

1 Effect of Group Counseling on the Identity Crisis of Middle-Aged Women

3 ABSTRACT

4 **Objectives:** To determine the effect of group counseling on the identity crisis of middle-aged
5 women referred to outskirts health centers of Urmia, Iran in 2018.

6 **Methods:** This randomized, pre-test and post-test control study was conducted as a clinical trial
7 registered in Iranian Registry of Clinical Trials (IRCT) on 90 middle-aged women. A researcher
8 visited selected health centers of Urmia randomly divided into three groups according to their
9 social, economic and cultural status (26 health centers at high level, 19 health centers at average
10 level, and 20 health centers at low level). The subjects were those who referred to the family
11 health unit for receiving health care. The demographic characteristics questionnaire (such as age,
12 marital status, number of children, educational level, body mass index, employment status and
13 economic situation, which was designed by the researcher), and middle aged Identity Crisis
14 Questionnaire (ICQ) including aimlessness, futility, hopelessness, lack of self-confidence,
15 worthlessness, dissatisfaction with life, anxiety, sadness, aggression and anger subscales. The
16 intervention (counseling group) was conducted for six weeks held weekly and each session for
17 60-90 minutes. Independent t-test, Chi-square test and Fisher's exact test were performed and
18 analyzed through SPSS software. A P value less than of 0.05 was considered significant.

19 **Results:** Mean age of women in the intervention group (50.93 ± 5.38 years) and in the control
20 group (50.55 ± 6.23 years) was 50 years. Also, in the intervention and control groups, the mean
21 number of children was 2.43 ± 1.47 and 2.44 ± 1.49 , respectively. In this study, the two groups
22 were homogeneous regarding BMI, education level, husband's education level, economic status,
23 marital status, occupation and dwelling situation ($P > 0.05$). Mean score of identity crisis and its
24 ten dimensions before and after the intervention in the two groups were significantly different
25 ($P < 0.001$). There was no significant difference in any of the dimensions of identity crisis in the
26 control group ($P > 0.05$).

27 **Conclusion:** According to the results, the use of group counseling intervention has been able to
28 improve the identity crisis of middle-aged women in the ten dimensions of identity crisis.

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30 **Key words:** Group counseling, Identity crisis, Middle-aged women

31 Introduction

32 Middle-age is defined as a phase of psychological transformation in the range of life or
33 transitional period that encompasses biological, psychological, and social changes. ^[1] One of the
34 transitional stages in the human life cycle resulting in changes in different aspects is the middle-
35 age transition. These changes in the person's life affect on overall function and may cause
36 problems in daily activities. ^[2, 3] From the standpoint of a transformational approach, the
37 evolutionary events of the middle ages are largely based on the concept of the identity crisis. In
38 this regard, Berk in 2008, by presentation of various views of others in this regard, has confirmed
39 the identity crisis of middle-aged people as internal chaos, self-doubt, and general rehabilitation
40 of personality during the transition to middle age. The middle-aged crisis is an emotional state of

41 doubt and anxiety in which a person is unhappy because he realizes that half of life has passed.
42 This situation usually involves reflections of the way a person has lived so far, and is often
43 accompanied by an emotion that life has not been sufficiently achieved and has not significant
44 results. ^[4]

45 In this case, the person may feel tired of his or her life, occupation, or partner, and feel a strong
46 desire to change in these cases. ^[1] A group of treatments that seem to have worked better in
47 improving mental health among middle-aged people from that of other treatments is group
48 counseling. Group counseling is a bipartisan process in which a counselor and a group of peers
49 deal with problems, feelings, attitudes and values, and is an attempt to modify the attitudes and
50 perceptions of a person so that people can better understand the problems of themselves
51 evolutionary problems more effective. ^[5] People in a group with similar problems feel more
52 secure and more relaxed and more willing to discuss their personal, family and objective issues
53 and take advantage of the experience of others in a trusted environment, as well as the outcome
54 of the consultation. Group counseling with middle-aged people reduces their psychological
55 tensions so that they can help others with their emotions. ^[6, 7]

56 Nevertheless, a few studies have been carried out on the identity crisis in Iran. Identity crisis of
57 middle-aged people can be seen as a turning point in life, resulting in a new insight about self
58 and reformation in the plan and path of life. This review may cause the person to regret for
59 failing to achieve his/her wishes, or to get him/her to know more precisely about the social clock.
60 The person realizes that the deadline is about to end e.g. it is not time to get marriage or have
61 other baby. ^[8] If people remain confused for a long time in this crisis, many aspects of their
62 psychological life will be affected and there is a risk of widespread psychological damage, such
63 as depression and anxiety. Therefore, it is necessary to consider the psychological state of
64 middle-aged people who experience identity crisis and to test the methods that are useful in
65 improving these symptoms.

