment, psychopathology was briefly mentioned in the discussion of the importance of a coherent identity to mental soundness (Berman, Montgomery, & Kurtines, 2004; Berman, Weems, & Petkus, 2009; Berman et al., 2006; Call & Mortimer, 2001; Thoits, 1999; Waterman, 2007). Erikson (1968) theorized that distress associated with the challenges inherent to forming a lucid picture of identity was not only typically transient, but also normal, adaptive, and a part of healthy human development due to its prolonged and complex nature. With that being said, identity distress (i.e., concern over the process of making identity-related choices and integrating these choices into a unified sense of self) has more recently been identified as a construct that may be present in levels high enough to inhibit one's daily functioning (Berman et al., 2004). As such, Berman and colleagues (2004) found identity distress to be positively associated with identity exploration, negatively associated with identity commitment, and to be most prevalent in adolescents categorized in the moratorium identity status. More important to the present study, identity distress has been positively linked to various aspects of psychopathology and distress including anxiety, depression, somatization



(Berman et al., 2009; Wiley & Berman, 2013), and existential anxiety- a significant degree of concern over various existential domains including death, meaning, and condemnation (Tillich, 1952; Berman et al., 2006; Weems, Costa, Dehon, & Berman, 2004).

### Family Structure and Psychopathology

Human beings vary in their predisposition to become maladjusted. This point is evidenced by cases of individuals emerging relatively unscathed by overly protective or uninvolved parenting whereas others may develop severe psychopathological symptoms despite having relatively healthy parenting practices endorsed in their family of origin (Werner & Smith, 1982). Nonetheless, specific and consistent relationships have been drawn between family boundaries and symptomatology. Barber and Buehler (1996) maintain their hypothesis which differentiates between cohesion and enmeshment. In their study of 5<sup>th</sup>, 8<sup>th</sup>, and 10<sup>th</sup> grade students from Midwest America, family cohesion was significantly and negatively associated with both internalizing and externalizing disorders whereas enmeshment was positively associated with youth problems as a whole and internalizing disorders (e.g., anxiety, depression) in particular. Such findings were observed earlier in the literature by Barber and his associates (1994) when psychological control, a hypothesized component of familial enmeshment, was found to be positively related to youth internalizing disorders whereas behavioral control was found to be positively associated with externalizing behaviors. Further attesting to the maladaptive nature of such overinvolved parenting, helicopter parenting (Cline & Fay, 1990) has been positively associated with neuroticism (Montgomery, 2010) and lower levels of constructs

that have been traditionally associated with well-being (LeMoyne & Buchanan, 2011). These findings were supported and expounded upon in 2004 by Davies, Cummings, and Winter who found that internalizing and externalizing psychological disorders were more prevalent in families characterized by disengagement or enmeshment relative to families with a midrange of family cohesion. Finally, protective factors such as family involvement seem to forestall the development of deleterious externalizing problems such as conduct disorder (Pearce, Jones, Schwab-Stone, & Ruchkin, 2003), which often precipitates the development of antisocial personality disorder and psychopathy (APA, 2013). Therefore, families characterized by disengagement may see more incidence of an externalizing disorder such as conduct disorder. Such findings add support to the idea that dysfunctional family boundaries, either those characterized by too much or too little emotional involvement, are implicated in the development of child psychopathology (Kerig, 1995)

Of particular interest to the present study, researchers have suggested that this lack of individuation, due to parental enmeshment or boundary diffusion characterized by child parentification and triangulation in divorced households, is linked to maladjustment and negatively related to psychological well-being in a western Canadian sample (Perrin, Ehrenberg, & Hunter, 2013). This evidence lends credence to schema theory, an approach developed by Young and colleagues in 2003, which suggests that pathology is due to maladaptive schemas that are developed in early childhood as a result of unmet core needs. These early maladaptive schemas tend to be pervasive, generalized, and often pathological (Martin & Young, 2010). More importantly is the fact that maladaptive schemas are hypothesized to set the stage for one's

self-concept and relational patterns with others. This conceptualization of the self, others, and the self in relation to others is said to begin in childhood or adolescence as a result of interaction with one's nuclear family and continue throughout one's lifetime. Among the core needs that are unmet and often lead to pathology is a child's need for autonomy, competence, and a unique sense of identity (Martin & Young, 2010; Young et al., 2003). Martin and Young (2010) cite that life experiences characterized by overidentification with significant others and the internalization of parents' thoughts, experiences, and opinions often leads to the neglect of this core need. This results in a schema known as the underdeveloped self which is associated with an impaired sense of autonomy and performance. Schemas under this umbrella of impaired autonomy are characterized by one's perceived inability to separate and function independently. Aspects of the environment that lead to the development of this schema include an enmeshed family of origin, overprotective parenting, failure to reinforce a child's independent successes outside of the family of origin, and crippling of the child's confidence. As a result, the child will cope with their schema in certain ways that tend to be dysfunctional. According to Young and colleague's description of the "underdeveloped self" schema (2003), the individual may accept the schema as true (e.g., by living vicariously through a partner or parent); avoid situations that trigger the schema (e.g., by avoiding intimate relationships in adulthood all together); or engage in rigid, overcompensating behaviors in an effort to combat the schema (e.g., becoming the antithesis of a significant other in all ways). In a literature review performed by Sempértegui, Karreman, Arntz, and Bekker (2013), support was found for theoretical foundations underlying Young and colleagues' schema theory for pathology associated with the inability to separate the self from

others and create a consolidated sense of identity; however, according to the authors, the findings are limited, largely mixed, and there are blanks that exist in the empirical support for his theory of early schema-produced symptomatology. Should the hypothesis of the present study be supported, more credibility to this theory of pathology and treatment intervention may be given.

### Overview, Rationale, and Statement of Study Hypotheses

#### Hypothesis 1: Self-Other Differentiation is Dependent upon Identity Style

As stated earlier, the goal of the present study is two-pronged: not only does the present study aim to support a mediational view of the relationship between family cohesion, identity style, and psychopathology, but it also aims to lend tenability to a newly emerging model of identity formation, the structural view (Lile, 2013). This second effort will be completed in the interest of explaining the results of the first. Given the literature that suggests that psychopathology is related to the degree of one's ability to separate the self from others (e.g., de Bonis et al., 1995; Van Asselt et al., 2007; Young et al., 2003) and that identity style is a reflection of the ability to distinguish the self from others (Kroger, 2003; Lile, 2013), it is hypothesized that these constructs will be related. Lile (2013) suggests that the informational identity style should reflect clear boundaries (i.e., a moderate level of self-other differentiation), a normative identity style should reflect rigid boundaries (i.e., high levels of self-other differentiation), and a diffuse-avoidant style should reflect permeable boundaries (i.e., low levels of self-other differentiation). Lile's (2013) conceptualization provides an initial template. Using Berzonsky's (1989, 1992) explanations of the identity styles, a slightly different pattern could be

expected. Since the normative identity style is characterized by the perfunctory acceptance of ideals from prominent figures, one might think of this as the quintessence of boundary diffusion. Contrary, this boundary diffusion is selective since these values are only accepted from respected individuals in the person's life, which may differentiate the normative identity style from the diffuse-avoidant (which is characterized by haphazard acceptance of others' principles). The informational identity style, on the other hand, is characterized by careful selection, which may contribute to an identity that is very unique in nature given that it is likely comprised of information from a myriad of origins. As such, one's identity forming from an informational identity style could truly be one-of-a-kind. Should a relationship between identity style and self-other differentiation exist, more empirically sound conclusions may be drawn about the relationship between psychopathology and identity style later in addition to adding some credence to Lile's (2013) theory of a structural view of identity. As such, it is hypothesized that self-other differentiation will be significantly dependent upon identity style. Specifically, it is posited that:

**H1a:** Individuals with an informational identity style will have higher degrees of self-other differentiation than those who adhere primarily to the normative or diffuse-avoidant identity style.

**H1b:** Individuals with a normative identity style will have higher degrees of self-other differentiation than those who adhere primarily to the diffuse-avoidant identity style but lower degrees of self-other differentiation than those who adhere primarily to the informational identity style.

**H1c:** Individuals with a diffuse-avoidant identity style will have lower degrees of self-other differentiation than those who adhere primarily to the informational or normative identity style.

### Hypothesis 2: Family Boundaries predict Identity Style

While the relationships between family boundaries and identity style has yet to be specifically studied, various relationships between structure of the nuclear family and one's sense of self in Western cultures seem to clearly emerge from the above evidence: over involvement and the diffusion of parent-child boundaries seems to inhibit identity exploration and the process by which individual separate from the nuclear family to forge relationships with nonfamilial members. This may place the offspring at higher risk for placement in an identity status characterized by a lack of identity exploration due to their low encouragement of unique ideals and high psychological control (i.e., foreclosure, and by extension, the normative identity style). Furthermore, disengagement and under involvement may elicit underdeveloped boundaries (i.e., diffused identity statuses and a diffuse-avoidant identity style) due to their lack of connection. Finally, the presence of clear boundaries characterized by a healthy midrange of rigidity and permeability seem to be linked to identity achievement or statuses en route to identity achievement such as moratorium. As such, the following hypotheses are proposed in the present study:

**H2a:** Family enmeshment will significantly and positively predict the normative identity style.

**H2b:** Family disengagement will significantly and positively predict the diffuse-avoidant identity style.

**H2c:** Balanced cohesion will significantly and positively predict the informational identity style and negatively predict the diffuse-avoidant identity style.

### Hypothesis 3: Identity Style predicts Psychopathology

The relationship between a coherent sense of self and adjustment has been identified in multiple previous studies (e.g., Berman et al., 2004; Berman et al., 2006; Luyckx, 2006); however, the direct relationship between identity style and psychopathology has been much less specifically addressed and the relationships between identity structure and psychopathology have yet to be studied at all due to the very recent emergence of Lile (2013)'s structural identity theory. The relationship between identity structure and psychopathology will be inferred by psychopathology's relationship with identity style due to the high correlation between these constructs that Lile postulates. With regard to identity style and psychopathology, studies such as Clancy Dollinger (1995) have found that those characterized by the diffuse-avoidant identity style were most prone to the tendency to experience negative emotionality. Furthermore, the diffuse-avoidant identity style has been shown to be most closely linked to defensive mechanisms characterized by retroflective anger, which often is implied in depressive reactions to stressors (Berzonsky & Kinney, 2008). Given that identity distress and its associated psychological symptomatology has been linked to low levels of identity commitment (Berman et al., 2004; Berman et al., 2006), it may be expected that those with a the diffuse-avoidant identity

style may experience greater levels of psychopathology. In the case of the normative identity style, studies have shown that individuals with this style experience lesser amounts of neurotic tendencies (Clancy Dollinger, 1995); however, the normative identity style, by its very nature is characterized by rigid, unwavering defense of existing ideology. Coupled with this vigilance, individuals with the normative identity style often experience high degrees of uncertainty intolerance (Soenens et al., 2005), which is often implicated in internalizing psychological disorders such as generalized anxiety disorder (Koerner & Dugas, 2006). Further supporting the relationship between psychopathology and the normative and diffuse-avoidant identity style is literature that suggests that these processing styles are linked to a maladaptive pattern of interpersonal behaviors (Smits et al., 2011). Finally, seeing as the informational identity style is the antithesis of diffuse-avoidance, the informational identity style has been found to be among the most adaptive and psychologically protective of the identity styles (Berzonsky, 1992; Clancy Dollinger, 1995). As such, the following relationships are hypothesized:

