Identity, psychopathology, and youth functioning:

A focus on emerging theory, research, and intervention

Chair: Koen Luyckx (University of Leuven, Belgium)

Discussant: Oana Negru-Subtirica (Babes-Bolyai University, Romania)

Friday September 14th, 8.30-10.00, Auditorium 3

Abundant research has demonstrated the important psychosocial implications of identity for daily functioning. As identity research largely emerged from clinical observations, there has indeed been a long tradition of research focusing on identity and youth functioning. Recently, there has been an upsurge of research focusing on the link between identity and psychopathology. This (renewed) interest in linking identity to psychopathological behaviors and symptoms is partially driven by the fact that identity issues are being recognized in DSM-5 (American Psychiatric Association, 2013) as a major factor in psychopathology. Conversely, linking identity to such pathological behavior can also teach us a great deal about the extent to which identity can be a resource for youth functioning, making individuals less vulnerable to symptomatology. The present symposium focuses on the link between identity and psychopathology, zooming in on the differentiated role identity may play. Theo Klimstra (Tilburg University, the Netherlands) discusses a new theoretical framework for the associations between identity and psychopathology and presents empirical illustrations of this framework. Andrik Becht (Utrecht University, the Netherlands) focuses on the within-person associations between identity commitment and exploration and internalizing symptoms using different longitudinal studies conducted in Belgium and the Netherlands. Margaux Verschueren (University of Leuven, Belgium) focuses on the longitudinal associations between identity and eating disorder symptomatology in both community and clinical samples. Kyle Eichas (Tarleton State University, US) discusses intervention research addressing a model for promoting positive identity development created through work with multi-problem troubled youth. Finally, Oana Negru-Subtirica (Babes-Bolyai University, Romania) will end the symposium with a critical discussion of the themes forwarded with a special focus on cross-cutting themes of specific relevance toward research innovation and clinical practice.

PRESENTATION 1: Towards a Better Understanding of the Associations between Identity and Psychopathology:

A Theoretical Framework and Emerging Empirical Evidence

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Research on identity formation originated in psychiatry and clinical psychology, as therapists were trying to better understand their clients. Therefore, it is not surprising that various aspects of identity tend to be strongly associated with psychopathology symptomatology (e.g., Lillevoll et al., 2013; Adler et al., 2016). However, while a typical study concludes that identity is related to psychopathology, it is uncertain how and why the two are related. In order to forward the field, we recently introduced a theoretical framework to stimulate researchers to think about and test the hows and whys of identity-psychopathology linkages (Klimstra & Denissen, 2017). We integrated literature from several traditions in which identity is examined, attempting to overcome the unfortunate situation in which segregated fields address the same phenomenon. In this presentation, we will briefly illustrate how findings from existing empirical research, notions on the directionality between identity and psychopathology as borrowed from the field of personality psychology, and a set of identity-specific principles, led us to hypothesize that identity-psychopathology linkages are best-understood along a multidimensional space metaphor. In this space, identity and psychopathology symptoms are not necessarily seen as separate entities.

We will illustrate an application of the model with data on turning-point narratives (e.g., McLean & Breen, 2009) derived from a large sample of Dutch adolescents drawn from the general community (N = 1,939; 52.7% female; M_{age} = 14.7, SD = .8). Adolescents provided written narratives, and were asked to write about the most significant turning point in their lives. We will compare the narrative content of adolescents in the top 5% on levels of Cluster-A personality pathology symptoms to narrative content of a subsample with normative levels of these symptoms. Cluster-A personality disorder symptoms were measured with a 100-item version of the PID-5 measure that was developed by the DSM-5 workgroup on personality disorders (Krueger et al., 2012). Narratives will be assessed for coherence, features of Cluster-A pathology, and direct references (e.g., mentions of a diagnosis, or of getting professional help) made to psychopathology.

We will discuss the implications of these findings and discuss other applications of the framework beyond the narrative approach. In this discussion, we will focus on how using (parts of) the proposed framework will help to bring research on identity back to where it was initiated: The clinic.

