The Effects of Mental Disorders on the Identity Configurations of Young Adults with regards to the Social and Personal Aspects of Identity

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PSB3E-BT15: Bachelor Thesis

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March 8, 2023

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Abstract

This study aimed to explore the impact of mental disorders on the identity configurations of young adults. Identity content was explored by analyzing the transcripts of eight young adults with and eight young adults without a mental disorder. The participants were matched based on age and gender. Individuals with mental disorders experience discrimination, and social isolation (Wahl, 2004; Perlick et al., 2014). Moreover, they tend to engage more in self-reflection (Raes, 2010; Baumeister & Leary,1995). Therefore, we expected the *Social* domains – *Family, Friends,* and *Dating* – to be less present, and the *Personal* domain to be more present in the identity configurations of young adults with mental disorders. We found no significant difference regarding the *Social* domain of identity. An explanation for this finding can be that individuals with mental disorders place more value on social relationships. We did find a significant difference between both groups for the *Personal* domain. For future research, we recommend measuring identity content over a longer period to get a more complete picture, and matching participants on more aspects than solely age and gender, such as cultural background and sexuality.

Keywords: *Identity construction, Identity content, (Mental) illness identity, Identity configurations*

Introduction

Identity is an interesting concept that can be defined as a set of characteristics, beliefs, values, and behaviors that distinguish an individual from others. To understand identity, two concepts are crucial: identity content and identity process (McLean et al., 2016). Identity content refers to the 'what' of identity - the aspects of their life people consider when they think about who they are. These aspects can include gender, family background, religion, or education. Identity process refers to the 'how' of identity. Processes are the activities people take part in to consider the relevant contents of their identities. This is an ongoing process and can be influenced by for example interactions with others or certain experiences (McLean et al., 2016). Identity is thus influenced by many factors and can also be affected by (mental) illness. How and the extent to which people's identities are affected by (mental) illnesses is called illness identity (van Bulck, 2019). In this thesis, we will further explore illness identity in relation to mental disorders.

Identity content

This thesis starts with exploring the concept of identity content. The exploration of identity content has often been overlooked as most studies have solely focused on exploring the identity processes or on researcher-chosen domains (McLean et al., 2016; Johnson et al., 2022). To get a deeper understanding of the content of identity, Johnson et al. (2022) asked 415 adolescents to answer the question 'Who am I'. The study showed that participants tended to include the same aspects in their identity content, identity content can thus be categorized. Marcia (1966) supports this statement with his theory of identity statuses. According to this theory, individuals move through four identity statuses as they develop a sense of self – foreclosure, moratorium, diffusion, and achieved. These identity statuses generally tend to include eight traditional domains: ideological contents - referring to politics, occupation, values, and religion -, and interpersonal contents - referring to romance, family,

friendship, and gender roles (Marcia, 1966). Even though people tend to include the same aspects, identity content varies widely across individuals and can change over time. Understanding the content of an individual's identity can provide insight into their attitudes and behaviors, and can be useful in a variety of settings, including clinical and therapeutic contexts (Gmelin et al., 2022).

Identity development and the construction of identity configurations

All these aspects of identity content can be integrated into one single identity. These aspects, however, can sometimes be conflicting which makes it difficult for individuals to construct their identities. Moreover, identity construction not only involves individual but also social processes. An individual's sense of self is shaped by social norms, cultural values, and other people (Schachter, 2004; Arnett, 2015). Identity construction is a continuous process that evolves throughout the lifespan (McLean, 2016). Erikson (1968) argues that identity construction is a key developmental task during adolescence and early adulthood. Successfully resolving the identity crisis involves integrating various aspects of oneself into a coherent whole as this can provide continuity and purpose. This transformation in a unified structure is explained by Erikson (1968) by identity configurations. The final identity of an individual consists of relations among all aspects an individual perceives as important. An identity configuration combines and integrates all these relations and aspects into a coherent whole (Erikson, 1968).

Integrating all aspects of identity content into a configuration profile can thus be difficult. Everything an individual goes through shapes their identity. For example, people with chronic illnesses have to deal with integrating their illness into their identity and must navigate a complex interplay of physical, emotional, and social experiences (Frank, 1995). How an individual perceives and experiences their illness, and how and to what extent it affects their sense of self is called illness identity (van Bulck, 2019). According to van Bulck's

framework of illness identity, there are four constructs that define the extent to which an individual is affected by the illness. These constructs involve engulfment, rejection, acceptance, and enrichment.

Mental disorders and the social aspect

Similar to chronic illnesses, mental disorders also have an impact on someone's identity. Individuals with mental disorders often have to deal with social stigma, discrimination, and social isolation. Apart from the social stigma, mental disorders can significantly disrupt social processes which can lead to social isolation among these individuals. This social isolation can result in decreased participation in social activities, and reduced contact with others (Wahl, 2004). Individuals with mental disorders often report lower levels of perceived social support and are less likely to prioritize social domains (c; Corrigan and Watson, 2002). Moreover, they may experience a decreased interest or pleasure in activities they once enjoyed. Symptoms of mental disorders such as negative emotions and exhaustion can interfere. For example, individuals with depression may have low energy levels which makes it difficult to engage in activities that require physical or mental effort. For individuals with ADHD, reduced interest in activities can be related to the inability to regulate and control attention. These individuals may find it difficult to sustain their attention to activities and may quickly become bored with them (Toplak et al, 2013). It is likely that the way in which individuals with a mental disorder experience social activities and perceive social support affects the identity construction of these individuals. Therefore, they may integrate the social aspects of their life differently into their identity configuration as compared to individuals without a mental illness.

Mental illness and the personal aspect

The identity construction of individuals with mental illness may also differ from individuals without mental illness due to the extent to which the personal domain is present in

their lives. People with mental disorders often tend to engage more in self-reflection than those without. Self-reflection is a process of examining one's own thoughts, emotions, and behaviors. Raes (2010) states that individuals with depression are more likely to engage in rumination, which is a form of self-reflection that involves repetitive thoughts about the causes, consequences, and implications of one's negative experiences. Similarly, individuals with anxiety disorders are more likely to engage in worry, which is a form of self-reflection that involves thoughts about potential threats and dangers (Brosschot et al., 2006). One of the reasons why people with mental disorders engage more in self-reflection is that self-reflection may be a coping strategy for dealing with distressing emotions and thoughts. Reflecting on themselves and their experiences may give individuals a better understanding of their emotions and thoughts, which can help them regulate their emotions (Nolen-Hoeksema, 2013).