**H3a:** The diffuse-avoidant identity style will be significantly and positively related to psychopathology.

**H3b:** The normative identity style will be significantly and positively related to psychopathology.

**H3c:** The informational identity style will be significantly and negatively related to psychopathology.



#### Hypothesis 4: Family Boundaries predict Psychopathology

The literature surrounding the role of the nuclear family in the development of psychopathology is abundant (e.g., Barber et al., 1994; Davies et al., 2004; Kerig, 1995; Pearce et al., 2003; Perrin et al., 2013; Young et al., 2003) and the present study will attempt to replicate these findings. Research has indicated for decades that maladaptive family boundaries are not only vital to the health and the functioning of the family as a whole (Minuchin, 1974; Olson & Gorall, 2006), but also to the health of the offspring who learn to function within such boundaries (Barber et al., 1994; Kerig, 1995; Martin & Young, 2010). The experiences that one has in their nuclear family also carries over into adulthood and influences the relationships that the adolescent has with both familial and nonfamilial entities and such experiences may lead the adult to cope with their new environment in maladaptive ways that encourage dysfunction (Martin & Young, 2010; Young et al., 2003). More importantly, children often seek out partners and raise families who emulate the family boundaries that they themselves experienced in their nuclear family (Minuchin & Nichols, 1993; Nichols, 2014). If this is indeed the case, maladaptive family boundaries may set the stage for a cascade of generations of children with certain degrees of psychopathology. It is for the above reasons that in the present study, it is hypothesized that the following relationships between family boundaries and psychopathology will be found:

**H4a:** Enmeshment will significantly and positively predict psychopathology.

**H4b:** Disengagement will significantly and positively predict psychopathology.

**H4c:** Balanced cohesion will significantly and negatively predict psychopathology.

### Hypothesis 5: Identity Style as a Mediating Variable

Given the various interrelationships stated above between the study variables, it is the main hypothesis of the present study that identity style acts as a partial mediator in the relationship between maladaptive family boundaries and the formation of psychopathology. That is, it is hypothesized that family boundaries influences the way in which an individual primarily processes identity-relevant information, which in turn, influences the development of psychopathology. Given the research (e.g., Perrin et al., 2013) that emphasizes the importance of individuation and theoretical approaches to psychopathology suggested in empirically supported treatment modalities (e.g., Martin & Young, 2010; Young et al., 2003), the following mediational structure is hypothesized (see Figure 1).

**H5a:** The normative identity style will partially mediate the relationship between enmeshment and psychopathology.

**H5b:** The diffuse-avoidant identity style will partially mediate the relationship between disengagement and psychopathology.

**H5c:** The informational identity style will partially mediate the relationship between balanced cohesion and lower psychopathology scores.

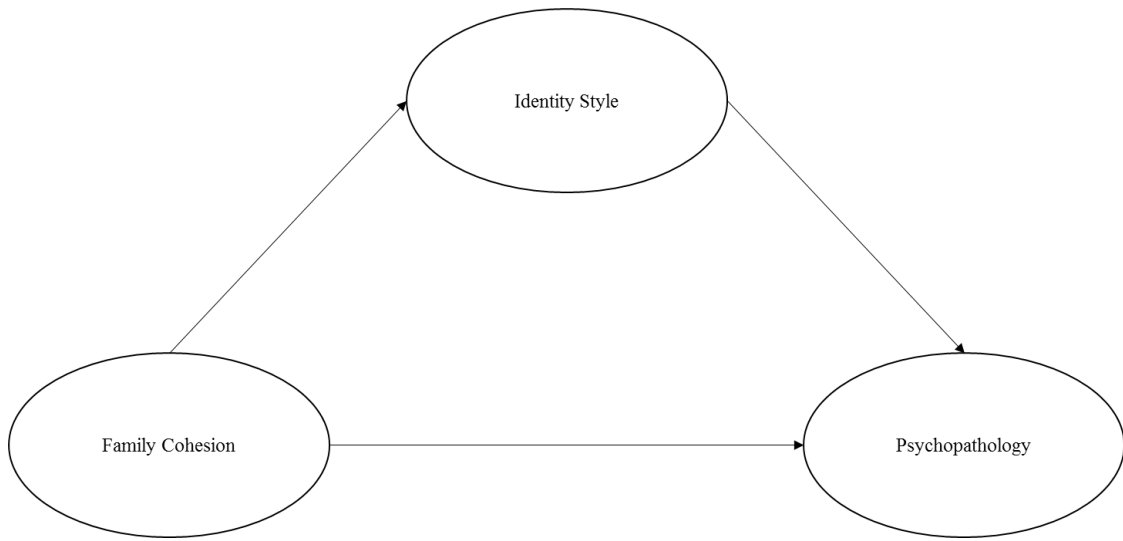


Figure 1. Identity Style Partially Mediates the Relationship between Family Cohesion and Psychopathology

## METHOD

### Participants

Participants of the present study ( $N = 496$ ) were collected online via the University of Central Florida SONA research system. Identifying information, other than the following demographic data, was not collected from the participants in the interest of privacy and confidentiality. The sample largely consisted of female participants ( $n = 344$ , 69.4%) and ranged in age from 18 to 52 years ( $M = 21.61$ ,  $SD = 5.24$ ). Three participants elected against disclosing information regarding their age and gender. The largest proportion of the data (31.7%) was collected from first year undergraduate students ( $n = 157$ ); however, the study included participants from all university academic years including second year undergraduate students ( $n = 82$ , 16.5%), third year undergraduate students ( $n = 109$ , 22.0%), fourth year undergraduate students ( $n = 105$ , 21.2%), fifth year undergraduate students and beyond ( $n = 37$ , 7.5%), second degree-seeking students ( $n = 4$ , 0.8%), and one self-reported graduate student (0.2%). One participant withheld information regarding university year placement.

The sample was predominantly comprised of individuals identifying racially and ethnically as White, non-Hispanic ( $n = 284$ , 57.3%). Hispanic or Latino/a participant comprised the next greatest proportion of the sample ( $n = 90$ , 18.1%) followed by individuals identifying as Black, non-Hispanic ( $n = 59$ , 11.9%), Asian or Pacific Islander ( $n = 29$ , 5.8%), American Indian or Alaskan Native ( $n = 1$ , 0.2%), and “mixed/other” ( $n = 29$ , 5.8%). Participants in the “mixed/other” category were of either Middle Eastern decent or a combination of any of the

aforementioned ethnicities. Four individuals from the sample chose to withhold information about how they identify racially or ethnically. Despite the relative ethnic diversity of the present sample, the vast majority of the sample indicated English as their first language ( $n = 435$ , 87.7%).

Finally, information concerning family structure and dynamics was collected from the participants. A majority of participants ( $n = 389$ , 78.4%) selected that they came from families headed by two parents (either biological or divorced with active co-parenting). A variety of other family structures, however, were also observed. Two parent family systems characterized by the presence of a step-family member as a primary caregiver ( $n = 57$ , 11.5%) was found to be the second most popular family structure followed by single-parent households due to death or under involvement of the second parent ( $n = 33$ , 7.7%), two adoptive parents ( $n = 3$ , 0.6%), and “other” systems ( $n = 6$ , 1.2%). Many individuals in the “other” category stated that they were raised by non-traditional (e.g., grandparents, older siblings, aunts/uncles) or mixed (e.g., grandmother and mother) primary caregivers. Three individuals (0.6%) participating in the study chose not to include information about their primary caregivers. Many of the participants ( $n = 229$ , 46.2%) indicated that they were the first or only child in their family of origin. A total of 32.3% of the sample ( $n = 160$ ) indicated that they were the second child, 13.9% of the sample ( $n = 69$ ) indicated that they were the third child, and 7.1% of the sample ( $n = 35$ ) indicated that they were the fourth child or higher in terms of birth position. Three individuals did not include information about their birth order. The number of children in the household varied greatly. Individuals in the sample ranged from being the only child to being one of thirteen children ( $M = 2.75$ ,  $SD = 1.41$ ).

While monetary compensation was not offered to the participants, they did earn SONA credits for their time which they may have used towards course or extra credit. Participants choosing not to participate in the SONA experience for extra credit were offered an alternative assignment of equal value; however, this substitute assignment was up to the discretion of the individual's instructor.

### Materials

#### Demographic Questionnaire

A questionnaire was developed for the purposes of this study to collect information with regard to demographics. Participants were kept anonymous, but were asked to specify their age, gender, grade, race/ethnicity, university grade, their primary caregivers, position within the family, and the number of children in their household of origin.

#### The Identity Style Inventory – 5

The Identity Style Inventory (ISI-5; Berzonsky, Soenens, Luyckx, Smits, Papini, & Goossens, 2013) is a 36-item measure developed for the measurement of socio-cognitive styles used to process identity-relevant information. A total of three socio-cognitive styles are hypothesized to exist and these styles are used to guide the process of identity exploration. Also included in the ISI-5 is a fourth scale to assess an individual's degree of identity commitment. Participants were asked to rate the degree to which they agree with statements tapping into an individual's decision-making strategies and methods for resolving intrapersonal issues. Ratings

were derived from a Likert scale ranging from ‘*Not at all like me*’ (1) to ‘*Very much like me*’ (5). The three styles on the ISI-5 are assessed by nine items each. The styles include the: informational (e.g., “I handle problems in my life by actively reflecting on them”), normative (e.g., “I automatically adopt and follow the values I was brought up with”), and the diffuse-avoidant (e.g., “Who I am changes from situation to situation”). The commitment subscale is assessed also using 9-items and the same Likert scale (e.g., “I know basically what I believe and don’t believe.”) as the identity styles. After a two week interval, test-retest reliability scores ( $N = 77$ ) appeared sufficient (informational,  $r = .81$ ; normative,  $r = .78$ ; diffuse-avoidant,  $r = .77$ ; commitment,  $r = .83$ ). Coefficient alpha also appeared sufficient for all four subscales across five samples of participants (informational,  $r = .74$  to  $.86$ ; normative,  $r = .75$  to  $.82$ ; diffuse-avoidant,  $r = .71$  to  $.89$ ; commitment,  $r = .82$  to  $.89$ ). Discriminant and convergent validity for this measure was established by examining correlations between the scores of the new scale and scores from previous measures of identity style and constructs which theoretically align with the identity styles (Berzonsky 1992, 2011). In the present study, sufficient reliability statistics were found for the informational ( $r = .80$ ), normative ( $r = .78$ ), and diffuse-avoidant ( $r = .80$ ) subscales.

#### Family Adaptability and Cohesion Evaluation Scale

The Family Adaptability and Cohesion Evaluation Scale (FACES IV; Olson, 2011; Olson & Gorall, 2006) is the most recent revision of the original FACES developed by Olson and colleagues (1989). This 42-item measure utilizes 7-items each to measure six constructs hypothesized to influence family functioning: Balanced cohesion, balanced flexibility, rigidity,

chaos, disengagement, and enmeshment. For the purposes of the present study, only the balanced cohesion (e.g., “Our family has a good balance of separateness and closeness.”), disengagement (e.g., “Our family seldom does things together.”), and enmeshment (e.g., “We resent family members doing things outside of the family.”) subscales were used. Each item is measured using a 5-point Likert scale ranging from ‘*Does not describe our family at all*’ (1) to ‘*Very well describes our family*’ (5). Gorall and colleagues (2004) report both sufficient factorial structure of the measure and coefficient alphas for all subscales (relevant to the present study: enmeshment,  $r = .77$ ; disengagement,  $r = .87$ ; and balanced cohesion,  $r = .89$ ). Sufficient reliability scores among the germane subscales were replicated here with the enmeshment subscale ( $r = .80$ ), disengagement subscale ( $r = .86$ ), and the balanced cohesion subscale ( $r = .92$ ).

