



## Change in ego development, coping, and symptomatology from adolescence to emerging adulthood



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### ABSTRACT

In a 10-year longitudinal study, the developmental course of internalizing and externalizing symptoms was investigated in a group of 98 individuals who exhibited different ego development trajectories from adolescence into emerging adulthood. This study explored whether an increase or a decrease in psychopathological symptomatology was associated with different ego development progressions in conjunction with the use of certain coping behaviors. In general, the study revealed that increases in ego development and the use of adaptive coping behavior were associated with a decrease in symptomatology over time. Ego developmental trajectories with a very steep progression were linked with maladaptive coping and resulted in more internalizing and externalizing symptoms and less marked decrease in externalizing symptoms over time. Consequently, approaches to understanding and explaining psychopathology in the transition period should focus on individuals' self-perceived developmental speeds in psychosocial maturity in order to explain different outcomes in psychopathology.

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The transition from adolescence to adulthood is one of the most critical normative life transitions because it typically challenges young people to cope with sweeping contextual and social changes (Arnett, 2004). The transition involves stressors that can contribute to the manifestation of psychopathology that may exist at subthreshold levels during adolescence. However, research findings have shown that psychopathological symptoms decrease after adolescence, which suggests that some adolescents cope well and become well-functioning young adults (Schulenberg, Bryant, & O'Malley, 2004). Understanding what contributes to such healthy psychosocial growth is a particularly salient issue in examining the transition to adulthood.

In our research, Loevinger's (1976) theoretical approach served as a framework for integrating aspects of psychosocial maturity and agency, and, more importantly, individual differences during the transition process. Loevinger conceptualized the ego as the primary synthesizing and regulating agent for an individual's development. Accordingly, ego development fundamentally corresponds to individuals' mastery of their selves and social contexts (Thorne, 1993). Research has suggested that ego development progresses substantially during the transition to adulthood, but there is also high variability at each level with respect to timing and extent (Westenberg & Gjerde, 1999). In the light of the differential timing of the transition to adulthood that leads to high diversity in individual trajectories (Arnett, 2006), the purpose of our study was to explore whether developmental progression as operationalized according to individual ego developmental trajectories,

influences the course of psychopathology from adolescence to emerging adulthood.

It is also important to examine how young people cope with stress, as the strategies used can potentially impact current and future psychopathology (Sameroff, 2000). In our study we explored whether an adaptive or maladaptive coping style contributes to the developmental course of psychopathology above and beyond individual variations in ego development. We also examined gender differences in this process, thereby acknowledging gender-specific patterns in symptomatology, coping behavior, and ego development.

### Increase or decrease in psychopathology during the transition period?

The abundance of major life changes and uncertainty occurring during emerging adulthood have been suggested to be responsible for the poor mental health observed among emerging adults in many countries, for example, in Australia (Lee & Gramotnev, 2007), the US (Arnett, 2005; Monahan, Steinberg, Cauffman, & Mulvey, 2009; Schulenberg, Sameroff, & Cicchetti, 2004), and in Europe (Aebi, Giger, Plattner, Winkler Metzge, & Steinhausen, in press; Hofstra, van der Ende, & Verhulst, 2001). The onset of depression and other internalizing symptoms, which peaks during late adolescence and emerging adulthood (Kim, Capaldi, & Stoolmiller, 2003; Smith & Betz, 2002), has been frequently linked to the transitions involved in beginning college studies (Azmitia, Syed, & Radmacher, 2013; Dyson & Renk, 2006), leaving home (Scharf, Maysel, & Kivenson-Baron, 2004; Seiffge-Krenke, 2006), and establishing more committed romantic relationships

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(Seiffge-Krenke, 2013; Tuval-Mashiach & Shulman, 2006). Similarly, externalizing behaviors such as substance use (Raskin White et al., 2006), conduct disorders (Sameroff, Peck, & Eccles, 2004), and delinquency (Arnett, 2005) increase during this time.

Some studies covering time spans from several to over ten years have reported continuity in psychopathology, both for internalizing and externalizing symptoms (e.g., Hofstra et al., 2001). Adolescents with high levels of externalizing scores often showed high levels of problems in adulthood. Similarly, adolescents with high levels in internalizing symptoms such as depression and anxiety were more likely to meet the DSM-IV criteria for these same disorders in adulthood. In their 12-year longitudinal study, Monahan et al. (2009) analyzed trajectories of antisocial behavior from adolescence to emerging adulthood and found a subgroup of individuals that persisted in showing antisocial behavior throughout this time span. Similar to Aebi et al. (in press), they found that deficits in impulse control and high rates of dysfunctional coping, such as avoidance and withdrawal, contributed to problematic outcomes in emerging adulthood.

Emerging adulthood has been described as a period during which the incidence of risk behaviors and mental health problems is relatively high (Kessler et al., 2010), but also as a window of opportunity for positive change in life course trajectories of mental health (O'Connor et al., 2011). Most young people mature out of their substance use when they begin to enter adulthood (Schulenberg, Bryant, et al., 2004). Similarly, although the majority of youth engage in some form of delinquent behavior, most do not continue, largely due to supportive social relationships during the transition period (Belsky, Jaffee, Caspi, Moffitt, & Silva, 2003). Other research findings have highlighted how most young people demonstrate positive development, experience heightened well-being (Schulenberg & Zarrett, 2006), and report low depression and anxiety (Schulenberg, Bryant, et al., 2004), with high psychosocial maturity and adaptive coping strategies being predictors of positive outcomes. Altogether, however, research on the developmental course during the transition period is inconclusive. Our longitudinal study set out to explore some of the variables which might explain continuity or discontinuity in psychopathology from adolescence to emerging adulthood.