Another reason is that self-reflection is related to cognitive processes that underlie mental disorders. Bias toward negative thinking and threat detection leads to rumination and worry (Bar-Heim et al., 2007). For individuals with ADHD or ADD, self-reflection is also used as a coping strategy to regulate their self-concept and to manage their difficulties with attention and executive functioning (Baumeister & Leary, 1995). Individuals with mental disorders may also engage in hyper-vigilance. Hyper-vigilance is the tendency to constantly control their own thoughts, feelings, and behaviors and can be driven by a fear of losing control (Kimble et al., 2014). It involves a high level of self-focus, therefore, this can cause individuals with a mental disorder to be more focused on themselves as compared to individuals without a mental disorder. This tendency to engage in self-reflection and self-focused attention may affect the personal domain of individuals with mental disorders.

Relevance

Understanding the identity construction of people with a mental disorder is important for several reasons. People with mental disorders may struggle with stigma and negative self-perceptions which can lead to feelings of isolation; therefore, mental disorders can significantly impact an individual's sense of self. Understanding how this works can help mental health professionals in providing more effective interventions and support. Furthermore, in clinical settings, therapy can be better tailored to meet the needs and goals of the individual with a mental disorder (Corrigan et al., 2014; Link & Phelan, 2001). Moreover, by recognizing the ways in which mental disorders impact an individual's sense of self, professionals can create more inclusive and accepting environments which validate the experiences of people with mental disorders (Corrigan et al., 2014; Link & Phelan, 2001).

Current study

This study aims to explore the differences between the configuration profiles of emerging adults who are (self-reported) mentally ill and emerging adults who are not. Identity is constructed moment-by-moment; therefore, we used self-descriptions to bring us as close as possible to someone's constructive process. By using IMICA coding (Gmelin & Kunnen, 2021), the self-descriptions of 16 first-year psychology students at the University of Groningen were analyzed. To decide which identity claims are significant for our research, we follow Johnson's (2022) inclusive approach – not excluding identity claims based on assumptions about what content should be. The following hypotheses will be tested: (i) The *Social* domain is less present in the configuration profiles of students with a mental disorder as compared to students without a mental disorder and (ii) The *Personal* domain is more present in the configuration profiles of students with a mental disorder as compared to students without a mental disorder**.**

Method

Participants

In this study, a total of 115 participants (N = 62 women, 53 men) have taken part (M = 20.6, SD = 2.03, *age range* = 18-28). Data from one participant were excluded due to it being incomplete. Participants were recruited from undergraduate psychology courses, and they earned course credits for their participation.

Procedure

Prior to the study, participants were asked for permission for their data to be used anonymously and securely. Their informed consent was acquired through a form, which included information about the research procedure and about their rights as a research participant, including their right to withdraw from the study at any point in the process. Thereafter, the actual research procedure could start, which was structured along three different phases. The first phase of the study consisted of participants verbally describing themselves for three and a half minutes using a microphone headset connected to a computer, where the statements were recorded. Participants were asked to start speaking freely ten seconds after the recording started so that the researcher present could leave the experiment room and give the participants the privacy to self-disclose. Participants could say anything that came to mind that was connected to themselves. We used the recorded narratives collected in this phase of the study as the data for our current research. It must be mentioned that, prior to phase one, the participants were aware that they, as well as the researcher, would listen to their self-descriptions after recording them.

In the following two phases, the participants were asked to participate in some follow-up measuring tasks regarding their feelings about their self-descriptions of the first phase and regarding their feelings about themselves in more general terms. In the second phase, participants were given the task to listen to their self-descriptions and to indicate how they felt during the moment of expression. For this purpose, the Mouse Paradigm was used (Vallacher

et al., 2002), which allowed participants to evaluate their feelings about each self-description along a continuum from positive to negative. In the third phase, the Rosenberg self-esteem scale was introduced to the participants (Rosenberg, 1965). After the study, participants were informed about the true purpose of the research, which was deliberately withheld prior to the study.

Data preparation

The self-descriptions given by participants were first transcribed using online software. They were then uploaded to Atlas.ti. The coding of these transcripts took place in three stages. The group was split into three sets of pairs. Each pair was assigned between 10 - 13 transcripts to code. Coder 1 (C1) coded the first half of the transcripts, and Coder 2 (C2) coded the second. Each identity claim was quoted and saved. C2 checked the transcripts that C1 had coded and vice versa. The transcripts were cross-checked to ensure there was interrater reliability and consistency in how the coding was conducted. If there was doubt or disagreement, the pair would revisit the coding manual and discuss it. In the event that the pair could not come to an agreement, the claim was recorded and discussed amongst the complete research group in the subsequent meeting. The coding manual was adjusted and embellished after each query was raised. Once the coding was completed, the quotes were imported to excel. Each quote was then assigned a code categorizing the quote under a domain. The coding manual used for this is based on a narrative identity domains coding manual developed by McLean and Syed (2011). The coding manual can be found in appendix A. Coding of each identity claim was done in terms of the identity content domains that the claim is constructing. Identity content domains are split into relational categories and ideological categories. Both categories include more specific, in-depth codes. To be coded as present, the domain has to be related to a central aspect of the claim, it cannot be background information. Every single claim was coded with only one domain.

Participant selection

From the total participant pool, 64 participants were randomly selected. From the 64 participants, first, the participants who mentioned having mental disorders were identified. These participants were only selected if they explicitly stated that they had a mental disorder. Claims could include for example 'I am bipolar', or 'I also have problems with depression.' Participants who made claims such as 'I am not always happy.' were not included. Based on this criteria, eight participants with a disorder were included. To make a fair comparison to participants without a disorder, all participants with a mental disorder were matched to participants without a mental disorder based on age and gender.