#### Self-Other Differentiation Scale

The Self-Other Differentiation Scale (SODS; Oliver, Aries, & Batgos, 1989) is an 11-item measure used to assess an individual’s proclivity to defer to the wishes of others; engage in overidentification with the opinions, interests, and orientations of others; and rely on others for evaluations of self-worth. These aspects are hypothesized to reflect the degree to which individuals experience a sense of separateness from others. The items (e.g., “I find it hard to make a separate judgment in the face of a strong opinion expressed by a friend.”) are rated either ‘*True*’ (0) or ‘*False*’ (1). Using a sample of university students, Oliver and colleagues (1989) report sufficient internal reliability ( $r = .76$ ) for their dichotomously-scored measure. In the



present study, sufficient reliability was also generated ( $r = .82$ ). Construct validity for the measure was established by evidence of a positive relationship between the SODS and measures intended to assess autonomy and negative relationship with a measure intended to assess boundary permeability (Oliver et al., 1989).

### Brief Symptom Inventory

The Brief Symptom Inventory (BSI; Derogatis, 1993) is a 53-item self-report measure used to assess nine facets of psychopathology. The BSI is the short form of the SCL-90 (Derogatis, 1977). The BSI is rated on a 5-point Likert scale used to measure the distress that the specified symptom causes the individual. This scale ranges from ‘*Not at all*’ (0) to ‘*Extremely*’ (4). The scales, descriptions, sample items, and internal reliability scores as reported by Derogatis and Melisaratos (1983) are as follows: Somatization (psychological distress arising from perceived bodily dysfunction; e.g., “Trouble getting your breath;”  $r = .80$ ), obsessive-compulsive (psychological distress arising automatic, unremitting, and irresistible thoughts or actions; e.g., “Having to check and double-check what you do;”  $r = .83$ ), interpersonal sensitivity (psychological distress arising from feelings of inadequacy, inferiority, and discomfort with regard to interpersonal interactions; e.g., “Feeling inferior to others;”  $r = .74$ ), depression (psychological distress arising from dysphoric mood, anhedonia, fatigue, and feelings of hopelessness; e.g., “Feelings of worthlessness;”  $r = .85$ ), anxiety (psychological distress arising from restlessness, nervousness, and panic; e.g., “Suddenly scared for no reason;”  $r = .81$ ), hostility (psychological distress arising from experiences of annoyance or irritability, urges to

break items, and frequency of arguments; e.g., “Having urges to break or smash things;”  $r = .78$ ), phobic anxiety (psychological distress arising from fear of specific stimuli; e.g., “Having to avoid certain things, places, or activities because they frighten you;”  $r = .77$ ), paranoid ideation (psychological distress arising from suspiciousness, fear of loss of autonomy, and centrality; e.g., “Feeling others are to blame for most of your troubles;”  $r = .77$ ), and psychoticism (psychological distress arising from social alienation and dramatic psychotic symptoms such as hallucinations or delusional thinking; e.g., “The idea that something is wrong with your mind;”  $r = .71$ ).

In addition to the nine subscales, the Global Severity Index (GSI) is a summary score used to capture the intensity and severity of perceived distress in a single score and its test-retest reliability has been found to be satisfactory,  $r = .90$  (Derogatis & Spencer, 1982). In the present study, sufficient reliability was generated for the GSI statistic, like previous research ( $r = .96$ ). Derogatis and Melisaratos (1983) found validity for the BSI by correlating scores of the nine subscales with their respective subscales on the SCL-90. These correlations ranged from  $r = .92$  (PSY) to  $r = .99$  (HOS).

### Procedure

Students were recruited for the present study based upon their enrollment at the University of Central Florida. Participants entering the SONA system saw the present study among a list of available studies and voluntarily chose this study from the available list. Upon their selection of the present study, participants assented to proceed with the survey after viewing

a University of Central Florida IRB-approved explanation of research. After assenting to the present research, participants began the survey, which was entirely administered online. The survey took participants an average of 16.92 minutes to complete ( $SD = 10.26$ ). In addition to the Demographic Questionnaire, participants answered questions from the selected subscales of the FACES IV, the ISI-5, the SODS, and the BSI. Credit for their participation was awarded upon completion of the survey and no credit was awarded to participants exiting the survey prematurely.

### Analytical Strategy

A total of 500 participants were originally requested for the present study. To determine if this number would be able to generate sufficient statistical power, the parameters of the fourth hypothesis were entered into a statistical program for determining power *a priori* (GPOWER; Erdfelder, Faul, & Buchner, 1996). In the present study, it was planned that four predictor variables were to be used in the final mediational analysis (age, gender, family boundary, and identity style). Based on Cohen's (1988) cut off scores for effect sizes wherein  $R^2 = .02$ ,  $.13$ , and  $.26$  (i.e.,  $f^2 = .02$ ,  $.15$ , and  $.35$ ) indicate small, medium, and large effects respectively and Cohen's suggestion that alpha of  $.05$  and power of  $.80$  is appropriate for most behavioral research, it was determined that  $N \geq 485$  would yield sufficient statistical power for a regression analysis with two predictor variables (age and gender) in step one and two predictor variables in step two (family boundary and identity style). Therefore, the 496 participants collected for the present study should be able to generate adequate power (i.e.,  $> .80$ ) so that the probability of

correctly rejecting the null hypotheses of the present study (i.e., that identity style *does not* partially mediate the relationship between family boundaries and psychopathology) is ample enough to detect a significant small effect (e.g., where  $R^2 = .02$ ). That is, should even the smallest effect exist, 496 participants should be enough to confidently determine such an effect.

## RESULTS

### Preliminary Analyses and Descriptive Statistics

Preliminary analyses were conducted to determine if demographic variables had the potential to moderate the study's main analyses. A 2 X 8 Multivariate Analysis of Variance (MANOVA) was conducted to examine if any of the continuous study variables significantly differed by gender or ethnicity. Moreover, a complete intercorrelation matrix of all relevant study variables can be found in Table 1.

Table 1

*Intercorrelation Matrix of Study Variables*

Measure	1	2	3	4	5	6	7	8
1. Age	--							
2. Balanced Cohesion	-.10*	--						
3. Enmesh.	-.04	-.15***	--					
4. Diseng.	.04	-.76***	.21***	--				
5. Info. Identity	.06	.24***	-.20***	-.16***	--			
6. Norm. Identity	-.07	.24*	.18***	-.04	-.01	--		
7. Diff. Identity	-.22***	-.22***	.28***	.25***	-.21***	.20***	--	
8. GSI	-.06	-.16***	.30***	.22***	-.06	-.01	.34***	--
9. SOD	.21***	-.03	-.16***	-.02	.07	-.21***	-.33***	-.40***

Note: \*  $p \leq .05$ , \*\*  $p \leq .01$ , \*\*\*  $p \leq .001$ ; Enmesh. = Enmeshed cohesion, Diseng. = Disengaged cohesion, Info. Identity = Informational identity style, Norm. Identity = Normative identity style, Diff. Identity = Diffuse-avoidant identity style, SOD = Self-other differentiation

Family cohesion was calculated using mean scores to account for missing data. The vast majority of participants indicated that their families primarily fell into the balanced cohesion category ( $n = 399, 83.8\%$ ). Regarding continuous values, scores on balanced cohesion ranged from 1 to 5 with an average score of 3.92 ( $SD = 0.83$ ). Disengagement was found to be the second most prevalent family cohesion style when assessed categorically ( $n = 61, 12.3\%$ ) and the sample's scores also ranged from 1 to 5 with an average score of 2.23 ( $SD = 0.87$ ). Finally, enmeshment was found to be the least endorsed predominant family cohesion style ( $n = 16, 3.2\%$ ). Scores on enmeshed family boundaries for the whole sample ranged from 1 to 4.43 with an average score of 2.09 ( $SD = 0.69$ ). The MANOVA revealed no significant differences between the genders with regard to family cohesion; however, there was a significant main effect for ethnicity ( $F[40, 2290] = 1.58, p = .012$ ) for enmeshment,  $F(5, 461) = 6.89, p < .001$ . According to a Tukey's HSD post-hoc analysis, White, non-Hispanic participants had lower mean scores of enmeshment than Black, non-Hispanic ( $M = 2.27, SD = 0.71, p = .006$ ), Hispanic and/or Latino/a ( $M = 2.29, SD = 0.77, p < .001$ ), and Asian or Pacific Islander ( $M = 2.44, SD = 0.61, p = .001$ ) participants. Balanced family cohesion and disengagement did not significantly differ by ethnicity like enmeshment.

Within the sample, 33.5% ( $n = 166$ ) of individuals were categorized as principally utilizing a diffuse-avoidant identity style. Scores on diffuse-avoidance ranged from 9 to 45 with an average of 21.06 ( $SD = 6.14$ ). A total of 26.8% ( $n = 133$ ) of the sample were found to chiefly employ a normative identity style. Scores on the normative identity style scale ranged from 10 to 45 with an average of 23.85 ( $SD = 5.62$ ). Finally, 36.9% ( $n = 183$ ) of the sample were found to

predominantly utilize an informational identity style. Scores on the informational identity style measure ranged from 10 to 45 as well with an average score of 33.76 ( $SD = 5.21$ ). A one-way Analysis of Variance (ANOVA) showed a significant difference between the identity styles with regard to age,  $F(2, 472) = 4.09, p = .017$ , with individuals primarily adhering to an informational identity style being significantly older than those chiefly endorsing items consistent with a diffuse-avoidant identity style ( $p = .006$ ). The MANOVA demonstrated no significant differences between the genders and ethnicities with regard to all three of the identity styles.

The global severity index (GSI; the mean psychopathology score of all nine BSI subscales) was used as the overall measure of psychopathology. In this non-clinical sample, scores on the GSI ranged from 0 to 2.09 ( $M = 0.28, SD = 0.37$ ) on a converted scale score of 0 to 4. Once again, the MANOVA revealed no significant differences between gender and ethnicity with regard to psychopathology.

Scores on the measure of self-other differentiation ranged from 0 to 1 ( $M = 0.57, SD = 0.29$ ). Once more, the MANOVA demonstrated no significant differences between gender and ethnicity with regard to self-other differentiation.

### Main Analyses

The main hypotheses of the present study were largely tested using a series of hierarchical regression analyses. On Step 1 of all study analyses, participant age, gender, and ethnicity were controlled due to the developmentally sensitive nature of these variables and the

significant effects of these variables found in the preliminary analyses. On Step 2 of all analyses, the appropriate predictor variable was entered along with the specified dependent variable.

### Hypothesis 1: Self-Other Differentiation is Dependent upon Identity Style

To examine if self-other differentiation is related to identity style, a one-way ANOVA was conducted with identity style entered as the independent variable and self-other differentiation as the dependent variable. The ANOVA demonstrated a significant main effect for identity style,  $F(2, 477) = 13.63, p < .001, \eta_p^2 = .054$ . Fisher's LSD post-hoc analyses suggested that individuals with an informational identity style had significantly higher scores than those with a diffuse-avoidant identity style ( $p < .001$ ) and the normative identity style ( $p = .005$ ). Those with a normative identity style were also shown to have significantly higher self-other differentiation scores than those with a diffuse-avoidant identity style ( $p = .046$ ). Thus, hypotheses H1a, b, and c were all confirmed. Figure 2 visually demonstrates the differences between the identity styles in terms of their mean level of self-other differentiation.

