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The Dutch Self-Concept and Identity Measure (SCIM): Factor structure and associations with identity dimensions and psychopathology

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ABSTRACT

Identity formation is a lifelong developmental process. Neo-Eriksonian researchers have primarily focused on normative identity exploration and commitment, while overlooking clinical identity disturbance and disorder. As a result, developmental and clinical conceptualizations of identity are largely disconnected. The Self-Concept and Identity Measure (SCIM; Kaufman, Cundiff, & Crowell, 2015) is a self-report questionnaire assessing identity consolidation, identity disturbance, and lack of identity. This instrument facilitates identifying both developmentally-appropriate and clinical-pathological identity functioning. Using three samples of Flemish individuals (totaling 1087 participants; between 18 and 67 years; 66.33% female), this study examined the factor structure and reliability of a Dutch version of the SCIM. Furthermore, associations with (1) identity dimensions of exploration and commitment, and (2) symptoms of anxiety, depression, and Borderline Personality Disorder (BPD) were investigated by means of self-report questionnaires. We replicated the three-factor structure of the SCIM in each sample. All scales showed adequate internal consistency coefficients. In line with expectations, differential associations of SCIM scales were obtained with identity dimensions and psychopathological outcomes. The present findings underscore the importance of focusing on Eriksonian notions of identity synthesis and confusion, as well as on more severe forms of identity problems, as captured by SCIM's lack of identity scale.

1. Introduction

Forming a stable and coherent identity represents a primary developmental task in adolescence and emerging adulthood, and remains important throughout the lifespan as well (Arnett, 2000; Erikson, 1968). Erikson (1968) conceptualized identity formation on a continuum ranging from identity synthesis to identity confusion, both being possible outcomes of the normative identity crisis. *Identity synthesis* indicates the extent to which different aspects of one's identity fit together into an integrated whole (Schwartz, Zamboanga, Wang, & Olthuis, 2009). Individuals high on identity synthesis experience a sense of self-continuity over time, and have developed stable values, beliefs, and attitudes (Erikson, 1968; Kaufman, Montgomery, & Crowell, 2014). *Identity confusion* captures difficulties with making and maintaining life commitments and is often characterized by a sense of missing purpose and direction in life (Schwartz, Zamboanga, Wang et al., 2009).

Marcia (1966, 1980) describes individual differences in identity formation along two behavioral identity dimensions: *exploration*, or actively comparing various identity alternatives, and *commitment*, whereby individuals make firm choices and adhere to a set of convictions, goals, and values (Marcia, 1988; Schwartz, Zamboanga, Wang et al., 2009). Based on these two dimensions, Marcia (1966, 1980) derived four identity statuses: achievement (high on commitment after a period of exploration), moratorium (high on exploration, but low on commitment), foreclosure (high on commitment without prior exploration), and diffusion (low on exploration and commitment).

For decades, neo-Eriksonian identity researchers have investigated how exploration, commitment, and the resulting statuses relate to psychosocial functioning (Kaufman et al., 2014; Schwartz, 2001). Research has indicated that the achievement status is related to well-being and adjustment (Côté & Schwartz, 2002; Waterman, 2007). The diffusion status represents the most detrimental profile (Côté & Schwartz, 2002) and is related to maladaptive outcomes such as psychopathology, adjustment problems, and parent-child conflict (Kroger & Marcia, 2011). Identity diffusion is associated with a range of psychiatric

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diagnoses such as bipolar disorder (Inder et al., 2008), eating disorders (Stein & Corte, 2007; Winston, 2005), and depression (Sollberger et al., 2012). Individuals in moratorium and foreclosed statuses typically score in between achievement and diffusion in terms of adjustment (Côté & Schwartz, 2002).

Although we now know a great deal about these identity dimensions and statuses, developmental researchers have devoted little attention to the conceptualization and empirical study of clinical identity disturbance and disorder (Kaufman et al., 2015; Westen, Betan, & Defife, 2011). This oversight is surprising given that identity disturbance is explicitly referenced in the criteria for BPD in Section II of the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association [APA], 2013) and represents, as further described below, a possible indicator of a key criterion of all personality disorders in Section III of DSM-5. Moreover, the limited work on clinical identity disturbance has resulted in a disconnect between developmental and clinical conceptualizations of identity. In an attempt to integrate developmental and clinical identity conceptualizations, clinically-oriented researchers have recently proposed a dimensional perspective on identity, in which identity is conceptualized as a continuum from identity synthesis to identity disturbance and disorder (Kaufman et al., 2014). This perspective is much in line with Erikson's (1968) theory.

In line with dimensional approaches to conceptualizing psychopathology, DSM-5 Section III has included an alternative model for personality pathology that also endorses a continuous perspective on identity (APA, 2013). The alternative model is a hybrid dimensional-categorical approach to personality disorders. It describes personality pathology in terms of impairment in personality functioning (Criterion A), and having one or more pathological personality traits (Criterion B). Moderate or greater impairment in personality functioning is manifested by characteristic difficulties in two or more of the following four domains: identity, self-direction, empathy, and intimacy. Such impairment is rated on a dimension ranging from 0 (*no impairment*) to 4 (*extreme impairment*) on the Level of Personality Functioning Scale (LPFS; APA, 2013). In this model, identity impairment is a potential indicator of personality pathology (APA, 2013). In the current study, we assess identity impairment using the Self-Concept and Identity Measure (SCIM, Kaufman et al., 2015). However, we are fully aware that DSM-5's use of the term 'identity disturbance' includes much more than is covered in most identity measures, such as the SCIM. 'Identity disturbance' referenced in DSM-5 Section III includes constructs like egocentrism, self-esteem, dissociation, and confused boundary issues.