PRESENTATION 2: Identity and Depressive Symptoms Across Adolescence: A Multi-Sample Longitudinal Study Testing Within-Person Linkages

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Aim: A crucial developmental task of adolescents is the formation of a strong identity (Erikson, 1968). During this period of identity formation, a substantial amount of adolescents experience depressive symptoms as well (e.g., Hankin et al., 2015). As the process of identity formation can be quite stressful for many adolescents, it has been theorized that those adolescents who are unable to develop strong commitments and experience continuing identity uncertainty are at risk for the development of depressive symptoms. In contrast, alternative theoretical models claim that depressive symptoms may undermine the development of a strong identity as well (Klimstra & Denissen, 2017). Unfortunately, empirical evidence on the direction of effects between identity processes of exploration and commitment and depressive symptoms at the within-person level are lacking. In the present study, we tested these competing theoretical perspectives on the linkages between identity and depressive symptoms in two longitudinal studies. **Method:** These two longitudinal studies were conducted in Belgium (Study 1: N = 1020, M_{age} T1: 15.8 years) and the Netherlands (Study 2: N = 497, M_{age} T1: 14.3 years). We examined reciprocal within-person longitudinal linkages between adolescents' identity exploration and commitment and depressive symptoms, using a multi-level type cross-lagged panel model across 4 (Study 1) and 5 (Study 2) annual waves. **Results:** In Study 1 and Study 2, increasing reconsideration/ruminative exploration of identity predicted increasing depressive symptoms over time. Depressive symptoms did not predict change in identity over time (see Figure 1 for a visual representation of the results). **Conclusion:** Results supported the theoretical claim that those adolescents that continue with experiencing identity uncertainty are at risk for the development of depressive symptoms over time. These findings were replicated in two longitudinal samples. Consistent with recent theoretical and empirical work, these results emphasize the maladaptive character of ruminative exploration and reconsideration of commitments (Crocetti, Beyers, & Çok, 2016) as they were important predictors of depressive symptoms in adolescence.
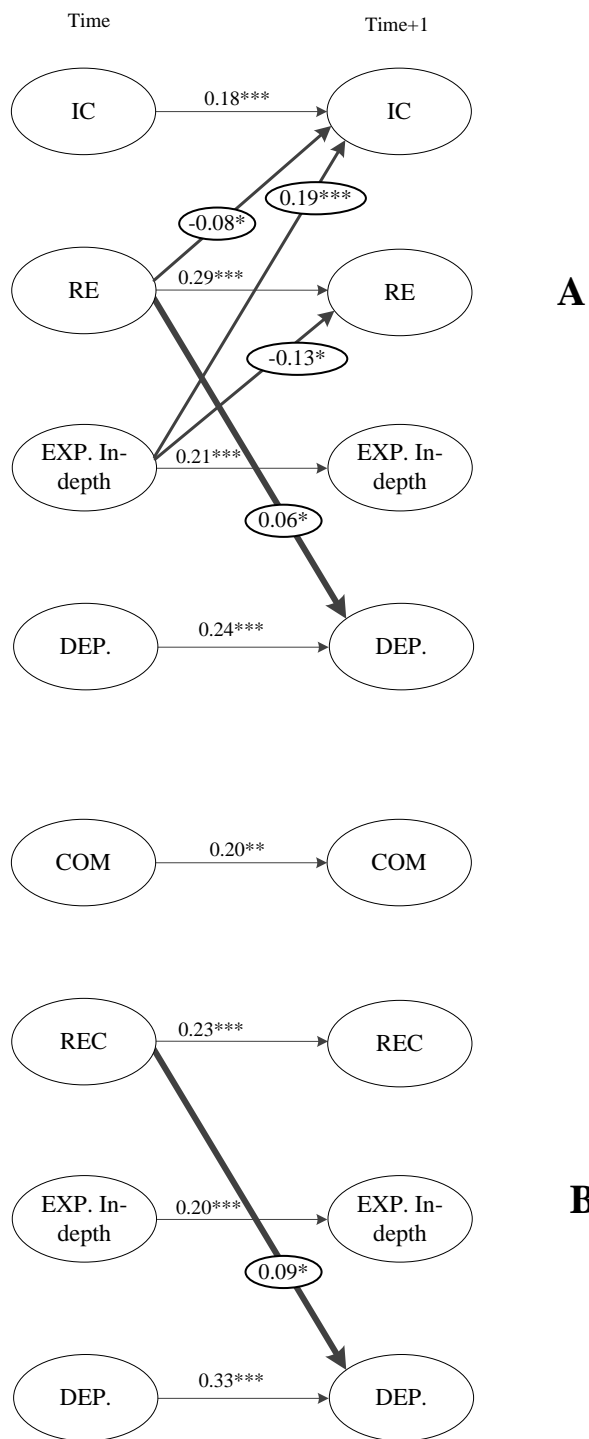
Figure 1. Within-person cross-lagged panel model with standardized associations between identity dimensions and depressive symptoms. Panel A (top) shows the results based on Study 1 and Panel B (bottom) shows the results from Study 2. IC = Identification with commitment, RE = ruminative exploration, EXP In-depth = exploration in-depth, DEP = depressive symptoms, COM = Commitment, REC = Reconsideration, EXP. In-depth = Exploration in-depth,

*p = < .05, **p = < .01, ***p = < .001.