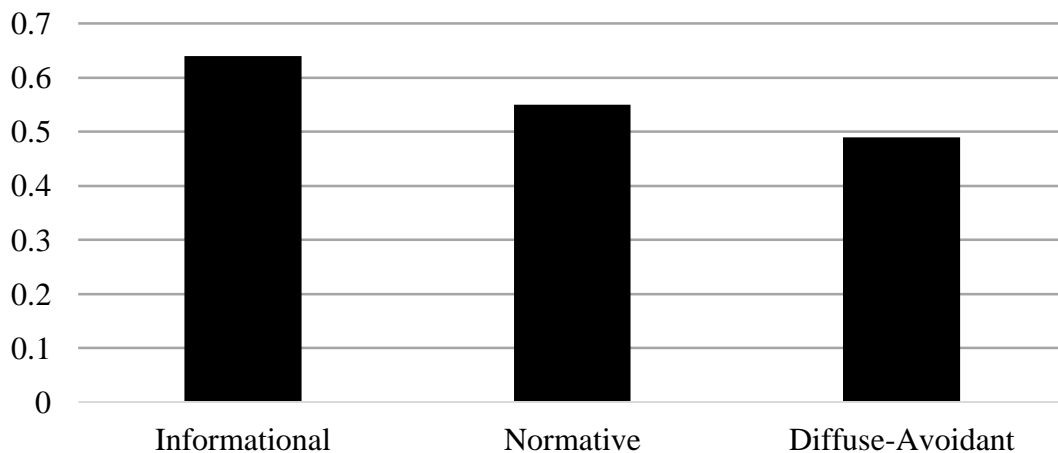


Figure 2. Self-Other Differentiation by Identity Style



## Hypothesis 2: Family Boundaries predict Identity Style

To determine if family boundaries indeed predict identity style, enmeshment, disengagement, and balanced cohesion were entered as the independent variable on Step 2 of three separate regressions along with the normative, diffuse-avoidant, and informational identity style, respectively. The first hypothesis sought to determine if filial enmeshment significantly and positively predicted the normative identity style, a similar method as above was employed. The overall model summary was significant,  $R^2 = .03$ , Adjusted  $R^2 = .03$ ,  $F(4, 472) = 4.05$ ,  $p = .003$ . At the Step 2 change ( $R^2$  change = .03,  $\Delta F[1, 472] = 13.88$ ,  $p < .001$ ), the overall model remained significant and enmeshed cohesion produced satisfactory beta coefficients ( $\beta = .17$ ,  $t = 3.72$ ,  $p < .001$ ) in predicting the normative identity style. With this, hypothesis H2a was supported.

Next, disengaged family cohesion was tested to understand its role in the development of the diffuse-avoidant identity style. Once again, the overall regression model was significant,  $R^2 = .12$ , Adjusted  $R^2 = .11$ ,  $F(3, 473) = 15.85$ ,  $p < .001$ . At Step 2 ( $R^2$  change = .07,  $\Delta F[1, 473] = 37.24$ ,  $p < .001$ ), standardized beta coefficients also remained significant ( $\beta = .26$ ,  $t = 6.10$ ,  $p < .001$ ). As such, hypothesis H2b was also supported.

Finally, it was hypothesized and tested to see if balanced cohesion would significantly and positive predict the informational identity style and significantly and negatively predict the diffuse-avoidant identity style. In terms of balanced cohesion predicting the informational identity style, the overall regression model was significant,  $R^2 = .08$ , Adjusted  $R^2 = .07$ ,  $F(4, 473) = 9.55$ ,  $p < .001$ . The change in variance beyond the effects of age and gender at Step 2 was also

significant ( $R^2$  change = .05,  $\Delta F[1, 474] = 27.23, p < .001$ ). At Step 2, standardized beta coefficients reached significance for balanced cohesion ( $\beta = .23, t = 5.22, p < .001$ ). With regard to balanced cohesion's ability to negatively predict the diffuse-avoidant identity style, the overall model was again significant,  $R^2 = .13, \text{Adjusted } R^2 = .12, F(4, 472) = 17.28, p < .001$ . Balanced cohesion remained significant at the Step 2 change ( $R^2$  change = .06,  $\Delta F[1, 472] = 31.46, p < .001$ ) along with its beta coefficients ( $\beta = -.24, t = -5.61, p < .001$ ). Thus, hypothesis H2c was supported.

To graphically demonstrate these findings which relate family boundaries to identity style, a chi-square analysis was used (see Figure 3). The occurrence of each of the identity styles within the family cohesion categories was tested and a significant chi-square emerged,  $\chi^2(4, n = 464) = 16.77$ . The informational identity style occupied 39.5%, the normative identity style occupied 30.0%, and the diffuse-avoidant identity style occupied 30.5% of the total composition for balanced cohesion. The informational identity style occupied 12.5%, the normative identity style occupied 37.5%, and the diffuse-avoidant identity style occupied 50.0% of the total composition for enmeshed cohesion. Finally, the informational identity style occupied 39.3%, the normative identity style occupied 11.5%, and the diffuse-avoidant identity style occupied 49.2% of the total composition for disengaged cohesion. Significant deviations of the observed frequency from the expected frequency was determined by assessing the Adjusted Residual score ( $z$ -score) within each cell produced by the chi-square. Absolute values of  $z$ -scores above 1.96 are considered to be contributing to the significance in the overall chi-square analysis. Significant contributions occurred at all three of the cohesion levels. Within balanced cohesion, the diffuse-

avoidant ( $z = -3.20$ ) and normative ( $z = 2.34$ ) identity styles occurred with statistically significant deviancy; within enmeshed cohesion, the informational identity style occurred with statistically significant deviancy ( $z = -2.18$ ); and within disengaged cohesion, the diffuse-avoidant ( $z = 2.76$ ) and normative ( $z = -3.05$ ) occurred with statistically significant deviancy.

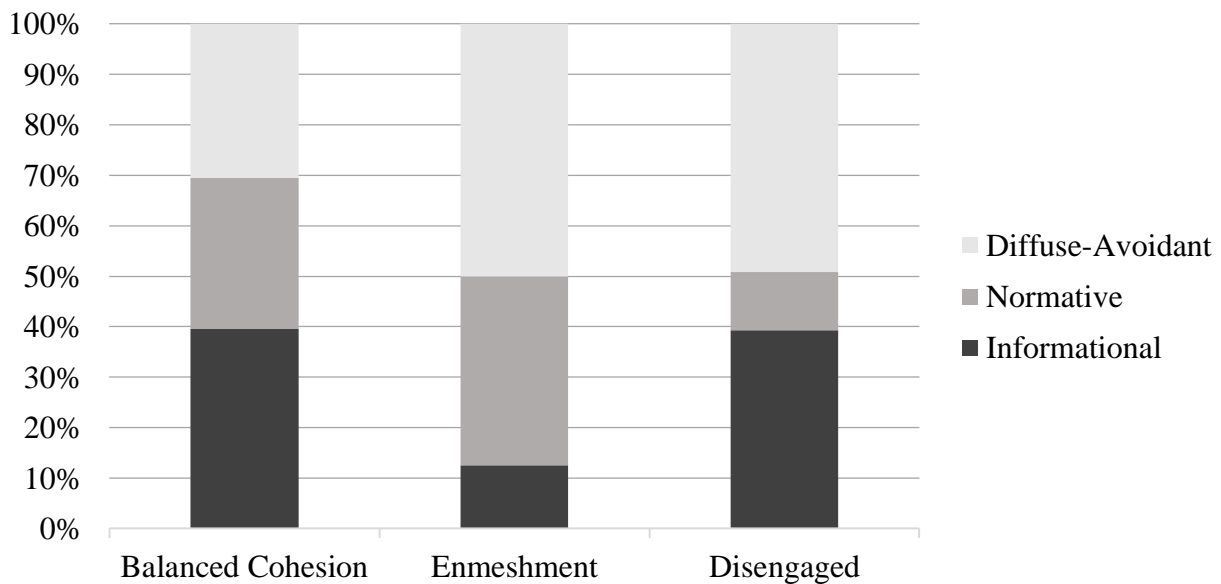


Figure 3. Identity Style Composition by Family Cohesion

### Hypothesis 3: Identity Style predicts Psychopathology

For the third set of hypotheses, diffuse-avoidant, the normative, and informational identity style were entered as independent variables on Step 2 of their respective regression models and psychopathology was entered as the dependent variable. In the first model, it was tested if the diffuse-avoidant identity style significantly and positively predicted psychopathology. The overall model for this regression was found to be significant,  $R^2 = .12$ , Adjusted  $R^2 = .11$ ,  $F(4, 474) = 16.02$ ,  $p < .001$ . At Step 2 ( $R^2$  change = .11,  $\Delta F[1, 474] = 60.02$ ,  $p$

< .001), standardized beta coefficients for the diffuse-avoidant identity style retained significance ( $\beta = .34, t = 7.75, p < .001$ ) in predicting psychopathology. With this analysis, hypothesis H3a was supported. Regarding the normative and informational identity styles' ability to predict psychopathology, neither linear model was significant. As a consequence, neither hypothesis H3b, nor hypothesis H3c was confirmed.

A one-way ANOVA was used to test if psychopathology significantly differed by identity style (and, by extension, identity boundaries). A significant model emerged,  $F(2, 478) = 12.88, p < .001, \eta_p^2 = .051$  (see Figure 4). Those primarily utilizing a diffuse-avoidant identity style ( $M = 0.40; SD = 0.45$ ) demonstrated significantly higher global severity indices than those with a normative ( $p < .001$ ) and informational ( $p < .001$ ) identity style. The normative ( $M = 0.23; SD = 0.35$ ) and the informational ( $M = 0.21; SD = 0.28$ ) identity style, however, did not significantly differ in scores of psychopathology.

