The separation-individuation process is an important developmental process of the individual self, and disturbances in this process may lead to the manifestation of borderline personality symptoms. Previous studies have shown that the psychological developmental stages of the Chinese children and adolescents in Taiwan occur at an older age compared to those in American society. This paper describes a study that investigated the separation-individuation process of 522 high school students in Taiwan using the Separation-Individuation Process Inventory (S-IPI). Results indicate that there is a significant correlation between the scores on the S-IPI and the borderline personality symptoms self report. There was no significant difference on the S-IPI score between the male and female students. The cultural differences in the separation-individuation process between the Chinese and American populations, as well as the validity of the S-IPI for the Chinese population, are discussed. The implications of the issue on separation-individuation in counseling are presented. (Contains four tables and 20 references.)
Separation-Individuation Process of Taiwan High-School Students and Its Implications in Counseling

By

Yung-Jong Shiah, Wai-Cheong Carl Tam, And Shih-Kuang Chiang
Separation-Individuation Process of Taiwan High-School Students and Its Implications in Counseling

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ABSTRACT

The separation-individuation process is an important developmental process of the individual self, and disturbances in this process may often lead to the manifestation of borderline personality symptoms. Previous studies indicate that the psychological developmental stages of the Chinese children and adolescents in Taiwan occur at an older age compared to that of the American Society. This study investigates the separation-individuation process in 522 high-school students in Taiwan by using a self-report questionnaire, which includes the 39-item Separation-Individuation Process Inventory (S-IPI) and a 9-item self report assessing borderline personality symptoms. Results indicate that there is a significant correlation between the scores on the S-IPI and the borderline personality symptoms self report. In addition, there is no significant difference on the S-IPI scores between the male and female students. The cultural differences in the separation-individuation process between the Chinese and the American populations, as well as the validity of the S-IPI for the Chinese population, are discussed. The implications of the issue on separation-individuation in counseling are also discussed.

Since Mahler, Pine & Bergman (1975) systematically proposed a theory of Separation-individuation (S-I) regarding human psychological development, many studies have been conducted to investigate this issue. According to Mahler et al. (1975), an individual experiences normal autistic phase and normal symbiotic phase before entering into S-I process. This process, which consists of 4 stages, begins at about 4 or 5 months after birth and lasts until at age 3. The 4 stages are the differentiation subphase, the practicing subphase, rapprochement, and the phase of libidinal object constancy.

Research indicates that the psychopathology of borderline personality disorder might involve the S-I process. Christenson & Wilson (1985) developed a S-I Process Inventory and administrated it to a group of 20 borderline personality disorder subjects and a group of 180 normal controls. Test results showed significant group difference with the borderline personality disorder group had the higher scores. The research results of Dolan, Evans & Norton (1992) were compatible with that of Christenson et al. (1985). On the other hand, Levine, Green, & Millon (1986) developed the S-I Test of Adolescence and obtained satisfactory results on its validity. Coonerty (1986) administrated the Rorschach Inkblot Test to groups of borderline and schizophrenic patients respectively. The former showed more S-I themes than the latter. The results of other studies also supported the theory of...
the S-I process (e.g., Holmbeck & McClanahan, 1994; Kroger & Green, 1994; McClanahan & Holmbeck, 1992; Levine, 1994; Levine & Saintonge, 1993).

Regarding the gender difference in the S-I process, research results are inconsistent. For example, McChrystal et al. (1994) showed that females had significant fewer hindrances in the S-I process than that of males. However, Allen & Stoltenberg (1995) obtained no significant gender difference between the scores of their sample.

Culture might be a mediating factor on the S-I process. That is, people of different cultures might have different S-I processes. Both Li (1992) and Slote (1992) argued that the Eastern countries, such as China, Japan, Korea, and Vietnam, have a kind of integrated culture under the Confucian influence and thus the family is the basis of the individual ego structure and self image. This is quite different from the Western countries, which emphasize individualism. Tang (1992) proposed that the S-I process reflects a cultural difference as does the dominance of reaction formation as a defense found among Chinese. As a result, comparing to Western people, Chinese people might have a slower and more unstable S-I process, in addition to having more individuation anxiety.

Daniels (1990), Holmbeck & Wandrei (1993) and Schultheiss & Blostein (1994) proposed that unsuccessful S-I process might lead to adolescents' disruptive behavior, dissatisfaction toward family and society, despair, or suicide. Applegate (1988) used the theory of S-I process in investigating the process of marital psychotherapy. Schneider (1992) suggested that counselors provide emotional support to unsuccessful S-I patients. It is clear that the S-I process has important implications in counseling.

This study investigates the S-I process of Taiwan high-school students. It is hypothesized that (1) there is a correlation between the S-I process and borderline personality symptoms, (2) there is no gender difference in the S-I process, and (3) the S-I process of the Chinese in Taiwan is different from that of the U.S.

**Method**

**Subject**

522 (age 15 to 19, M=16.7, SD=0.028) high school students were recruited from Changhua Boys' and Changhua Girls' High Schools in Taiwan in which 283 were males (age 15 to 19, M=16.61; SD=0.037) and 239 were females (age 15 to 19, M=16.72; SD=0.042).