### Ego development trajectories

Loevinger (1976) conceptualized the ego as a unifying frame of reference that underlines all thoughts and actions and ego development as the process of gaining psychological maturity. Viewed as a “master trait,” ego development encompasses changes in impulse control and character, interpersonal relations, conscious concerns, and cognitive style. Her model includes nine qualitatively distinct milestones of development, each representing increasingly mature organizations of the self and social contexts: Presocial, Impulsive, Self-Protective, Conformist, Self-Aware, Conscientious, Individualistic, Autonomous, and Integrated. The levels are also quantitative in that each successive level is considered to be more sophisticated and adaptive than the previous one. Thus, the levels describe an increasingly complex view of the interaction between self and society (Hy & Loevinger, 1996).

Research on ego development has supported the developmental nature of the construct. Most studies indicate that ego stage consistently advances during childhood and adolescence and tends to stabilize in young adulthood at the Self-Aware level (Cohn, 1998). Cohn's (1998) meta-analyses comparing longitudinal studies in adolescence with longitudinal studies in emerging adulthood provided evidence of more substantial development during adolescence than during emerging adulthood. However, few studies to date have investigated how ego development changes across the transition from adolescence to emerging adulthood by following both developmentally distinct phases in the same sample. To our knowledge, only one study (Westenberg & Gjerde, 1999) covered nearly the same lifespan period (14–23 years) as in our current study (14–24 years), but refers to a quite old data set which

might not capture recent challenges typical for emerging adults nowadays (Seiffge-Krenke & Haid, 2012). In this earlier study, and consistent with prior work (e.g., Gfellner, 1986), Westenberg and Gjerde found that level 5 (Self-Aware) served as an important developmental marker after which progress tended to decelerate. In addition, they found that variability in ego development levels was greater at age 23 compared to age 14, suggesting heterogeneity in ego development across the transition to adulthood.

Already in studies conducted by Stuart Hauser's research group on a sample followed for two years, adolescents showed different progression in ego development (Hauser, Borman, Jacobson, Powers, & Noam, 1991). The *stable moderate* trajectory was the most common among healthy adolescents, whereas *profound arrest* was found only in clinical samples. Later empirical research on how ego development changes over time (Billings, Hauser, & Allen, 2008; Hennighausen, Hauser, Billings, Schultz, & Allen, 2004) revealed five types of ego development trajectories, three of which represent stability (*stable high, moderate, and low*) and two that represent change (*increase and fluctuating*). However, these studies were based on adolescent samples. Thus, it remained unclear how variability in individual trajectories of ego development unfolds during the transition from adolescence to emerging adulthood.

The current study built on earlier work on the same sample in which we investigated the variability in individual trajectories of ego development from ages 14 to 24 years (Syed & Seiffge-Krenke, 2013). In this study, we identified via latent class growth analyses four distinct trajectories of growth in ego development over the 10-year period. The *normative stable* trajectory was marked by moderate initial growth during adolescence followed by deceleration into adulthood. The *moderate progression* trajectory showed steady increases in ego development across the 10 years, and the *rapid progression* trajectory showed high initial increases during adolescence followed by a decelerated but still increasing growth. A fourth group, the *stable low trajectory*, included individuals whose ego development showed hardly any progression over the 10 years. Similar to the studies by Billings et al. (2008) and Hennighausen et al. (2004) we found both stable trajectories and those that represent change. Further, and in accordance with Novy (1993), our earlier findings seem to suggest that advances are greater during adolescence and that progression slows down in the following years. However, it is yet unclear how these trajectories, representing different developmental progression during the transition period, are linked with the developmental course of psychopathology during this same time span.

### Coping behavior during the transition

Emerging adulthood has been frequently described as a time of stress (Arnett, 2004). In the course of life exploration, emerging adults frequently change directions. This instability is reflected in romantic break-ups and changes in residence, education, and jobs. By coping adaptively with the new challenges, emerging adults are able to more easily adapt to the various stressors, which may, in the long run, contribute to a decrease in psychopathology.

Coping has been defined as an active, purposeful process of responding to stimuli appraised as taxing or exceeding the resources of the individual (Lazarus & Folkman, 1984), and includes behavioral, emotional, and cognitive attempts to manage the demands imposed by such stressors (Lazarus, 1998). Problem-focused or approach-oriented coping involves attempts to directly address the stressor, for example, by seeking support from others (Lazarus, 1998; Seiffge-Krenke, 1995). Cognitive-focused coping involves conscious reflection about the problem and how to resolve it (Garnefski, Legerstee, Kraaij, van der Kommer, & Teerds, 2002; Seiffge-Krenke, 1995). Emotion-focused coping is characterized by attempts to regulate emotions or decrease emotional distress (e.g., by avoidance, minimization, distancing, or withdrawal; Lazarus, 1993; Seiffge-Krenke & Klessinger, 2000).

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