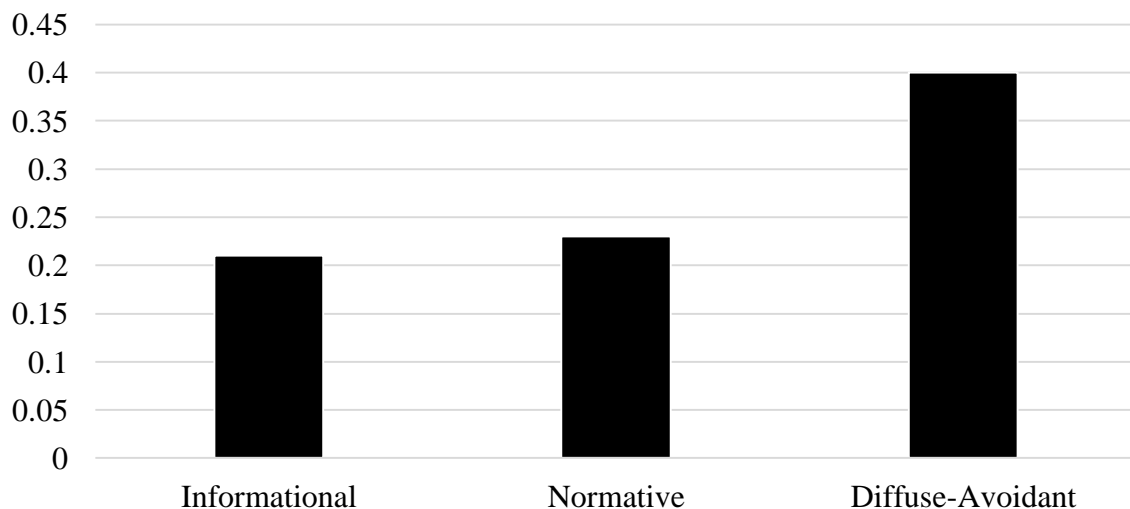


Figure 4. Psychopathology (GSI) by Identity Style

#### Hypothesis 4: Family Boundaries predict Psychopathology

In the fourth set of hypotheses enmeshment, disengagement, and balanced family cohesion were entered on Step 2 of separate regressions to examine their ability to predict psychopathology. In the first regression, family enmeshment significantly and positively predicted psychopathology scores, evidenced by the overall significant model,  $R^2 = .09$ , Adjusted  $R^2 = .08$ ,  $F(4, 478) = 11.51$ ,  $p < .001$ . At the Step 2 change ( $R^2$  change =  $.08$ ,  $\Delta F[1, 478] = 42.14$ ,  $p < .001$ ), standardized beta coefficients for enmeshed family cohesion remained a significant predictor of psychopathology ( $\beta = .29$ ,  $t = 6.49$ ,  $p < .001$ ). As such, hypothesis H4a was supported.

In the second regression, family disengagement was entered as the predictor variable for psychopathology to determine if they share a positive relationship. Scores on the overall model summary showed a significant relationship between the variables,  $R^2 = .06$ , Adjusted  $R^2 = .05$ ,  $F(4, 478) = 7.01$ ,  $p < .001$ . The Step 2 change ( $R^2$  change =  $.05$ ,  $\Delta F[1, 478] = 25.12$ ,  $p < .001$ ) was significant along with disengagement's standardized beta coefficients in predicting clinical distress ( $\beta = .22$ ,  $t = 5.01$ ,  $p < .001$ ). With this, H4b was supported.

In the third and final regression for this set of hypotheses, it was posited that balanced cohesion would share a negative relationship with psychopathology. Once more, the overall model for this analysis was significant,  $R^2 = .04$ , Adjusted  $R^2 = .03$ ,  $F(4, 480) = 4.70$ ,  $p = .001$  with significant changes at Step 2 ( $R^2$  change =  $.03$ ,  $\Delta F[1, 480] = 15.01$ ,  $p < .001$ ) and standardized beta coefficients reaching significance ( $\beta = -.18$ ,  $t = -3.87$ ,  $p < .001$ ). Finally, as a result, H4c was supported.

### Hypothesis 5: Identity Style as a Mediating Variable

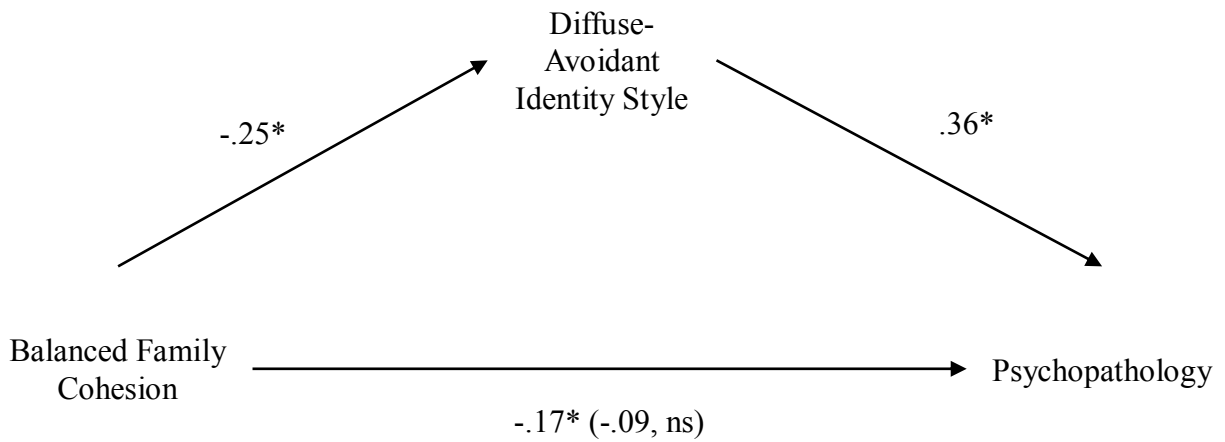
To test the fifth and final set of hypotheses in the main analysis, the statistical strategy for mediation as proposed by Baron and Kenny (1986) was conducted. In order to utilize Baron and Kenny's (1986) statistical strategy, three existing relationships must exist in order to justify analysis, according to Holmbeck (1997). According Holmbeck's technique, variable A (family cohesion) must first predict variable B (identity style). Next, variable A (family cohesion) must predict variable C (psychopathology). Finally, both variables A (family cohesion) and B (identity style) are entered on the same step to predict variable C (psychopathology). In order for the mediational hypothesis to be supported, variable A (family cohesion) should be less associated with variable C (psychopathology) than it was in the second regression equation. That is, a drop in *p*-value significance would signify partial mediation, whereas a loss of significance would signify full mediation. Secondly, the relationship between variable B (identity style) and variable C (psychopathology) should still be apparent. That is, identity style should retain its full statistically significant association with psychopathology even when entered alongside family cohesion.

Hypotheses 2-4 determined the relationships required by Holmbeck's strategy, suggesting that family cohesion is indeed related to identity style and that family cohesion is also related to psychopathology. As observed in hypothesis 3, only the diffuse avoidant identity style was shown to have a significant relationship with psychopathology. As such, only this mediational hypothesis (H5b) was tested. Family disengagement was entered alongside the diffuse-avoidant identity style in predicting psychopathology. An overall significant model was observed,  $R^2 =$

.14, Adjusted  $R^2 = .13$ ,  $F(5, 472) = 15.00$ ,  $p < .001$ . Significant changes at Step 2 ( $R^2$  change = .13,  $\Delta F[2, 472] = 35.91$ ,  $p < .001$ ) appeared and significant standardized beta coefficients for both disengagement ( $\beta = .15$ ,  $t = 3.25$ ,  $p = .001$ ) and the diffuse-avoidant identity style ( $\beta = .30$ ,  $t = 6.66$ ,  $p < .001$ ). To highlight, when family disengagement was the sole predictor variable of psychopathology (hypotheses 3), its  $p$ -value was  $< .001$ . When it was entered together with the diffuse-avoidant identity style, its significance dropped to be  $p = .001$ . As such, hypothesis H5b was marginally supported.

Given the significant negative relationship observed in hypothesis 2 between balanced cohesion and the diffuse-avoidant identity style, the significant negative relationship between balanced cohesion scores and psychopathology in hypothesis 4, and the significant positive relationship between the diffuse-avoidant identity style and psychopathology observed in hypothesis 3, one exploratory mediational analysis was conducted to determine if the diffuse-avoidant identity style mediated the negative relationship between balanced cohesion and psychopathology. The diffuse-avoidant identity style was entered beside balanced cohesion in predicting psychopathology. An overall significant model was generated for this analysis,  $R^2 = .13$ , Adjusted  $R^2 = .12$ ,  $F(4, 475) = 17.41$ ,  $p < .001$ . Yet again, significant changes were generated at Step 2 ( $R^2$  change = .12,  $\Delta F[2, 475] = 33.67$ ,  $p < .001$ ). Significant standardized beta coefficients were found for the diffuse-avoidant identity style ( $\beta = .33$ ,  $t = 7.23$ ,  $p < .001$ ); however, balanced cohesion dropped out of the model entirely and lost its significance ( $\beta = -.09$ ,  $t = -1.93$ ,  $p = .054$ ) when entered with the diffuse-avoidant identity style, thus confirming the full mediational model. Figure 5 visually depicts the relationship between these balanced cohesion,

the diffuse-avoidant identity style, and psychopathology. After this finding, a second exploratory analysis was conducted to investigate if the diffuse-avoidant identity style could mediate the relationship between enmeshment and psychopathology. Both enmeshment ( $p < .001$ ) and the diffuse-avoidant identity style ( $p < .001$ ) remained significant predictors of psychopathology in this final model, thus, mediation was unsupported.



Note: \*  $p \leq .001$

Figure 5. The Diffuse-Avoidant Identity Style as a Mediator



## DISCUSSION

The purpose of the present study was dual in nature. In the first effort, it was examined if identity style, the way that one takes in and examines identity-relevant information, was responsible for the relationships between family cohesion and psychopathology. Secondly, it was investigated if identity boundaries, discrete structures which regulate the retention of identity-relevant information, were a function of the identity styles, as hypothesized in a newly developed theoretical model (Lile, 2013). The second enquiry of the thesis, if supported, would be used in such a way to discuss the findings of the first effort. The findings of the first effort, if supported, may have significant implications for individual and family clinical intervention pathways, as will be discussed shortly.

### Study Analyses

#### Self-Other Differentiation is Dependent upon Identity Style

It was hypothesized that the identity boundaries would be related to identity style as discussed in Lile (2013). In his model, Lile posited that the normative identity style would have the highest degrees of self-other differentiation (indicating the strongest identity boundaries), the informational identity style would fall between the other two identity styles with a moderate level of self-other differentiation (indicating some, but not indiscriminate, boundary permeability), and the diffuse-avoidant identity style would have the lowest degrees of self-other differentiation (indicating identity boundaries with the greatest permeability). While his model

has intuitive value, some deviations from his theory were proposed in this study based on Berzonsky's (1989, 1992) conceptualizations of identity style. In the present study, it was proposed that the normative identity style, rather than having the strongest boundaries as Lile had proposed, would have only moderate boundaries whereas the informational identity style would have the strongest boundaries. It was agreed, however, that the diffuse-avoidant identity style would have the most diffuse boundaries between the self and others.

As conjectured, individuals in the diffuse-avoidant identity style category demonstrated the lowest levels of self-other differentiation relative to the informational and the normative identity style. These findings support the theoretical model proposed by Lile (2013), which is based upon the identity style paradigm developed by Berzonsky (1989, 1992). The diffuse-avoidant identity style, by its very nature, is characterized by the tendency to procrastinate one's identity-related decisions and make those decisions based on situational circumstances and little other criteria. Individuals demonstrating a high degree of boundary permeability (indicating the presence of a diffuse identity boundary), may be cognitively similar to those of a diffuse-avoidant identity style such that social and environmental conditions dictate what is retained in their self-construal. Individuals with few boundaries between themselves and another individual are likely to take on the values and opinions of individuals in their immediate setting, thus, creating an individual whose identity differs from place to place with little consistency.

An interesting finding of the present study was that the normative identity style, rather than having the most amount of self-other differentiation, had lower levels of self-other differentiation than the informational identity style. These findings contrast Lile's (2013) model,

yet support this study's hypotheses. As touched upon in the rationale, these findings may be explained according to Berzonsky's (1989, 1992) original conceptualization of the identity styles. Individuals who primarily use a normative identity style tend to dogmatically adhere to the values they hold and fervently reject the values that contradict what is in place. With that being said, these values tend to originate from ideas/opinions adopted by important figures in the normative individual's life, which may be considered the epitome of boundary diffusion. As such, these individuals primarily adhering to the normative identity style may display heightened levels of boundary permeability (but not greater than the diffuse-avoidant identity style) due to their selectivity in only espousing the values of central figures. Furthermore, the SODS (Oliver, Aries, & Batgos, 1989) has many items that primarily feature the self-other differentiation between child and parent. As Berzonsky (1989, 1992) states, the parental subsystem is a primary source of values for individuals with a normative identity style given that initial socialization comes from early interactions with caregivers. With this explanation, individuals with a normative identity style may be characterized initially by boundary diffusion between the individual and their prominent figures and boundary rigidity between the individual and lower-tiered social contacts. As such, these individuals may have boundaries that are discriminatory in nature rather than the globally rigid boundaries that Lile (2013) postulates in his model.