PRESENTATION 3: Identity Functioning in Eating Disorder Symptomatology

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Identity formation represents a core developmental task during adolescence and emerging adulthood and has been proven important for general well-being and psychosocial functioning. A growing body of studies have established a clear association between identity issues and the development of disturbed eating behavior in both community and clinical samples. Functional explanations for this association have been well grounded in theoretical literature. Restrictive and binge eating have been described as ways to avoid identity distress and could act as (maladaptive) coping strategies to escape self-awareness. Furthermore, impairments in overall identity formation have even been presented as the core of an eating disorder. Our research center has found patients with an eating disorder (ED) to experience considerable difficulties constructing a personal identity and to experience more identity confusion when compared to age-matched controls. Moreover, among these patients, an *identity disorder* cluster could be identified that was related to the highest scores on depression, anxiety, borderline symptoms, and non-suicidal self-injury. A second study in our research center, focusing on a community sample of high school students, found identity problems predicting ED symptomatology over time and ED symptomatology hindering normative identity development as well, indicating a bidirectional association between both constructs.

To add to the existing literature, the present longitudinal study aimed (1) to examine the development of ED symptomatology in high school students, (2) to identify latent trajectory classes, and (3) to examine whether identity development varied across these latent trajectory classes. The study comprised three annual measurement waves, with a total of 530 high school students participating at Time 1 (50.57% female; M_{age} = 15 years, SD = 1.85; range 11-19). First, Latent Growth Curve Modeling indicated stable trajectories of drive for thinness and body dissatisfaction, while bulimia and Body Mass Index significantly increased over time. Multi-group analyses did however point to clear gender differences, with girls experiencing higher ED symptomatology than boys. Subsequently, Latent Class Growth Analyses were conducted separately for girls and boys, pointing to more diverse trajectory classes in girls (4 classes) than in boys (2 classes). Additionally, latent class membership seemed to be related to identity development.

These findings corroborate the idea that ED symptomatology is highly prevalent in adolescence. When developing ED prevention programs, it seems important to take the developmental interplay between ED symptomatology and identity into account: Bolstering one's identity may avoid the development of body dissatisfaction and bulimia symptoms in the future, and similarly, focusing on a healthy body image may prevent serious identity issues. Additionally, identifying vulnerable adolescents that experience greater ED symptomatology seems crucial, as they generally seem to experience the least adaptive psychosocial development.

PRESENTATION 4: Engaging Marginalized Youth in Positive Identity Development: The Changing Lives Program

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The Changing Lives Program (CLP; Kurtines et al., 2008) is a positive identity intervention created for adolescents placed in "last stop" alternative high schools because of behavioral or academic problems. Rather than aiming to reduce or prevent problem behaviors, the CLP used a group-based empowerment approach in which adolescents' life challenges were conceptualized as opportunities for participatory co-learning (of youth and adults) and transformative action. In the CLP, group members collaborated to share their life stories, develop long-term goals based on exploration of personal strengths and potentials (self-discovery; Waterman, 2014), and critically evaluate what changes to make in their lives and how to make them (self-construction; Kurtines et al.,1995). Group members supported each other in their efforts to translate this co-learning into action to change their lives for the better. Comparative outcome evaluation has provided support for intervention-related effects on pre to posttest change in self-discovery and self-construction, as well as indirect effects on life goal development, identity synthesis, and internalizing problems (Eichas et al., 2017). However, associations between intervention processes (the actions, experiences, and relationships that occur in an intervention) and intervention outcome have yet to be examined.

In this exploratory study of archival CLP implementation data, we used structural equation modeling to evaluate the effects of participatory transformative intervention processes, session attendance, and semesters of program development on pretest (T1) to posttest (T2) change in self-construction and mental health (Figure 1). After each CLP session, participants assessed the impact of the group (GI), facilitator (FI), skills learned (SI), and exploration (EI). Participants' average GI, FI, SI, and EI scores were modeled as indicators of average perceived CLP session impact.

The sample for this study was comprised of 236 adolescents (143 females and 93 males) aged 14-19 who attended at least four group sessions between 2003 and 2008. CLP participants met in small groups (4-9 participants) led by two group facilitators for approximately 45 minutes every week for 8 to 12 weeks in the fall or spring semester. Results (Figure 1) suggested that the average session impact reported by these participants was positively associated with change in mental health (path H) but not change in self-construction (path E); that session attendance was positively associated with change in self-construction (path D) but not mental health (path G); that self-construction at T1 was positively associated with change in mental health (path I); and that average session impact increased with each additional semester of program development (path A) but not each session attended (path B). Thus, although participatory transformative intervention processes and self-construction were associated

with gains in mental health, further work is needed to identify intervention processes that promote gains in self-construction.