Variables

In this study, identity content was coded according to the IMICA manual (Gmelin & Kunnen, 2021). Students mentioning a mental disorder and students not mentioning a mental disorder were compared in terms of their configuration profiles. Two variables were analyzed: social and personal. Claims in the *Social* domain were divided into the following subdomains: *Family, friends,* and *dating.* These domains were considered social variables as all three domains include having interactions with others and establishing social relationships. Claims in the *Personal* domain were divided into the following subdomains: *Ability & skills; Appearance; Attitudes & interests; Participant; Demographics; Values & Ideals; Personality, emotions, & psychological traits; Habits & behavioral tendencies; and Reflection, growth & personhood.*

Analysis

To test the social and personal variables for significance, a chi-square test was conducted. The data met the assumptions of the test, being (i) the groups were independent, (ii) the data was absolute, (iii) the variables were measured as categories, and (iv) the categories were mutually exclusive. An independent-samples t-test was conducted to compare

the average amount of claims for the social subdomains and the personal subdomains of participants with a disorder to participants without a disorder. Lastly, two graphs were made for each participant, one visualized the relative frequency of claims within each main domain, and the other graph visualized the relative frequency of claims within each personal subdomain. Participants were then put into a category based on the (sub)domain(s) in which a spike was shown in their identity configurations. A domain was considered a spike if the percentage of identity claims in that domain were at least 20%. This number was chosen because if a participant's claims were evenly distributed over all domains, each domain would contain 10% of the claims. Since 20% is double that, we considered it a meaningful threshold to count as a spike.

Results

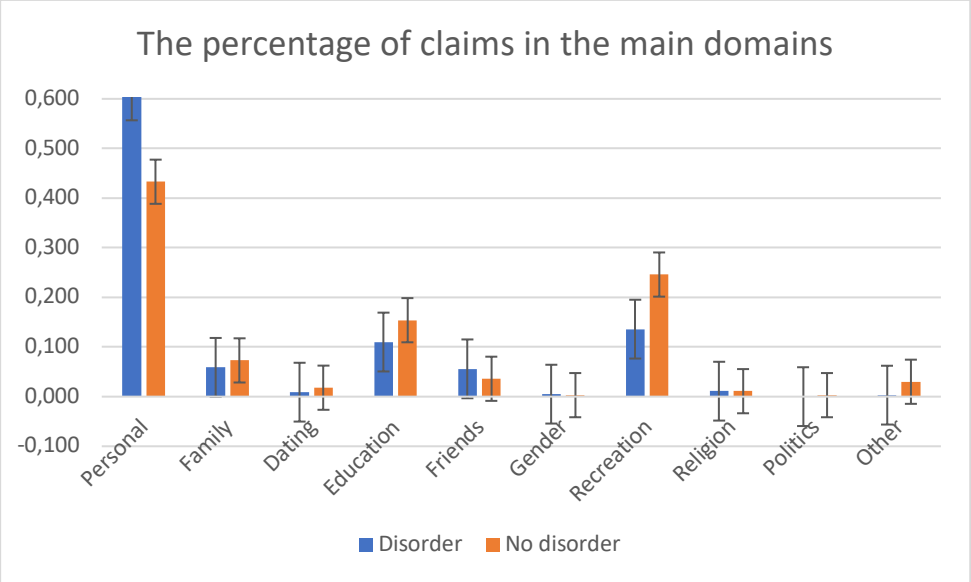
Descriptives

Both groups (with and without a disorder) consisted of 8 participants of which two male-identifying students and six female-identifying students. The participants were between 18 and 25 years old (M = 21, SD = 2.27). On average, the participants made 38.19 claims in total (SD = 10.52). There was not a significant difference (t (14) = 2.18, p = 0.75) in the number of claims for participants in the disorder group (M = 39.75, SD = 12,97) and the no-disorder group (M = 38.00, SD = 8.19). Among the participants in the disorder group, two suffered from depression, one from depression and ADHD, one from depression and anxiety, one from ADD, one from ADHD, one from panic attacks, and one participant was bipolar. On average, the participants made claims in 8.19 domains (SD = 1.42). There was not a significant difference in the number of domains (t (14) = 2.14, p = 0.23) for participants in the disorder group (M = 8.63, SD = 1.30) and the no-disorder group (M = 7.75, SD = 1.49) Most of the claims were made in the *Personal* domain (52.4%). Among the participants in the disorder group, no claims were made in the *Personal participant* and in the *Political* domain.

Among the participants in the no-disorder group, no claims were made in the *Personal appearance* domain. Figure 1 shows the percentages of claims in the main domains for both the disorder and the no-disorder group.

Figure 1

The percentage of claims in the main domains for the total number of participants from the disorder- and no-disorder group



Analysis

Social domains

For the first analysis, the *Social* domains - *Family, Dating,* and *Friends* - were grouped together. *Family* referred to claims related to family members (e.g., 'My parents live all over the country so it's difficult to see them.'). The *Dating* domain referred to claims about relationships (e.g., 'I have a boyfriend.'). Lastly, the *Friends* domain referred to claims about friendships (e.g., 'I also have friends that I'm really close to'). On average, participants in the disorder group made fewer claims in the *Social* domains ($M = 4.375$, $SD = 3.204$) as compared to participants in the no-disorder group ($M = 4.625$, $SD = 4.340$). The number of claims in the *Social* domains was found not to be significantly different (X^2 (2) = 0.055, p =

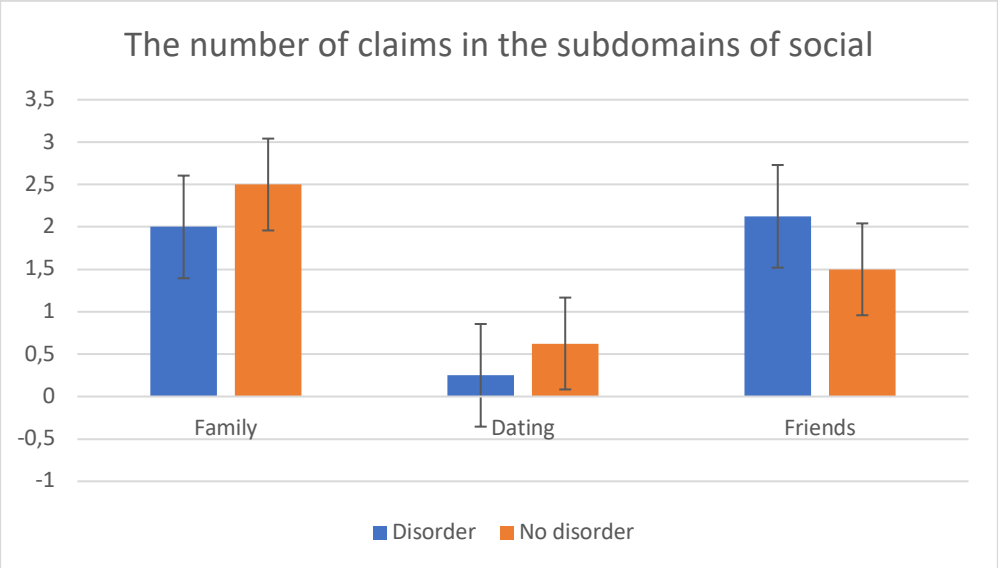
0.814) between participants in the disorder group ($M = 4.38$, $SD = 3.20$) and participants in the no-disorder group ($M = 4.63$, $SD = 4.34$).