1.1. Development of the Self-Concept and Identity Measure (SCIM)

Valid and reliable measures of identity are needed to inform our understanding of the full spectrum of adaptive and maladaptive identity functioning. However, many neo-Eriksonian identity measures do not adequately capture clinical identity disturbance or disorder (Kaufman et al., 2015). Several promising clinical identity measures exist (Berman, Montgomery, & Kurtines, 2004; Samuel & Akhtar, 2009), but they focus on other aspects of clinical identity than the SCIM. For example, The Identity Consolidation Inventory (ICI; Samuel & Akhtar, 2009) assesses the level of identity consolidation in a given individual, whereas the Identity Distress Survey (IDS; Berman et al., 2004) does not directly measure the level of identity development, but rather assesses the degree to which a person is feeling distressed over their perceived inability to resolve identity issues. Recently, Kaufman et al. (2015) developed the SCIM, a self-report questionnaire designed to measure both healthy and disturbed identity functioning in community and clinical populations.

The SCIM has three subscales: identity consolidation, identity disturbance, and lack of identity, as corroborated through exploratory and confirmatory factor analyses on two independent US samples (Kaufman et al., 2015). *The Consolidated Identity subscale* is primarily inspired by Erikson (1968), who considered identity synthesis or a consolidated identity as the desired outcome of the identity formation process. Items on this scale capture the degree of self-continuity, feeling integrated and whole, being connected to the past, and being certain about who one is (Kaufman et al., 2015). *The Disturbed Identity subscale* captures a variety of identity-related problems. Some items are based on Erikson's (1956, 1968) notion of a normative identity crisis, whereas other items assess more permanent feelings of identity incoherence (Erikson, 1956; Kernberg, 2006; Wilkinson-Ryan & Westen, 2000). Still other items refer to self-concept differentiation, or the degree to which an individuals' behavior varies across social roles (Donahue, Robins, Roberts, & John, 1993), and to false-self, a process in which individuals take on atypical social roles, that may cause doubt about their authenticity (Harter, Bresnick, Bouchey, & Whitesell, 1997). Overall, this scale is comprised of items assessing identity confusion and feelings of uncertainty and discontinuity (Kaufman et al., 2015). Finally, a third data-driven dimension emerged from items that were based on DSM-5's description and clinical descriptions of identity disturbance in BPD patients (APA, 2013, p. 664). This third dimension, *the Lack of Identity subscale*, captures extreme identity impairment, like feelings of fragmentation, non-existence, and inner emptiness (APA, 2013; Erikson, 1956; Kernberg, 2006).

1.2. Associations with identity dimensions

Given the importance of connecting more traditional developmental literature with clinical identity measures, the present study investigates associations of SCIM scales with identity dimensions of exploration and commitment. Luyckx et al. (2008) have expanded and refined Marcia's (1966) work by unpacking identity exploration and commitment. Their process-oriented identity model consists of two commitment and three exploration dimensions. *Exploration in breadth* refers to the search for and weighing up of various identity alternatives and takes place before an identity commitment is made (*commitment making*; Luyckx et al., 2008). Once a commitment is made, *exploration in depth* may occur, capturing the process through which existing commitments are evaluated. Individuals assess the degree to which the commitment matches their internal standards and aspirations (Kerpelman, Pittman, & Lamke, 1997; Meeus, Iedema, & Maassen, 2002), which lead them to feel more or less confident about the commitment (*identification with commitment*). If one is unsatisfied with one's commitment, the process may cycle back to a renewed exploration in breadth (Luyckx, Goossens, & Soenens, 2006; Stephen, Fraser, & Marcia, 1992). As such, identity formation is regarded as a long-term dynamic process of forming and revising one's identity (Bosma & Kunnen, 2001; Luyckx, Goossens et al., 2006). However, research has shown exploration is often associated with symptoms of depression and anxiety, and, hence, is not always adaptive (Luyckx, Soenens, Goossens, 2006; Schwartz, Zamboanga, Weisskirch, & Rodriguez, 2009). Consequently, Luyckx et al. (2008) have added a maladaptive exploration dimension to their model, labeled *ruminative exploration*, that captures the degree to which a person gets stuck in a vicious cycle of hesitation and doubt, dwelling over various identity alternatives (Luyckx et al., 2008).

1.3. Associations with psychopathology

Erikson (1968) has emphasized the central role of identity formation in contributing to personal well-being. As previously discussed, the way individuals explore their identity and arrive at commitments has important implications for their psychosocial functioning (Berzonsky & Adams, 1999). A well-developed and synthesized identity is associated with positive social relationships (Zimmer-Gembeck & Petherick, 2006) and few internalizing and externalizing problems (Schwartz, 2007). In contrast, individuals who end up confused and intimidated by the large number of identity alternatives, are likely to experience more internalizing and externalizing problems (Schwartz, Mason, Pantin, &