The informational identity style, on the other hand, demonstrated the highest levels of self-other differentiation relative to the normative and diffuse-avoidant identity style. The informational identity style, according to its original description, is characterized by the critical examination and processing of incoming identity relevant information (Berzonsky, 1989, 1992).

That is, individuals who chiefly adhere to the informational identity style tend to be very selective about what they integrate into their identity, no matter where the information originates. Given this description, individuals using an informational identity style create identity mosaics: identities comprised of information from a number of different areas according to what makes sense to them and what best fits existing characteristics. Further, given their critical stance, individuals with an informational identity style tend to be able to let go of information that is outdated and/or no longer fits with their overall picture. In essence, the overall old structure remains the same, but ancillary structures are constantly being updated. Given this ongoing processing and polishing of one's identity, individuals with an informational identity style may have an identity that is most unique, thus creating higher levels of self-other differentiation. This supposition is supported by prior literature that states that the informational identity style is linked to the most adaptive identity status characterized by a significant degree of exploration and commitment, identity achievement (Berzonsky, & Neimeyer, 1994). Although some boundary permeability is required in order to make one's identity adaptively malleable, there appears to be a significant retention barrier. This is evidenced by the findings that show that those with an informational identity style tend to have scores on the SODS that average the highest among the identity styles, but are not consistently near the maximum score.

### Family Boundaries predict Identity Style

Although not explicitly studied in the past, clear relationships between family boundaries and identity have been empirically demonstrated through studies focusing on family cohesion

and identity status. Identity status is closely related to identity style (Berzonsky & Neimeyer, 1994) and the components of identity statuses (i.e., exploration and commitment) are discussed in the descriptions of the identity styles (Berzonsky 1989, 1992). Overall, three main relationships seem to be clear from the prior literature: family over involvement (i.e., enmeshment) tends to be related to the discouragement of uniqueness and inhibition of identity exploration (Ávila, Cabral, & Matos, 2012; Cline & Faye, 1990; Greenberger & Sorensen, 1974; Perosa, Perosa, & Tam, 1996) resulting in children with higher rates of premature identity commitment; family disengagement and weak parental coalitions seem to be related to unstable identities characterized by a lack of commitment (Faber, Edwards, Bauer, & Wetchler, 2003; Perosa, Perosa, & Tam, 1996); and that clear intergenerational boundaries, the ability to resolve conflict and express oneself freely without fear of rejection, and emotional support are tied to identity achievement (Faber, Edwards, Bauer, & Wetchler, 2003; Fullinwider-Bush & Jacobvitz, 1993; Perosa & Perosa, 1993; Perosa, Perosa, & Tam, 1996). Given the close relationships between identity status and style, hypotheses about style were inferred from this existing literature. As such, it was posited that balanced family cohesion would be positively related to the informational identity style and negatively related to the diffuse-avoidant identity style, enmeshment would be positively related to the normative identity style, and disengagement would be positively related to the diffuse-avoidant identity style.

As anticipated, all of the aforementioned hypotheses were supported. Although the relationship between family boundaries and identity style had not been overtly studied in the past, the findings of the present study demonstrate the clear relationship between one's family of

origin and the way one develops one's sense of self. Balanced family cohesion, cohesion characterized by appropriate and distinct emotional connectedness and separateness, is clearly the most preferential family structure in terms of fostering children with the most adaptive identities and greatest capacity for social and emotional growth (Berzonsky & Ferrari, 1996; Smits, Doumen, Luyckx, Duriez, & Goossens, 2011; Vleioras & Bosma, 2005). On the other hand, unbalanced family cohesion (i.e., disengagement or enmeshment) demonstrated its proclivity to influence offspring to adopt identity styles that place them most at risk for social and emotional disturbances (Berzonsky, 1992; Clancy Dollinger, 1995; Vleioras & Bosma, 2005). Additionally, given that these hypotheses were generated based on the findings of previous research utilizing closely related identity constructs, the findings of the present study provide more support to prior literature that suggests identity status (an outcome variable) and style (a process variable) are related to one another (Berzonsky & Neimeyer, 1994).

#### Identity Style predicts Psychopathology

The relationship between identity style and psychopathology has been researched very little in prior literature (Clancy Dollinger, 1995); however, the relationship between one's degree of identity exploration, commitment, and coherence and psychological symptomology has been empirically demonstrated in multiple studies (Berman, Montgomery, & Kurtines, 2004; Berman, Weems, & Stickle, 2006; Call & Mortimer, 2001; Clancy Dollinger, 1995; Hernandez, Montgomery, & Kurtines, 2006; Thoits, 1999; Waterman, 2007). As stated earlier, identity style has been found to be related to one's place in the identity formation process. The informational

identity style tends to be related to higher levels of identity exploration and commitment; the normative identity style tends to be related to higher degrees of commitment, but lower levels of exploration; and the diffuse-avoidant identity style tends to be related to lower degrees of both exploration and commitment (Berzonsky & Neimeyer, 2004). Identity commitment has been found to be negatively related to psychopathology and as such, it was hypothesized that the informational identity style would also be negatively related to psychopathology (Berzonsky, 1992; Berzonsky & Neimeyer, 1994). Although the normative identity style is most closely linked to identity foreclosure, which is characterized by premature identity commitment and lower levels of neuroticism (Clancy Dollinger, 1995), it was hypothesized that the normative identity style would be positively related to psychopathology due to its implications for interpersonal problems (Smits, Doumen, Luyckx, Duriez, & Goossens, 2011) and higher levels of uncertainty intolerance (Koerner & Dugas, 2006; Soenens, Duriez, & Goossens, 2005). Finally, given that identities characterized by a lack of commitment have the tendency to be the most related to psychopathology (Berman et al., 2004; Berman et al., 2006) and neuroticism (Clancy Dollinger, 1995), it was hypothesized that the diffuse-avoidant identity style would also be positively related to psychopathology.

Some hypotheses of the present study were not supported because the informational and normative identity styles shared no significant relationship with psychopathology, as loosely demonstrated in prior literature through related constructs. While the informational identity style and the normative identity style may not protect against or encourage the development of constructs related to the inhibition or the exacerbation of psychopathology (respectively), the

lack of a significant relationship between these variables indicates that they may not be related to psychopathology, as previously assumed through prior connections.

Although these two hypotheses were not supported, clear evidence came for the third hypothesis in this set. There was a clear and strong positive relationship between the diffuse-avoidant identity style and psychopathology. The diffuse-avoidant identity style was such a strong predictor of psychopathology, that it accounted for 12% more of the scores beyond the effects of age, gender, and ethnicity. Given the strength of this relationship, an individual primarily utilizing a diffuse-avoidant identity style seems to be at a distinctly increased risk for psychopathology and related distress.

#### Family Boundaries predict Psychopathology

Given the abundant research surrounding the relationship between filial emotional closeness and psychopathology (Barber et al., 1994; Barber and Buehler, 1996; Davies, Cummings, & Winter, 2004; Kerig, 1995; LeMoyne & Buchanan, 2011; Martin & Young, 2010; Minuchin, 1974; Montgomery, 2010; Olson & Gorall, 2006; Pearce et al., 2003; Perrin et al., 2013), these hypotheses were largely confirmatory in nature so further analyses to expand upon this topic could be justified and pursued. In accordance with the prior literature, it was hypothesized that unbalanced family cohesion (i.e., family enmeshment and/or disengagement) would be positively related to psychological symptomatology whereas balanced family cohesion would be negatively related to psychological symptomatology.



Conforming to the previous literature, the above listed hypotheses were all supported. The results of the present study add further sustenance to the theories assuming the detrimental nature of maladaptive family cohesion. It was demonstrated that family enmeshment and disengagement were significant risk factors for later psychopathology whereas balanced family cohesion was a significant deterrent to psychopathology and associated distress. These findings suggest that the relationship between one's family of origin and later functioning are paramount and the environment observed at this level can have some of the greatest implications for the individual's later mental health.

#### Identity Style as a Mediating Variable

As discussed, the purpose of the present study was to provide additional avenues to intervention through demonstrating the significant role identity style plays in psychopathology. As a process variable, teaching individuals to utilize more adaptive identity styles may be an easier and more feasible aim for interventions with a present-oriented focus, rather than a focus on changing family boundaries. The above hypotheses were used to provide the foundation of this mediational analysis. The nature of mediation suggests that a third variable is responsible for the relationship between two variables. As such, a mediating variable may be targeted if the original predictor variable is unavailable or resistant to change. It was hypothesized that identity style would partially mediate the relationships between family cohesion and psychopathology. Such evidence would indicate that a third variable, identity style, would be a noteworthy

contributor to psychopathology rather than just family cohesion and, as a result, would be a worthwhile pathway for treatment.

Sufficient data at the three points necessitated by Holmbeck's (1997) strategy for mediation was provided by the significant relationships between disengagement and the diffuse-avoidant identity style, the diffuse-avoidant identity style and psychopathology, and disengagement and psychopathology. This model, hypothesis 5b, was the only model with these necessary points to justify testing. When analyzed, the diffuse-avoidant identity style engendered a slight drop in the strength of the relationship between family disengagement and psychopathology. Such findings suggest that disengaged families tend to produce offspring with a tendency to utilize the diffuse-avoidant identity style (and by extension, have more diffused identity boundaries), which in turn, may lead to increased levels of psychopathology. With this evidence, helping an individual from a disengaged family system change their diffuse-avoidant identity style may subsequently help them increase the rigidity of their identity boundaries which may result in decreased distress.

Despite the fact that it was not hypothesized, one exploratory analysis was conducted because significant points throughout the prior analyses were noted. It was investigated if the diffuse-avoidant identity style mediated the relationship between balanced cohesion and decreased psychopathology. It was found that the diffuse-avoidant identity style fully mediated this notable relationship its impact here was profoundly stronger than its influence in the relationship between disengagement alone and psychopathology. That is, as balanced cohesion scores decreased, diffuse-avoidant scores increased, which in turn, led to increased

psychopathology. Due to the evidence which suggests that a full mediational model is at work, theoretically, intervening on the mediating variable should produce a significant change in the overall model regardless of the cohesion style of one's family of origin. That is, the exogenous variable in this model (i.e., family cohesion) would not need to be changed to observe a change in psychopathology scores should this mediational model sustain in practice.

### Limitations and Directions for Future Research

#### Causational Inferences

The limitations of the present study set the stage for a number of future pursuits. The first limitation that restricts the present study lies in its methodology. Many of the study's analyses depended upon multiple regression. Multiple regression is based on correlational statistics, where unknown additional variables may be responsible for the relationships observed in the results. As such, it is always cautioned that correlation, including regression, does not imply causation. The variables proposed in this study are undoubtedly related; however, such a relationship may not be present if yet another variable mediates the relationship. Although this study controlled for many popular and developmentally-salient variables that may affect the hypothesized relationships, a latent variable may still be present despite the best preventative efforts.