Subdomains of Social

All differences in sub-domains of *Social* between participants in the disorder group and participants in the no-disorder group can be seen in Figure 2. Regarding the social subdomains, participants in the no-disorder group made more claims on average in the *Family* domain ($M = 2.5$, $SD = 2.390$) as compared to participants in the disorder group ($M = 2$, $SD = 2.204$). This difference was not significant ($t\,(14) = 1.761$, $p = 0.335$). Participants from the no-disorder group made more claims in the *Dating* domain ($M = 0.625$, $SD = 1.188$) as compared to participants from the disorder group ($M = 0.25$, $SD = 0.707$). No significant difference was found ($t\,(14) = 1.796$, $p = 0.230$). Lastly, participants in the disorder group made more claims on average in the *Friends* domain ($M = 2.125$, $SD = 0.991$) than participants in the no-disorder group ($M = 1.5$, $SD = 1.690$). No significant difference was found for this domain ($t\,(14) = 1.796$, $p = 0.193$).

Figure 2

The number of claims in the subdomains of social for the total number of participants from the disorder- and no-disorder group



Personal domain

On average, participants in the disorder group made more claims in the *Personal* domain (M = 24.75, SD = 9.87) as compared to participants in the no-disorder group (M = 16.38, SD = 8.85). The number of claims in the *Personal* domain was found to be significantly different between participants in the disorder group and participants in the no-disorder group, ($X^2(2) = 13.64$, $p = 0.00022$).

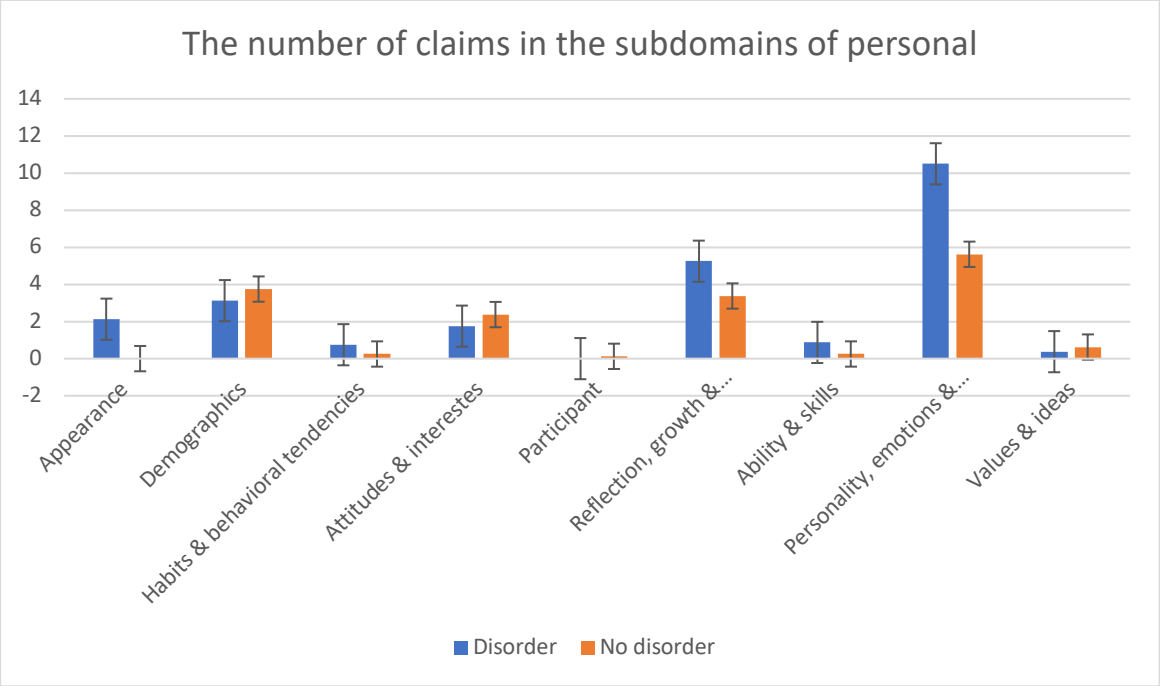
Subdomains of Personal

All differences in sub-domains of *Personal* between participants in the disorder group and participants in the no-disorder group can be seen in Figure 3. Most notably, participants in the disorder group made relatively more claims in *Appearance*; *Personal reflection, growth & personhood;* and *Personality, emotions & psychological traits* as compared to participants in the no-disorder group. *Appearance* referred to all claims made about physical appearance (e.g.,' I have brownish black hair and multicolor dyes'). In this domain, participants with a disorder made on average 2.125 (*SD* = 2.80) claims in this domain as compared to 0 (*SD = 0)* claims for participants in the no-disorder group. This difference was found to be significant ($t(14) = 1.895$, $p = 0.034$). *Personal reflection, growth, & personhood* referred to claims where a participant describes themselves in abstract terms including for example comparisons to others or evaluations of the type of person they are (e.g., 'I am pretty aware of unfairness towards certain groups of people.'). A significant difference was found (t (14) = 1.760, p = 0.045) in the number of claims in this domain for participants in the disorder group (M = 5.25; SD = 3.88) and the no-disorder group (M = 3.38; SD = 3.02). Lastly, participants in the disorder group made significantly more claims (t (14) = 1.896, p = 0.037) in *Personal reflection, growth, & personhood* (M = 10.5, SD = 7.21) than participants in the no-disorder group (M = 5.63, SD = 5.45). This domain referred to a participant's psychological dimensions such as traits, emotions, or mental health (e.g., 'Because of my ADHD, I get so

busy in my mind.'). Participants in the no-disorder group made more claims on average in the following subdomains – *Demographics, Participants, Values & ideals,* and *Attitudes & interests.* However, none of these differences were found to be significant.