66 Considering the need for counseling support for middle-aged women and promotion of health
67 and quality of life behaviors, in particular to promote their physical and mental health, and since
68 today many governments and policy makers at the macro level consider health promotion as an
69 integral part of social development and because of the fact that midwives as health care providers
70 have the privilege of close communication with middle-aged women in health care centers, the
71 research team aimed to determine the effect of group counseling on the identity crisis of middle-
72 aged women referred to outskirts health centers of Urmia, Iran in 2018.

73 **Methods and materials**

74 This randomized, pre-test and post-test control study was conducted as a clinical trial registered
75 in Iranian Registry of Clinical Trials (IRCT) with code IRCT20180926041148N1) and approved
76 by Ethics committee of Urmia University of Medical Sciences with code
77 IR.UMSU.REC.1396.398. A researcher visited five selected health centers of Urmia to conduct

78 research in selected research environments. The health centers of Urmia city were divided into
79 three groups according to the viewpoint of health experts based on their social, economic and
80 cultural status (26 health centers at high level, 19 health centers at average level, and 20 health
81 centers at low level). This study was conducted on five outskirts health centers in Urmia which
82 were selected randomly including Al-Mahdi, Ali Abad, Shohada, Hakim, Badekey health
83 centers. The subjects were those who referred to the family health unit for receiving health care.

84 The researcher, after referring to the relevant centers and coordinating with the authorities of
85 those centers, selected one person from the staff of the centers as a collaborator for the research
86 implementation. According to the inclusion criteria of the study, sampling was started at each
87 center. Sampling was done randomly based on the population covered by each center and the list
88 provided by one of the contributors to the health centers that were eligible to participate in the
89 study, so that the list of names in each center was poured into a bowl and, the paper A and B was
90 assigned to the intervention and control groups. During a telephone call, those who expressed
91 their willingness verbally were invited to visit their respective centers for more information.
92 After introducing the research and expressing the goals and method of the work, subjects were
93 invited to cooperate in the study. The confidentiality of the responses was described to subjects
94 and they were asked to complete informed consent form, the demographic characteristics
95 questionnaire (such as age, marital status, number of children, educational level, body mass
96 index, employment status and economic situation, which was designed by the researcher), and
97 middle aged identity crisis questionnaire.

98 In the second part of the questionnaire was Identity Crisis Questionnaire (ICQ) consisting of 50
99 questions, which in total has ten subscale based on RCET's theory including aimlessness, futility,
100 hopelessness, lack of self-confidence, worthlessness, dissatisfaction with life, anxiety, sadness,
101 aggression and anger. The validity of this questionnaire has been confirmed by experts in this
102 field. In addition, Cronbach's alpha method was used to calculate the internal consistency of 0.93
103 was obtained showing high internal consistency of this test.^[9]

104 Finally, all selected samples (n=90) were assigned randomly to the two groups of intervention
105 (n=45) and control (n=45) (Figure 1). The inclusion criteria of the study included age between
106 40-60 years old, lack of stressful events (such as death or severe illness of close relatives) in the
107 past six months, lack of specific disease history, and exclusion criteria were development of
108 acute disease during the study and not attending more than two sessions of counseling. The
109 intervention (counseling group) was conducted for six weeks held weekly and each session for
110 60-90 minutes, and the number of people in each group was 7-10. Counseling sessions were held
111 with the following content:

112 The first session was held by focusing to establish communication with an emphasis on the
113 current status and environment, and the goals of counseling sessions. The used strategy was to
114 establish a good relationship with the client and run a pre-test to find out the current situation and
115 problem.

116 The second session devoted to the responsibility for physical changes (including menopause, hot
117 flashes, hypertension, fatigue, muscle cramp and insomnia, increased or decreased sexuality, and
118 help to cope and accept, help to prepare for learning new experiences, asking for information
119 from specialist and health care providers, and how to take care of the unusual physical and
120 mental symptoms) and psychological changes (including cope with the onset of negative
121 thoughts about your health and friends' health concerns, anxiety of fatal and deadly diseases,
122 worries about the future of children, fear of poverty and so on.