**Material and Procedure**

This study utilized a self-report questionnaire, which includes the 39-item S-I Process Inventory (S-IPI) developed by Christenson et al. (1984) and a 9-item self-report assessing borderline personality symptoms. The S-IPI was a Chinese translation version of the original English version with the permission of its original authors. The Chinese version of the S-IPI have been pretested to make sure that the translation items are clear. The questionnaire also contains 2 items assessing the subjects' honesty of the responses. Subject responded on a 10-point
scale for the S-IPI and a Yes-No format for the other items. In order to enhance the cooperation of the subjects, they were first told that they had to complete a questionnaire on interpersonal relations. On completion, they were debriefed on the purpose of this study.

Results

The means and standard deviations of the scores of the subjects on the S-IPI and the borderline personality symptoms receptively are shown in Table 1.

Table 1

<table>
<thead>
<tr>
<th>Scale</th>
<th>Overall Sample (n=522)</th>
<th>Male Subjects (n=283)</th>
<th>Female Subjects (n=239)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
</tr>
<tr>
<td>S-IPI</td>
<td>176.36</td>
<td>37.48</td>
<td>177.10</td>
</tr>
<tr>
<td>Borderline personality symptoms</td>
<td>2.86</td>
<td>1.65</td>
<td>2.88</td>
</tr>
</tbody>
</table>

The correlations between the scores on the S-IPI and the borderline personality symptoms were shown in Table 2. The correlations for the overall sample, male and female subjects within the sample were significant respectively.

Table 2

<table>
<thead>
<tr>
<th>Correlation</th>
<th>Overall (n=522)</th>
<th>Male Subjects (n=283)</th>
<th>Female Subjects (n=239)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Correlation</td>
<td>.496**</td>
<td>.456**</td>
<td>.538**</td>
</tr>
</tbody>
</table>

**p < .01
The means and standard deviations of the scores of the S-IPI and borderline personality symptoms of the subjects who endorsed 5 or more borderline personality symptoms (called the borderline symptoms group, in which the subjects might have the diagnosis of borderline personality disorder) were shown in Table 3.

Table 3

Means and Standard Deviations of the Scores on the S-IPI and borderline personality symptoms of the borderline symptoms group

<table>
<thead>
<tr>
<th>Scale</th>
<th>Overall subjects (n=81)</th>
<th>Male subjects (n=46)</th>
<th>Female subjects (n=35)</th>
</tr>
</thead>
<tbody>
<tr>
<td>S-IPI</td>
<td>208.8 33.6</td>
<td>208.5 33.81</td>
<td>209.2 33.81</td>
</tr>
<tr>
<td>Borderline personality</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Symptoms</td>
<td>5.65 .91</td>
<td>5.52 .69</td>
<td>5.83 j.12</td>
</tr>
</tbody>
</table>

The correlations between the scores on the S-IPI and the borderline personality symptoms of the borderline symptoms group were shown in Table 4. The correlations for the whole group, male and female subjects within that group were significant respectively.

Table 4

Correlations between of the scores on the S-IPI and the borderline personality symptom of the borderline symptoms group

<table>
<thead>
<tr>
<th>Correlation</th>
<th>Overall sample (n=81)</th>
<th>Male subjects (n=46)</th>
<th>Female subjects (n=35)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>.341*</td>
<td>.388**</td>
<td>.327*</td>
</tr>
</tbody>
</table>

*p < .05

Results also showed that there is no significant difference for the S-IPI scores between male and female subjects, both for the overall sample (t = -0.48, p < 0.05) and the borderline symptoms group (t = -0.21, p < 0.05).

Discussion

Results of the overall sample indicate that there is a significant correlation between the scores on the S-IPI and the borderline personality symptoms. This is compatible with the results of the studies of the previous research (e.g., Christenson et al., 1985; Dolan et al., 1992). This supports both the theory of S-I process and the validity of the Chinese version of the S-IPI. Nevertheless, more research on the validity of the Chinese version of the S-IPI still is needed.
Results of this study also showed that there is no significant difference on the S-IPI scores between the male and female subjects both for the overall sample and the borderline symptoms groups. This is compatible with the results of some of the previous studies (e.g., Allen & Stoltenberg, 1995). However, since the gender difference of the S-I process is a rather complicated issue, further study is needed to clarify the present situation.

If the scores of the S-IPI of the this study are compared with that of the Christenson & Wilson’s (1985), it is found that the Taiwan sample obtained somewhat higher scores ($M=176.4$, $SD=37.48$) than that of the U.S. ($M=120.6$, $SD=40$). Culture difference between the Chinese and the Americans might be one possible explanation of the differences of the S-I process of the people of these two nations. Direct observation of the S-I process in different cultures might be one of the future research directions.

Although the subjects were recruited from 2 Taiwan high schools, there exists no evidence of any specifics of this sample. Therefore the results of this study might generalize to represent the whole Taiwan high school student population. Further study might include students from other high schools in Taiwan to investigate the validity of this generalization.

If different cultures have different S-I processes, then the issue of utilization of the theory of S-I in counseling must be handled with special care. That is, the counseling techniques which are useful or issues needed to be dealt with in one culture might not be applicable in another culture. For example, as the Taiwan high school students have higher scores on the S-IPI than that of the U.S., one cannot infer directly that the former has more S-I problems than the latter without consideration of the S-I difference in different cultures. Thus the application of counseling techniques developed in one particular culture to another culture must be dealt with extreme caution and thoughts.
Results of this study also showed that there is no significant difference on the S-IPI scores between the male and female subjects both for the overall sample and the borderline symptoms groups. This is compatible with the results of some of the previous studies (e.g., Allen & Stoltenberg, 1995). However, since the gender difference of the S-I process is a rather complicated issue, further study is needed to clarify the present situation.

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REFERENCES


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