Figure 3

The number of claims in subdomains of Personal for the total number of participants from the disorder- and no-disorder group



Identity configurations

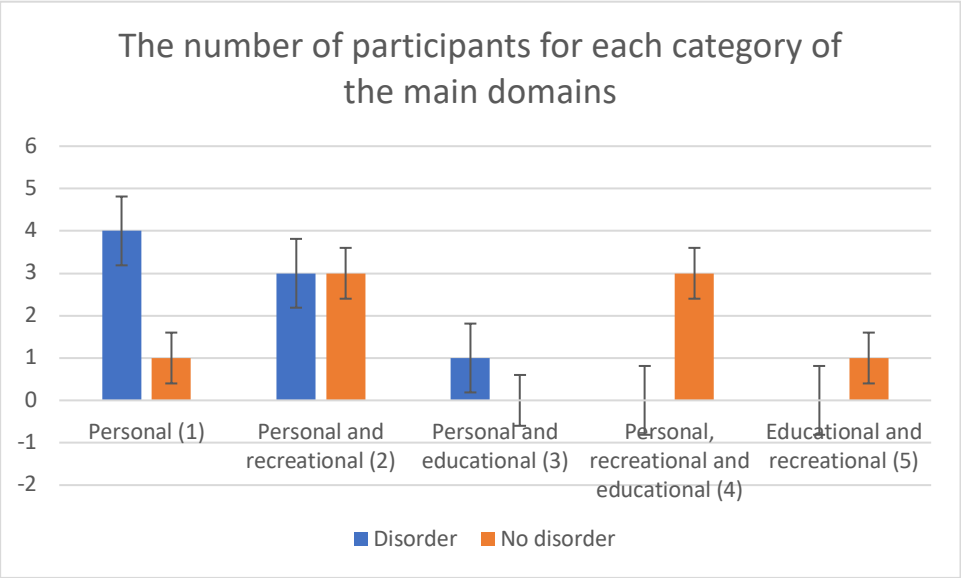
Main domains

To see which patterns there are in the identity configurations, participants were put into a category based on the main domains. There were five categories of identity configurations: (i) Personal, (ii) Personal and recreational, (iii) Personal and educational, (iv) Personal, recreational, and educational, and (v) Educational and recreational. Participants fell under a category based on the domain(s) in which a spike was shown in their identity configurations. A domain was considered a spike if the percentage of identity claims in that domain was at least 20%. Examples of the five categories can be found in appendix B.The visual analysis of the configuration profiles of all participants suggested that most participants

in the disorder group fell into the first category (personal) (N = 4) as compared to only one participant in the no-disorder group (N = 1). For both groups, three participants fell into the second category (personal and recreational). Among participants in the no-disorder group, three fell into the fourth category (personal, recreation, and educational) as compared to none in the disorder group. Only one participant, who was part of the disorder group fell into the third category (personal and educational). Lastly, one participant, who was part of the no-disorder group fell into the fifth category (educational and recreational). Figure 4 shows the total number of participants for each category for both participants in the disorder and participants in the no-disorder group.

Figure 4

The number of participants for each of the five categories for participants in the disorder and participants in the no-disorder group



Notably, all participants in the disorder group had a spike in the personal domain. For participants in the no-disorder group, only one did not have a spike in the personal domain. The first category (personal) was the most prevalent among participants with a disorder. For participants without a disorder, the second (personal and recreational) and the fourth category (personal and educational) were most prevalent, while none of the participants of the disorder

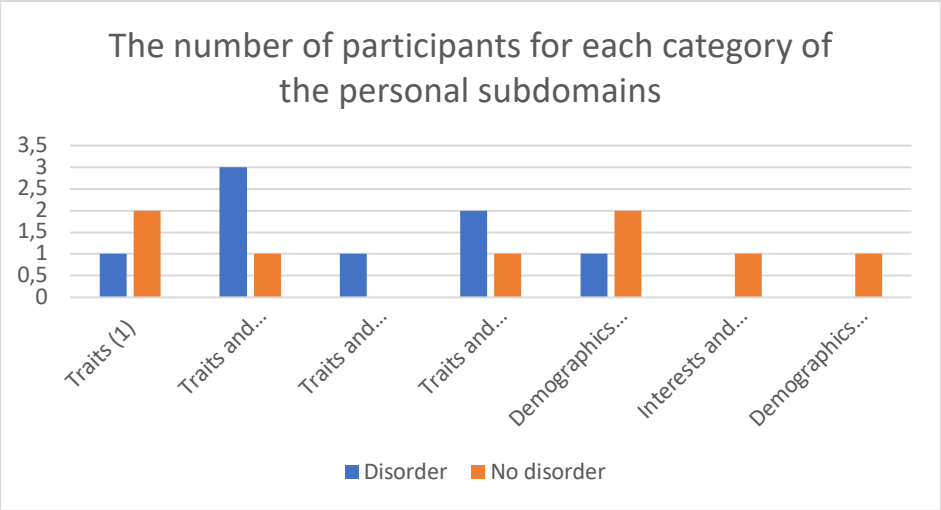
group fell under the fourth category. Therefore, none of the participants in the disorder group had spikes in more than two domains. Among the participants in the no-disorder group, three participants had spikes in three domains. None of the participants had a spike in any of the following domains: *Family, Friends, Dating, Gender, Politics,* and *Religion.*

Subdomains of Personal

To see which patterns there are in the identity configurations, participants were put into a category based on the personal subdomains. There were seven categories of identity configurations: (i) Traits, (ii) Traits and reflection, (iii) Traits and appearance (iv) Traits and demographics, (v) Demographics and reflection, (vi) Interests and reflection, and (vii) Demographics. Participants fell under a category based on the subdomain(s) in which a spike was shown in their identity configurations. It was considered a spike if the percentage of identity claims in the personal domain were 20% or higher in that subdomain. Examples of the seven categories can be found in appendix C. The visual analysis of the configuration profiles of all participants suggested that the biggest difference between the groups was within the second category (traits and reflection). Most participants in the disorder group fell into this category (N = 3) as compared to only one participant in the no-disorder group (N = 1). Both the first (traits) and the fifth category (demographics and reflection) consisted of two participants from the no-disorder group and one from the disorder group. Two participants from the disorder group and one participant from the no-disorder group fell into the fourth category (traits and demographics). One participant, who was part of the disorder group fell into the third category (traits and appearance). For the no-disorder group, one participant fell into the sixth (interests and reflection) and one into the seventh category (demographics). None of the participants of the disorder group fell into one of those categories. Figure 5 shows the total number of participants for each category for both participants in the disorder and participants in the no-disorder group.