123 The third session devoted to nutrition and its importance, nutritional needs of the middle-aged
124 women, right nutrition principles including restrictions on the consumption of sugar and
125 confectionery, coffee and carbonated beverages, fruits and vegetables, dairy products, cereals
126 and grains, and attention to the importance of breakfast meals.

127 The fourth session devoted to managing stress, anger and physical activity including having
128 adequate sleep and rest, familiarity with stress control methods such as relaxing and muscle
129 relaxation and having regular exercise and stretching exercises, deep breathing, enhancing good
130 listening skills, and consulting on using some problem solving techniques and counting numbers
131 and traffic light technique.

132 The fifth session devoted to counseling about internal balance, one of the ways to eliminate
133 tensions and anxieties, including an invitation to explore spiritual issues, to improve and
134 maintain health, to emphasize counseling on prayer and thinking and self-meditation.

135 The sixth session devoted to interpersonal relationships and useful employment including
136 creating a positive attitude towards others and the ability to communicate effectively and
137 excellently despite interpersonal differences, setting plans to take advantage of opportunities and
138 creating useful hobbies, and attention to personal needs.

139 It should be noted that due to ethical principles, a meeting was also organized for the control
140 group after the intervention and a booklet along with educational pamphlets was presented.

141 Then, immediately after the end of the intervention, post-test was done in the both groups. The
142 venue for counseling sessions was in a quiet room in the selected health centers. Independent t-
143 test was used for comparing the quantitative effects between the intervention and control groups.

144 Qualitative variables were compared between the two groups using Chi-square test and Fisher's
145 exact test. The data analysis was performed through SPSS software. A P value less than of 0.05
146 was considered significant.

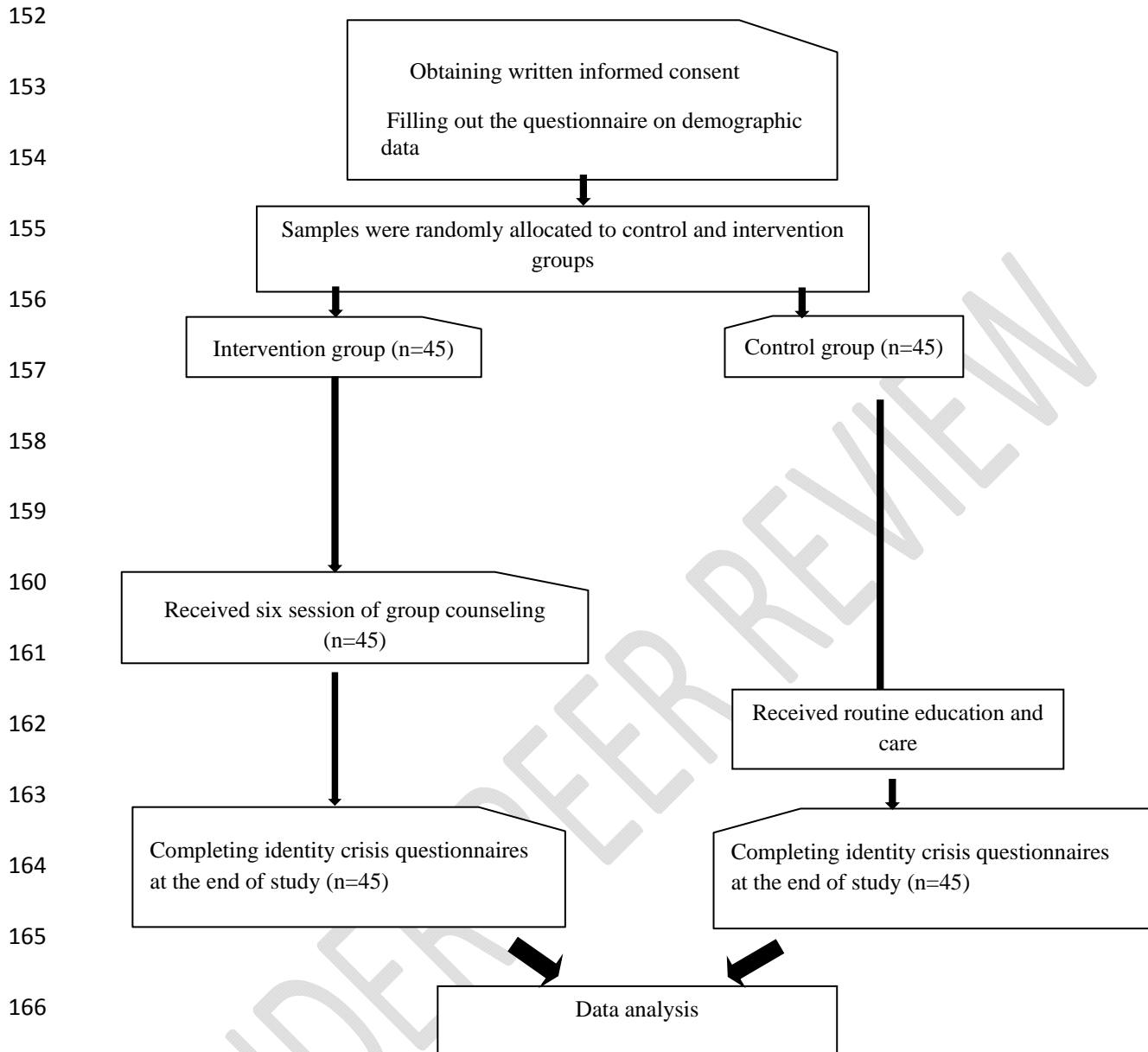
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150 **Results**