Individuals wishing to develop the present study in future research may also wish to utilize longitudinal data in order to produce more causational inferences about the study's findings. Using longitudinal data, or even cross-sectional or cohort designs, allows researchers to account for threats to internal validity such as history and maturation. Furthermore, such designs

grant more of an opportunity to identify and explore possible third variable problems. Utilizing individuals with similar environmental conditions makes a study's findings more viable and may control certain threats that cannot be controlled for in studies with a snapshot survey design. Furthermore, family cohesion and identity style are both constructs that change and develop throughout an individual's life. Utilizing long-term study designs allows researchers to track, control, and investigate the influence of these changes on core constructs such as psychopathology. Findings that demonstrate how variables such as family cohesion and identity style change over time may highlight normative trends that could be of use to both clinicians and researchers to gauge when development is adaptive and when it is pathological. With this knowledge, professionals will have a better sense of when it is appropriate to intervene and when it is appropriate to stay the course.

#### Perspective

Consistent with views of Adler's Individual Psychology (Adler, 1927), birth order can significantly affect both personality development (White, Campbell, & Stewart, 1995) and perceptions of parental behavior such as parenting style and favoritism (Gfroerer, Kern, Curlette, White, & Jonyniene, 2011; Salmon, Shackelford, & Michalski, 2012). Based upon these findings, collecting data from a single individual in a family's child subsystem may contaminate the data and reflect inaccurate or biased recollections of parental behavior or family cohesion. For example, the individual participating in the present study may have grown up as the first or last born child. Studies have demonstrated that individuals in the first or last position within the

child subsystem report a significantly greater degree of parental involvement/favoritism relative to individuals falling into “middle child” statuses (Salmon et al., 2012). Based upon this birth order, the individual experiencing greater parental involvement/favoritism may perceive and subsequently report greater degrees of filial enmeshment whereas a middle child from the same subsystem may report filial disengagement given their subjective report of a shortage of attention. In summary, children from the same home can have very different childhoods due to these varying perspectives. A weakness of the present study is that it only obtained one viewpoint and the actual family cohesion in the home may have been very different from what was self-reported.

This limitation could be handled in a number of different ways. The first solution is to employ third-party raters such as clinicians or trained researchers to observe the home for a few days. This unbiased opinion may yield very objective data; however, this solution is vulnerable to the effects of reactivity, or individuals acting differently simply because they are aware of outsider observation. The second solution is perhaps a bit more practical. Future researchers may collect self-report data from multiple family members in the home to help prevent biases stemming from a single perspective. Furthermore, collecting data may be able to provide a more comprehensive view of the family system rather than the “snapshot” view a third party observer would obtain. For example, a family consisting of two biological parents and three children of varying ages may be able to provide independent data sets about perceptions of their family’s level of cohesion. This data could then be averaged in hopes of the scores providing a more accurate picture of the family cohesion.

### Implications of the Present Study

As alluded to earlier, the results of the present study may be utilized to develop applicable intervention strategies targeting the enhancement of solidarity in one's self. According to these findings, it is the diffuse-avoidant identity style that is responsible for scores in psychopathology rather than lower levels of balanced family cohesion. The diffuse-avoidant identity style, by its very nature, is characterized by a number of maladaptive coping and problem-solving strategies, namely, avoidance, buck-passing, procrastination, and excuse-making (Berzonsky & Ferrari, 1996). This inability to adaptively problem-solve may account for some level of the psychopathology (Nezu, 2004), as observed in the present study as well as prior literature linking the diffuse-avoidant identity style itself to negative psychological and social consequences (Berzonsky, 1992; Clancy Dollinger, 1995).

The findings of the present study highlight the necessity of intervention programs targeting the individual's ability to problem-solve and gain environmental mastery. These improvements in environmental mastery may have positive implications for identity exploration, which in turn, may at least be partially responsible for improved psychological functioning. Previous studies utilizing co-constructivist, collaborative, and transformative intervention strategies (Berman, Kennerley, & Kennerley, 2008; Kurtines, Berman, Ittel, & Williamson, 1995; Kurtines et al., 2008) aimed at promoting empowerment, responsibility, critical thinking skills problem-solving ability, and self-understanding have resulted in a number of positive implications for identity development and overall psychological well-being through the reduction of identity-related distress (Berman, Weems, & Stickle, 2006; Meca et al., 2014). Studies such as

these demonstrate that psychological well-being can be improved through identity achievement and greater insight into one's being. Furthermore, these studies show that a proactive attitude toward problems, the ability to take control of one's direction, and the ability to master one's environment is related to the way one construes their sense of self and their overall adjustment (Kurtines, Ferrer-Wreder, Berman, Lorente, Silverman, & Montgomery, 2008).

Should intervention programs, like those mentioned above, be implemented in clinical practice aimed at increasing one's social problem solving ability (e.g., D'Zurilla, 1990; D'Zurilla & Goldfried, 1971; D'Zurilla & Nezu, 1999; Nezu, 2004; Spivack, Platt, & Shure, 1976), perhaps reductions in the diffuse-avoidant identity style may also be observed as a secondary gain. According to the theoretical model found in the present study, a reduction in psychopathology may also be expected and this would be regardless of the family cohesion from which the individual originated. As such, newer and perhaps briefer intervention strategies may now have foundation on which to develop strategies to target the reduction of the diffuse-avoidant identity style through increasing one's ability to problem-solve. Although in the present study, the informational and normative identity styles were not found to be significantly related to psychopathology, the diffuse-avoidant identity style was found to be a significant risk factor. Therefore, by reducing the use of this identity style, regardless of which identity style is adopted thereafter, a reduction in psychological symptomatology may occur. Future research is needed to confirm this speculation.

The above suggestions are particularly useful with clients without immediate family involvement (e.g., adult or dependent youth). In these cases, family cohesion may not be easily

targeted because the family is not accessible. As such, these problem-solving and constructs strategies may be employed with a present-focus to help the individual change their primary identity style in an effort to decrease symptomatology. Alternatively, if caught early, the present study's findings further advocate for family therapy interventions aimed at targeting maladaptive family cohesion (e.g., Minuchin, 1974) in the primary system in populations with family accessibility. Since family cohesion is clearly linked to the adoption of the diffuse-avoidant identity style (i.e., disengagement being positively related to the diffuse-avoidant identity style and balanced family cohesion being negatively related to the diffuse-avoidant identity style), intervention strategies aimed at changing this maladaptive cohesion may forestall the adoption of the diffuse-avoidant identity style in the first place. These tertiary strategies may have cascading effects if maladaptive family cohesion can be adjusted. Once family cohesion is positively changed, the individual seems more likely to develop a more adaptive identity style, which in turn, may have positive implications for mental health.



## **APPENDIX A: APPROVAL OF HUMAN RESEARCH**



University of Central Florida Institutional Review Board  
Office of Research & Commercialization  
12201 Research Parkway, Suite 501  
Orlando, Florida 32826-3246  
Telephone: 407-823-2901 or 407-882-2276  
[www.research.ucf.edu/compliance/irb.html](http://www.research.ucf.edu/compliance/irb.html)

### Approval of Exempt Human Research

From: **UCF Institutional Review Board #1**  
**FWA00000351, IRB00001138**

To: **Kaylin A. Ratner**

Date: **October 15, 2014**

Dear Researcher:

On 10/15/2014, the IRB approved the following activity as human participant research that is exempt from regulation:

Type of Review: Exempt Determination  
Project Title: Identity and Family Dynamics  
Investigator: Kaylin A. Ratner  
IRB Number: SBE-14-10636  
Funding Agency:  
Grant Title:  
Research ID: N/A

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these changes affect the exempt status of the human research, please contact the IRB. When you have completed your research, please submit a Study Closure request in iRIS so that IRB records will be accurate.

In the conduct of this research, you are responsible to follow the requirements of the Investigator Manual.

On behalf of Sophia Dziegielewska, Ph.D., L.C.S.W., UCF IRB Chair, this letter is signed by:

IRB Coordinator

## **APPENDIX B: EXPLANATION OF RESEARCH**



## EXPLANATION OF RESEARCH

**Title of Project:** Identity and Family Dynamics

**Principal Investigator:** Kaylin Ratner, B.S.

**Faculty Supervisor:** Steven L. Berman, Ph.D.

You are being invited to take part in a research study. Whether you take part is up to you.

- The purpose of this study is to explore the association between one's family of origin and the way one develops their sense of self. The results of this study may be used to help develop intervention programs by way of understanding how the process of individuation is affected by family dynamics and the implications this process has for well-being. These results may not directly help you today, but may benefit future students.
- You will be asked to complete a survey containing 131 statements (for example, "I have always known what I believe and don't believe; I never really have doubts about my beliefs.") to which you will respond by rating how much you agree with each statement on a graded scale (for example, "strongly disagree" to "strongly agree"). In addition to this, you will also be asked 8 to 11 background questions (for example, the number of children in your family of origin, your race, your gender, etc.). The survey is anonymous; you will **not** be asked to write your name on the questionnaires. Results will only be reported in the form of group data. Participation or nonparticipation in this study will not affect your grades or placement in any programs. You do not have to answer any questions you do not wish to answer. This research will be completed online via the SONA System.
- This survey will take you approximately 45 minutes to complete.

You must be 18 years of age or older to take part in this research study.

**Study contact for questions about the study or to report a problem:** If you have questions, concerns, complaints, or think the research has hurt you, contact Kaylin Ratner, Graduate Student, Clinical Psychology M.A. program, [kratner@knights.ucf.edu](mailto:kratner@knights.ucf.edu) or Dr. Steven L. Berman, Faculty Supervisor, Department of Psychology, at (386) 506-4049 or [steven.berman@ucf.edu](mailto:steven.berman@ucf.edu).

**IRB contact about your rights in the study or to report a complaint:** Research at the University of Central Florida involving human participants is carried out under the oversight of the Institutional Review Board (UCF IRB). This research has been reviewed and approved by the IRB. For information about the rights of people who take part in research, please contact: Institutional Review Board, University of Central Florida, Office of Research & Commercialization, 12201 Research Parkway, Suite 501, Orlando, FL 32826-3246 or by telephone at (407) 823-2901.

## **APPENDIX C: APPROVAL TO USE FACES IV**



LIFE INNOVATIONS, Inc.®

2660 Arthur St • Roseville, MN • 55113  
800-331-1661 • 651-635-0511 • FAX: 651-636-1668  
www.facesiv.com

## Permission to Use FACES IV Package

Website: [www.facesiv.com](http://www.facesiv.com)

Customer Service: [cs@facesiv.com](mailto:cs@facesiv.com)

Storing & Scoring Data: [data@facesiv.com](mailto:data@facesiv.com)

I am pleased to give you permission to use the **FACES IV Package** in your research project, teaching or clinical work with couples or families. In order to use FACES IV, you must use the entire FACES IV Package which contains 62 items.

You may either duplicate the materials directly or have them retyped for use in a new format. If they are retyped, acknowledgement should be given regarding the name of the instrument, the developers' names, and Life Innovations.

In exchange for providing this permission, we would appreciate a copy of any papers, theses or reports that you complete using the **FACES IV Package**. This will help us to stay abreast of the most recent developments and research regarding this scale. We thank you for your cooperation in this effort.

Also, we are requesting that you provide us with a *set of your data* so that we can build a large and diverse norm base. We will acknowledge your contribution to the master data base. We will not use your data for individual studies on your topic or any topic. We would appreciate it if you used the format we have provided in an Excel spreadsheet (Microsoft).