Figure 5

The number of participants for each of the seven categories for participants in the disorder and participants in the no-disorder group



Notably, seven out of eight participants in the disorder group had a spike in the Personality, emotions & psychological traits domain as compared to four participants in the no-disorder group. The second category (traits and reflection) was most prevalent among participants with a disorder. For participants without a disorder, the first (traits) and the fifth category (demographics and reflection) were most prevalent. None of the participants had spikes in more than two personal subdomains. Moreover, none of the participants had a spike in any of the following subdomains of personal: *Ability & skills, Participant, Values & Ideals,* and *Habits & behavioral tendencies.*

Discussion

Identity is an interesting concept that is influenced by many factors. The focus of this thesis was on the exploration of identity content – the 'what' of identity, all aspects someone considers when constructing their identity (McLean et al., 2016). Which aspects were important and how they were linked, were visualized in identity configurations. This thesis aimed to further explore the effects of illness identity in relation to mental disorders - how and to which extent the identity construction of emerging adults was affected by mental disorders

(van Bulck, 2019). Differences between individuals with a mental disorder and individuals without a mental disorder in identity configurations were expected to be the result of two different processes: the dominance of the 'personal' domain and the reduced presence of the 'social' domain. To test for the differences in these domains, a statistical analysis was conducted. Moreover, to compare the identity configurations of the participants, a visual comparison was done.

Social domain

For the social domain, the following was hypothesized: For students suffering from a mental disorder, the social domains – *Family, Friends,* and *Dating* – are less present in their configuration profiles as compared to students without a mental disorder. We found no evidence for this hypothesis. For none of the social subdomains, a significant difference was found even though literature suggested that mental disorders can lead to social isolation and a decreased interest in activities. One possible reason for this can be that social relationships may be valued more by people with mental disorders as they can provide social support and a sense of belonging. Social support may be an important predictor of mental health outcomes (Sarason et al., 1990). Moreover, the relationships they have might be especially valuable to them as individuals with mental disorders may face more challenges in forming and maintaining social connections (Bhugra et al., 2011; Angermeyer et al., 2017).

Personal domain

For the personal domain, the following was hypothesized: For students suffering from a mental disorder, the personal domain is more present in their configuration profile as compared to students without a mental disorder. We found significant evidence for this hypothesis. More specifically, individuals with a disorder were more likely to describe themselves in terms of their appearance. Furthermore, they were more likely to refer to their personality, emotions, and psychological traits and to engage in self-reflection. This finding is

in line with the literature. Literature suggested that the tendency for individuals with a disorder to self-reflect can be done in several forms, including trying to control their own thoughts and behaviors, worrying about potential threats, or having repetitive thoughts about the causes, consequences, and implications of negative experiences (Raes, 2010; Brosschot et al., 2006; Baumeister & Leary, 1995). Moreover, self-reflection helps individuals to regulate their emotions or to cope with difficulties caused by their mental disorders (Nolen-Hoeksema, 2013).

Theoretical and practical implications

Findings suggest that the identity construction of young adults with mental disorders differs from those without due to differences in the personal domain. In therapeutic settings, this finding can help the mental health professional to better understand the patient's process of self-exploration. Individuals with mental disorders sometimes feel misunderstood by healthcare professionals because they lacked awareness of their condition (Happel & Cough, 2009). A better understanding helps professionals to show empathy or validate the patient's experiences, which improves the therapeutic relationship and helps to tailor the treatment approach to the individual's needs (Berk, et al., 2013). Moreover, this study suggests that the extent to which young adults with a mental disorder value social support differs. This implies that the necessity of social support should not be underestimated. It is important that the social environment – including friends, and family, but also the university - provides social support as this may reduce symptom severity and improve treatment adherence (Barrera, 1986; Gray, 2006; Joiner & Katz, 1999).

Strengths

One strength of this study is the way in which identity content was explored. The coding manual was based on a manual developed by Mclean and Syed (2011). During the past months, this manual has often been revised and critically discussed within our group.

Domains were added and misunderstandings were clarified. Therefore, every identity claim could be put in a domain. This provided a complete visualization of the aspects of identity an individual perceived as important in the form of an identity configuration. Another strength is the use of both qualitative and quantitative analyses as this provides a more comprehensive understanding of the research problem (Yu, 2009). Qualitative methods helped to understand the constructive process of an individual, while quantitative methods helped to test and generalize our findings (Johnson & Onwuegbuzie, 2004). This provides a more complete picture of the research problem and helps to use the strengths of both methods (Agarwal et al., 2019).

Limitations and recommendations

A potential limitation of this study is that the participants in the disorder group were solely matched based on age and gender. Due to the sample size, a perfect match was not possible. Future research could match the participants based on more aspects such as sexuality, demographics, and cultural background as these are highly influential in the identity construction of young adults (Mclean et al., 2016; Klimstra et al., 2010; Schwartz, 2015). Another limitation could be that the analysis was based on a one-time recording. Students had to construct their identity moment-to-moment for three minutes long. Identity is an ongoing process, therefore, measuring identity over a longer period allows for a more accurate representation (Luyckx et al., 2006; Luyxkx et al., 2008; Crocetti et al., 2008). Future research could expand on this study by measuring identity over a longer period of time to provide a more detailed and clearer picture of someone's identity.

Conclusion

This thesis aimed to analyze the differences between the identity configurations of young adults with a mental disorder and young adults without a mental disorder. A qualitative and quantitative analysis of a moment-to-moment recording of the constructive process of

first-year psychology students was done. The results suggest that young adults with a mental disorder are more likely to describe themselves in terms of their appearance and personality traits than young adults without a mental disorder. Moreover, they engage more in self-reflection. No evidence was found to support the claim that young adults with a mental disorder were less likely to prioritize social activities and that they perceived lower levels of support. These findings can help both mental health professionals and the social environment of an individual with a mental disorder to better understand the constructive process of that individual. This can help in improving treatment and providing the necessary social support.

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Appendix A

Coding Manual: Content Domains

The following coding manual is based on a narrative identity domains coding manual developed by McLean and Syed (2011). Each identity claim is coded in terms of the identity content domains that the claim is constructing. To be coded as present the domain has to be related to some central aspect of the claim, not just background information. One way to test whether a content domain is present is to ask: "Would exchanging the domain content change the claim?" Each claim should only be coded with one domain (though different extracts of the same turn may have different domains assigned to them).