These findings echo previous calls for increased theory-driven examination of intervention processes in youth development interventions (Roth & Brooks-Gunn, 2016). Future identity intervention research should aim to uncover what intervention processes (i.e., what actions, experiences, and relationships), for what youth, at what points in the intervention, result in what features of identity development and mental health.
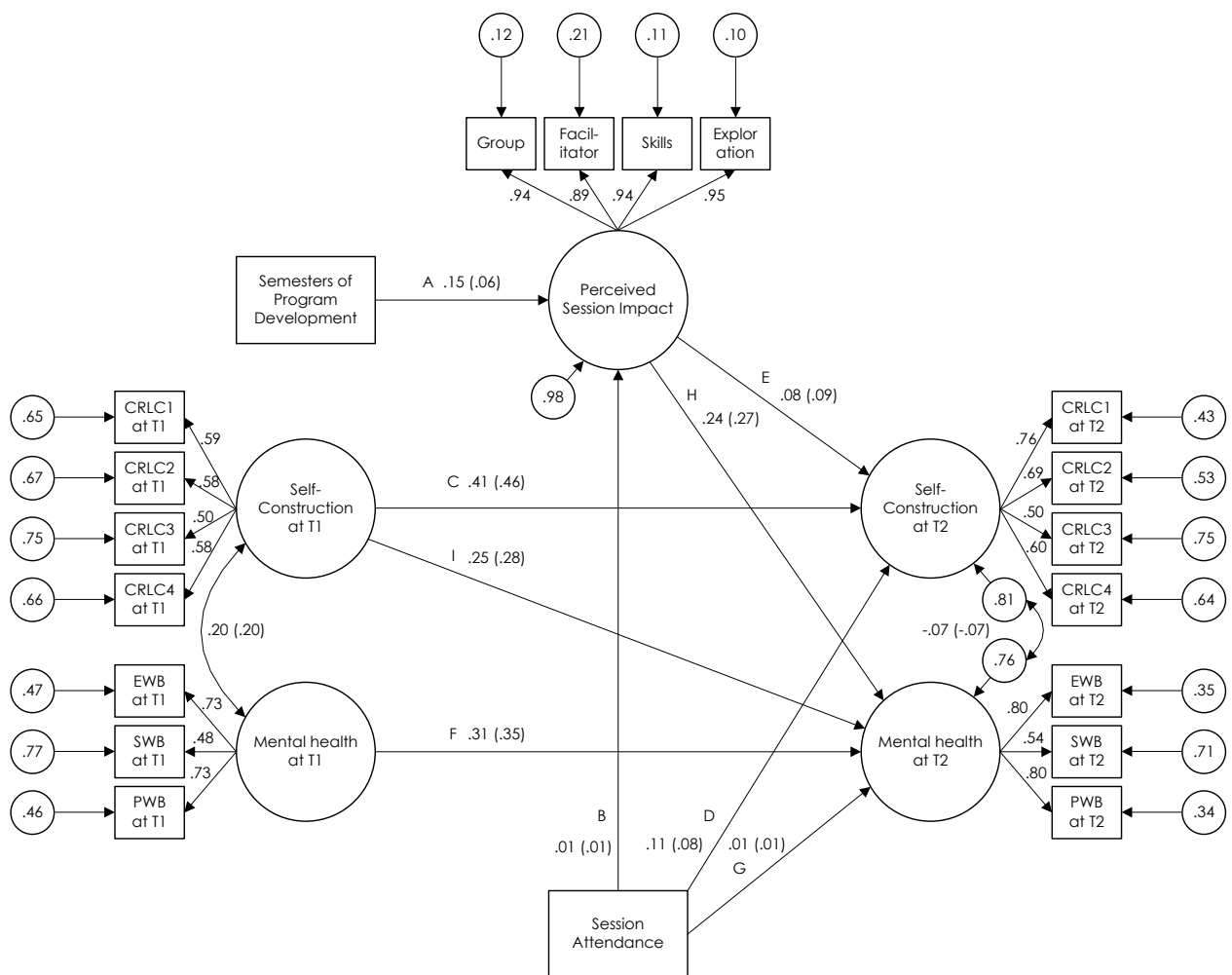

Figure 1. This is the outcome process evaluation model. Rectangles are observed variables; circles are latent variables. Small circles represent residuals. Single-headed arrows are hypothesized paths; double-headed arrows are covariances/residual covariances. Standardized estimates are presented; unstandardized estimates are in parentheses. Numbers in small circles are the percentage of variance not explained by the model. EWB = emotional wellbeing, SWB = social wellbeing, PWB = psychological wellbeing, CRCL = control/responsibility for self-selected life change goals.