In closing, I hope you find the **FACES IV Package** of value in your work with families. I would appreciate hearing from you as you make use of this package.

Sincerely,

David H. Olson, Ph.D.  
President, Life Innovations

**APPENDIX D: SURVEY**

## BACKGROUND QUESTIONNAIRE

**SEX:** Select MALE or FEMALE

**GRADE:** Please indicate your current academic year:

1st Year Undergraduate  
2nd Year Undergraduate  
3rd Year Undergraduate  
4th Year Undergraduate  
5th Year Undergraduate and Beyond  
Second Degree-seeking  
Graduate

**AGE:** (Fill in the Blank)

**RACE/ETHNICITY:** Please mark the ethnic/racial identifier that best describes you:

White, non-Hispanic  
Black, non-Hispanic  
Hispanic  
Asian or Pacific Islander  
Native American or Alaskan Native  
Mixed/Other

**IF YOU CHOSE “MIXED/OTHER” IN THE PREVIOUS QUESTION, PLEASE SPECIFY. OTHERWISE, LEAVE BLANK:** (Fill in the Blank)

**IS ENGLISH YOUR FIRST LANGUAGE?:** Select YES or NO

**FAMILY STRUCTURE:** Please indicate which family structure best describes your family of origin.

Two Parents (biological, may include divorced systems with active co-parenting)  
Two Parents (step-family system)  
Two Parents (adoptive)  
Two Parents (same-sex)  
One Parent (due to death or lack of involvement)  
Other

**IF YOU CHOSE “OTHER” IN THE PREVIOUS QUESTION, PLEASE SPECIFY. OTHERWISE, LEAVE BLANK:** (Fill in the Blank)



**POSITION WITHIN THE FAMILY:** With reference to your family of origin, please indicate your place in the birth order of your family.

- First Child
- Second Child
- Third Child
- Fourth Child or Higher

**IF YOU CHOSE “FOURTH CHILD OR HIGHER” IN THE PREVIOUS QUESTION, PLEASE SPECIFY. OTHERWISE, LEAVE BLANK:** (Fill in the Blank)

**PLEASE INDICATE HOW MANY CHILDREN WERE IN YOUR NUCLEAR FAMILY OF ORIGIN, INCLUDING YOURSELF:** (Fill in the Blank)

Thank you. Now please go on to the next section of this survey.

**ISI-5** - You will find a number of statements about beliefs, attitudes, and/or ways of dealing with issues. Read each carefully and use it to describe yourself. Using the following scale, please select the answer which indicates the extent to which you think the statement represents you. There are no right or wrong answers. For instance, if the statement is very much like you, mark a 5 (Very much like me), if it is not like you at all, mark a 1 (Not at All like Me). Use the 1 to 5 point scale to indicate the degree to which you think each statement is uncharacteristic (1) or characteristic (5) of yourself.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Not at All like Me</b>				<b>Very much like Me</b>

1. I know basically what I believe and don't believe.
2. I automatically adopt and follow the values I was brought up with.
3. I'm not sure where I'm heading in my life; I guess things will work themselves out.
4. Talking to others helps me explore my personal beliefs.
5. I know what I want to do with my future.
6. I strive to achieve the goals that my family and friends hold for me.
7. It doesn't pay to worry about values in advance; I decide things as they happen.
8. When facing a life decision, I take into account different points of view before making a choice.
9. I'm not really sure what I believe.
10. I have always known what I believe and don't believe; I never really have doubts about my beliefs.
11. I am not really thinking about my future now, it is still a long way off.
12. I spend a lot of time reading or talking to others trying to develop a set of values that makes sense to me.
13. I am not sure which values I really hold.
14. I never question what I want to do with my life because I tend to follow what important people expect me to do.
15. When I have to make an important life decision, I try to wait as long as possible in order to see what will happen.
16. When facing a life decision, I try to analyze the situation in order to understand it.
17. I am not sure what I want to do in the future.
18. I think it is better to adopt a firm set of beliefs than to be open-minded.
19. I try not to think about or deal with personal problems as long as I can.
20. When making important life decisions, I like to spend time thinking about my options.
21. I have clear and definite life goals.
22. I think it's better to hold on to fixed values rather than to consider alternative value systems.
23. I try to avoid personal situations that require me to think a lot and deal with them on my own.

24. When making important life decisions, I like to have as much information as possible.
25. I am not sure what I want out of life.
26. When I make a decision about my future, I automatically follow what close friends or relatives expect from me.
27. My life plans tend to change whenever I talk to different people.
28. I handle problems in my life by actively reflecting on them.
29. I have a definite set of values that I use to make personal decisions.
30. When others say something that challenges my personal values or beliefs, I automatically disregard what they have to say.
31. Who I am changes from situation to situation.
32. I periodically think about and examine the logical consistency between my life goals.
33. I am emotionally involved and committed to specific values and ideals.
34. I prefer to deal with situations in which I can rely on social norms and standards.
35. When personal problems arise, I try to delay acting as long as possible.
36. It is important for me to obtain and evaluate information from a variety of sources before I make important life decisions.

**FACES IV** – Please rate how much you agree or disagree with the following statements using the scale provided. Please answer these questions with respect to your family of origin.

<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Strongly Disagree</b>	<b>Generally Disagree</b>	<b>Undecided</b>	<b>Generally Agree</b>	<b>Strongly Agree</b>

37. We spent too much time together.
38. Family members felt pressured to spend most free time together.
39. Family members were too dependent on each other.
40. Family members had little need for friends outside the family.
41. We felt too connected to each other.
42. We resented family members doing things outside the family.
43. Family members felt guilty if they wanted to spend time away from the family.
44. We got along better with people outside of our family than inside.
45. Family members seemed to avoid contact with each other when at home.
46. Family members knew very little about the friends of other family members.
47. Family members were on their own when there is a problem to be solved.
48. Our family seldom did things together.
49. Family members seldom depended on each other.
50. Family members mainly operated independently.
51. Family members were involved in each other's lives.
52. Family members felt very close to each other.
53. Family members were supportive of each other during difficult times.
54. Family members consulted other family members on important decisions.

- 55. Family members liked to spend some of their free time with each other.
- 56. Although family members had individual interests, they still participated in family activities.
- 57. Our family had a good balance of separateness and closeness.

**BSI 53** - Below is a list of problems people sometimes have. Read each one carefully and mark the option that best describes **HOW MUCH THAT PROBLEM HAS DISTRESSED OR BOTHERED YOU DURING THE PAST 7 DAYS INCLUDING TODAY.**

1	2	3	4	5
Not at all	A little bit	Moderately	Quite a bit	Extremely

- 58. Nervousness or shakiness inside
- 59. Faintness or dizziness
- 60. The idea that someone else can control your thoughts
- 61. Feeling others are to blame for most of your troubles
- 62. Trouble remembering things
- 63. Feeling easily annoyed or irritated
- 64. Pains in your heart or chest
- 65. Feeling afraid in open spaces or on the streets
- 66. Thoughts of ending your life
- 67. Feeling that most people cannot be trusted
- 68. Poor appetite
- 69. Suddenly scared for no reason
- 70. Temper outbursts that you could not control
- 71. Feeling lonely even when you are with people
- 72. Feeling blocked in getting things done
- 73. Feeling lonely
- 74. Feeling blue
- 75. Feeling no interest in things
- 76. Feeling fearful
- 77. Your feelings being easily hurt
- 78. Feeling that people are unfriendly or dislike you
- 79. Feeling inferior to others
- 80. Nausea or upset stomach
- 81. Feeling that you are watched or talked about by others
- 82. Trouble falling asleep
- 83. Having to check and double-check what you do
- 84. Difficulty making decisions
- 85. Feeling afraid to travel on buses, subways, or trains
- 86. Trouble getting your breath
- 87. Hot or cold spells

88. Having to avoid certain things, places, or activities because they frighten you
89. Your mind going blank
90. Numbness or tingling in parts of your body
91. The idea that you should be punished for your sins
92. Feeling hopeless about the future
93. Trouble concentrating
94. Feeling weak in parts of your body
95. Feeling tense or keyed up
96. Thoughts of death or dying
97. Having urges to beat, injure, or harm someone
98. Having urges to break or smash things
99. Feeling very self-conscious with others
100. Feeling uneasy in crowds, such as when shopping or at a movie
101. Never feeling close to another person
102. Spells of terror or panic
103. Getting into frequent arguments
104. Feeling nervous when you are left alone
105. Others not giving you proper credit for your achievements
106. Feeling so restless you couldn't sit still
107. Feelings of worthlessness
108. Feeling that people will take advantage of you if you let them
109. Feelings of guilt
110. The idea that something is wrong with your mind

**SODS** – Please read each item and decide whether or not it describes you.

- | <b>0</b>    | <b>1</b>  |
|-------------|---|
| <b>True</b> | <b>False</b>  |
| 111.        | If someone close to me finds fault with what I do, I find my self-evaluation lowered.               |
| 112.        | I find myself becoming depressed or anxious if a close friend is feeling that way.                  |
| 113.        | I find it hard to decide how I feel about something until I've discussed it with those close to me. |
| 114.        | I tend to be uncertain how good my ideas are until someone else approves of them.                   |
| 115.        | I find it difficult to feel good about myself when I don't get affirmation from other people.       |
| 116.        | A chance criticism from a friend will deeply upset me.  |
| 117.        | When my mother criticizes my decisions, I become uncertain of them.                                 |
| 118.        | I find it hard to make a separate judgment in the face of a strong opinion expressed by a friend.   |

- 119. I feel very vulnerable to the criticism of others.
- 120. I feel uncomfortable if my best friend disagrees with an action I take.
- 121. If my parents don't approve of a decision I've made, I question my competence in making the decision.

**IDS** - To what degree have you recently been upset, distressed, or worried over any of the following issues in your life? (Please select the appropriate response, using the following scale).

- |                        |               |                   |                 |                          |
|------------------------|---------------|-------------------|-----------------|--------------------------|
| <b>1</b>               | <b>2</b>      | <b>3</b>          | <b>4</b>        | <b>5</b>                 |
| <b>None At<br/>All</b> | <b>Mildly</b> | <b>Moderately</b> | <b>Severely</b> | <b>Very<br/>Severely</b> |

- 122. Long term goals? (e.g., finding a good job, being in a romantic relationship, etc.)
- 123. Career choice? (e.g., deciding on a trade or profession, etc.)
- 124. Friendships? (e.g., experiencing a loss of friends, change in friends, etc.)
- 125. Sexual orientation and behavior? (e.g., feeling confused about sexual preferences, intensity of sexual needs, etc.)
- 126. Religion? (e.g., stopped believing, changed your belief in God/religion, etc.)
- 127. Values or beliefs? (e.g., feeling confused about what is right or wrong, etc.)
- 128. Group loyalties? (e.g., belonging to a club, school group, gang, etc.)
- 129. Please rate your overall level of *discomfort* (how bad they made you feel) about all the above issues as a whole.
- 130. Please rate how much uncertainty over these issues as a whole has interfered with your life (for example, stopped you from doing things you wanted to do, or being happy)
- 131. How long (if at all) have you felt upset, distressed, or worried over these issues as a whole? (Use rating scale below)

<b>Never or less than a month</b>	<b>1 to 3 months</b>	<b>3 to 6 months</b>	<b>6 to 12 months</b>	<b>More than 12 months</b>
<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

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