Relational Categories
For these categories to get coded as present the claim must address what "kind of person" is constructed within a specific domain. Claims that construct personal characteristics within a specific relational domain are often coded as "personal". This means that the relational domain should be the content, rather than the context of a claim. Recall that to determine if this category is present, ask yourself if the other person is replaced with someone else (e.g. mother for friends) does the claim change? If not, do not code the category as present. The questions provided are not exclusive and may be suitable across domains.

Dating	Family	Friends	Sex Roles (Gender)
This category is defined as dating and sexuality negotiations. Claims can inform about relevant identity categories (i.e. relationship status, sexual identity, being "a virgin", etc.). Claims	This category focuses on claims about family, both biological and chosen and includes positive or negative aspects. Claims can address identity categories (i.e. child, mother, sister). Claims	This category is related to friends and peer groups. These can be claims about relevant identity categories (i.e. friend, best	This category captures claims that address expectations for behavior and attitudes, that are based on gender, as well as claims about gender stereotypes. Claims may address identity

may provide answers to questions such as: *What kind of person is the speaker…* • *in regard to dating* • *as a partner* • *when it comes to sexual encounters* *What is important to the speaker…* • *regarding love, romance, dating, and desire* • *in a sexual/romantic partner* *What does it mean to be single/LGB/in an open relationship?*	may address questions such as: *What does it mean to be a son/sibling/ grandchild/parent?* *How does the speaker feel about their familial relationships?* *What was the speaker's life like growing up?* *What is the configuration of the speaker's family?*	friend, etc.) Claims may address questions such as: *What kind of friend is the speaker?* *What does the speaker value in friendships?* *How would others describe the speaker as a friend?* *What are friendship rituals?* *What characterizes the speaker's friendships?*	categories (i.e. woman, guys, chicks, etc.). *What does it mean to be a man/woman/trans?* *What is the importance of gender in the speaker's life?* **Tip:** If exchanging the gender of the speaker (or who is spoken about) makes a difference, sex roles should be coded.

Ideological Categories
For these categories to get coded as present the claim must be related to the speaker, in terms of their own attributes, characteristics, or values. To determine the presence of this category, ask yourself what the identity issue at stake is. Occasionally, speakers will construct claims that provide information on issues such as "values" in a relational domain ("It's important to me that my boyfriend is honest with me") - these should be coded as relational (i.e. Dating). In contrast, claims which extend beyond the specific relational context are coded as ideological ("Honesty is really important to me, especially in a boyfriend").

Personal		**Politics**	**Other**
Values, Principles & Insight	*Characteristics*		

<table>
<tr>
<td rowspan="2">Values:
Claims that focus on the development, questioning, or elaboration of personal values, or negotiation with a larger (someone else's) value system.

Principles:
Personal ideals, what is important for a (good) life, general life rules, personal satisfaction.

Insight:
Realizations, insights, and reflections <u>about</u> the speaker.

- What is important to a good life?
- What characterizes a "good" person?
- What behavior is characteristic of the speaker?</td>
<td rowspan="2">This category is coded when a claim describes the speaker's self-image in terms of characteristics, personality traits, or traits:

Mental well/ill-being, or personality traits (extraversion, reliability, etc.), preferences, as well as typical behaviors or actions.

Demographics:
Demographic information (living situation, nationality, age).

- What is characteristic about the speaker?
- What would someone need to know, to really know the speaker?
- How does the speaker view themselves/how would others describe them?
- How do speakers feel about how others see them?</td>
<td>Captures claims that address political issues at a very local level (e.g. school elections) to a very distal level (federal politics).

What is the political identification of the speaker (also in terms of left/right/woke/ etc.)?
What is the role of politic in the life of the speaker?</td>
<td>Is coded when claims to not fit any of the major domains.</td>
</tr>
<tr>
<td>Religion

What does it mean to be a muslim/Christian/Sikh/atheist?
What spiritual values does the speaker hold?

Recreation

What does the speaker do for fun?
What is relaxing/stressful?
What does define the speaker in the domain of 'leissure'?</td>
<td>Occupation/Education

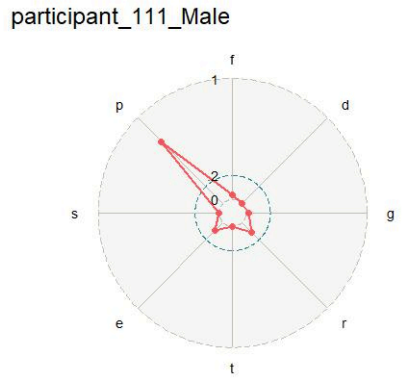
Claims that emphasize engaging in experiences that give reporters clarity about what they are good at (and not), and that helps to direct them towards an occupation.
How do you describe yourself in the domain of occupation?
What is the value of education?
What are future/past jobs?
What are career aspirations?</td>
</tr>
<tr>
<td colspan="2">Note: Both of the sub-types should be coded as "Personal", a distinction is not required (nor possible).</td>
</tr>
</table>

Sub-Domains: Personal			
Abilities & Skills	**Appearance**	**Future Aspirations**	**Participant**
The speaker refers to things they can do, and/or things they are good/bad at **Examples:** *I am quite good with technology.*	The speaker references any physical traits (e.g., height) or features of their appearance (e.g., clothing style, make up). **Examples:** *I have curly hair, dark skin*	The speaker references something they would like to have/achieve in the future/life.	Participant references being a participant in the study. **Example:** I'm not very good at describing myself
Likes & Interests	**Psychology, Emotions, & Reflection**	**Demographics**	**Values & Principles**
The claim includes things the speaker likes or is interested in AND does NOT constitute a claim in another domain. **Examples:** *I think Psychology is super interesting* *I like kids*	The speaker references their psychological dimensions, including thoughts, psychological traits, and psychologically- relevant aspects **Examples:** *1. I like to think about, evaluate, like, my feelings* *2. I don't like insecure situations; they make me feel real bad and sometimes I like have physical reactions* *3. I think I also have problems with depression or something*	Speaker introduces demographic information (e.g. nationality or age)	The speaker talks about their personal values and principles. **Examples:** *And in that way I try to make a change, in my direct environment*

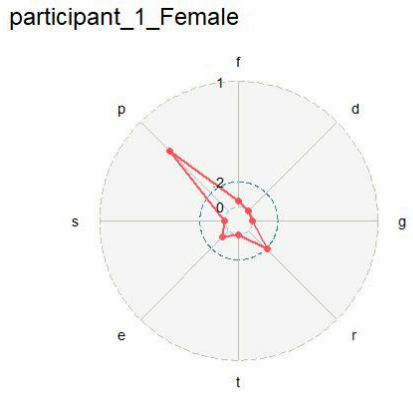
Appendix B

Identity configurations for the five categories regarding the main domains

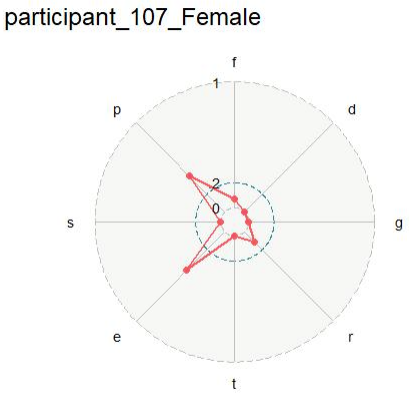
Category 1: Personal



Category 2: Personal and recreational

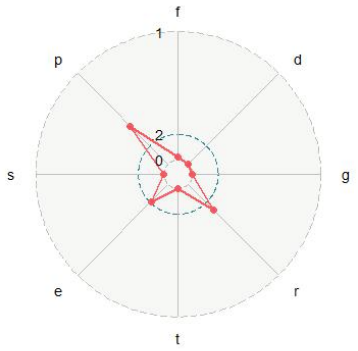


Category 3: Personal and educational



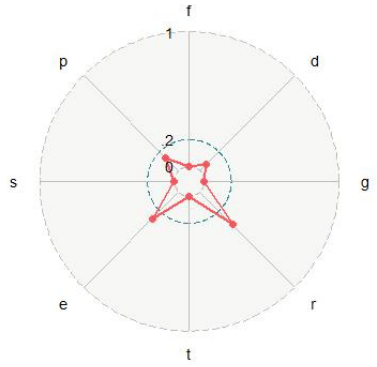
Category 4: Personal, recreational, and educational

participant_18_Male



Category 5: Educational and recreational

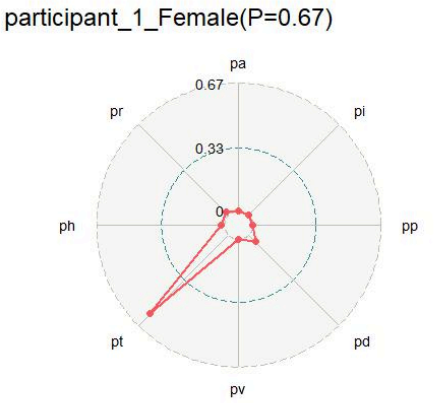
participant_46_Male



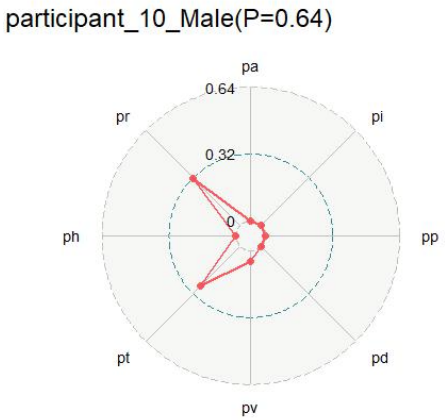
Appendix C

Identity configurations for the seven categories regarding the personal subdomains

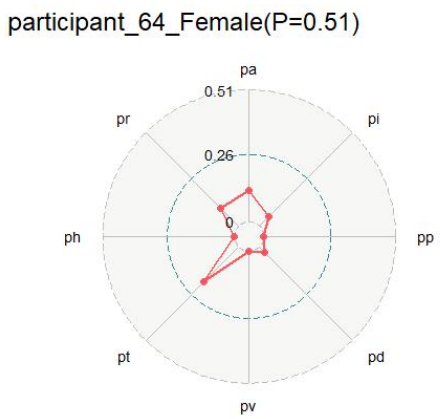
Category 1: Traits



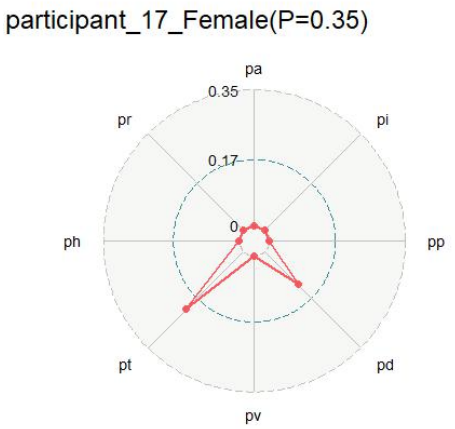
Category 2: Traits and reflection



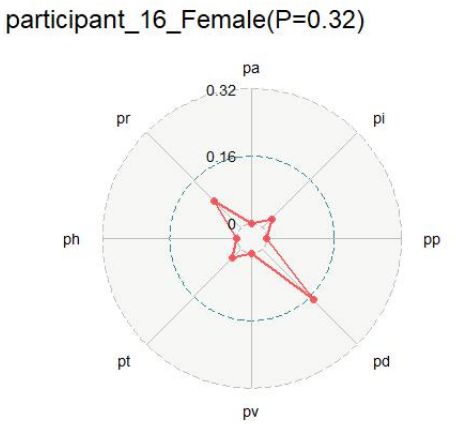
Category 3: Traits and appearance



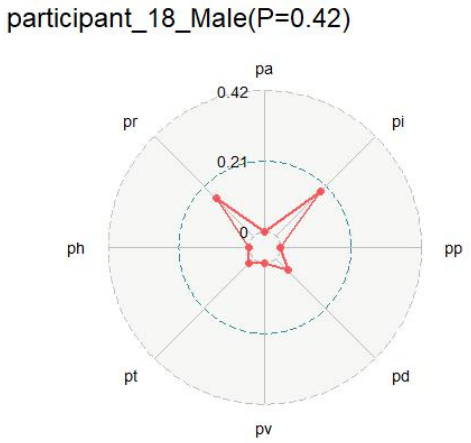
Category 4: Traits and demographics



Category 5: Demographics and reflection



Category 6: Interests and reflection



Category 7: Demographics