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168 **Figure 1: CONSORT flowchart**

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170 In this study, the two groups were homogeneous in terms of the mean age of women ($P = 0.756$),

171 height of women ($P = 0.741$), weight ($P = 0.977$), and the number of children ($P = 0.951$). The

172 mean age of women in the intervention group (50.93 ± 5.38 years) and in the control group

173 (50.55 ± 6.23 years) was 50 years. Also, in the intervention and control groups, the mean number

174 of children was 2.43 ± 1.47 and 2.44 ± 1.49 , respectively. In this study, the two groups were

175 homogeneous regarding BMI ($P > 0.999$), education level ($P = 0.851$), husband's education level

176 (P = 0.973), economic status (P = 0.954), marital status (P = 0.940), occupation (P = 0.982), and
 177 dwelling situation (P = 0.744).

178 The majority of women in the intervention and control groups (33.3%) were in the overweight
 179 category in terms of body mass index. Regarding education of middle-aged women, the majority
 180 of subjects in the control group (31.1%) and in the intervention group (33.3%) had a middle
 181 education. The majority of female participants in the both groups were housewives and their
 182 husband was worker.

183 According to Table 3, the mean score of identity crisis and its ten dimensions before and after the
 184 intervention in the two groups were significantly different (P<0.001). The results of t-test
 185 showed that there was a significant difference between the mean score of identity crisis and its
 186 ten dimensions before and after the intervention in the two groups. This means that the use of
 187 group counseling intervention has been able to improve the identity crisis of middle-aged women
 188 in the mentioned dimensions in the intervention group. Also, according to the results of t-test,
 189 there was no significant difference in any of the dimensions of identity crisis in the control group
 190 (P>0.05).

191 **Table 1:** Comparison of midwifery women in the two groups of intervention and control by
 192 quantitative demographic characteristics

Variable	Intervention group		Control group		Statistic	P value
	Mean	SD	Mean	SD		
Age	50.92	5.38	50.55	6.23	t=-0.3 df=88	0.756*
Height	160.82	4.78	161.15	4.82	t=-0.33 df=26	0.741**
Weight	73.70	12.89	73.67	12.06	z=-0.14	0.977*
Child number	2.53	1.47	2.44	1.54	t=-0.25 df=87	0.951*

193 * According to independent t-test

194 **According to Mann – Whitney

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206 **Table 2:** Comparison of midwifery women in the two groups of intervention and control by
 207 qualitative demographic characteristics

Variable		Intervention group		Control group		Statistic	P value
		Frequenc y	Percent	Frequency	Percent		
BMI	Thin	12	26.7	12	26.7	t=0.84 df=3	>0.999
	Normal	9	20	10	22.2		
	Overweight	15	33.3	15	33.3		

	Obese	9	20	8	17.8		
Education	Illiterate	8	17.8	9	20	F=0.9 df=3	0.851
	Middle	15	33.3	14	31.1		
	Diploma	15	40.4	20	4.4		
	>Diploma	4	8.9	2	4.4		
Education of spouse	Illiterate	11	24.4	12	28.9	F=0.36 df=3	0.973
	Middle	19	42.2	19	42.2		
	Diploma	13	28.9	10	22.2		
	>Diploma	2	4.4	3	6.7		
Economic status	Income> expenses	6	13.3	7	15.6	X ² =0.77 df=2	0.954
	Income< expenses	15	33.3	15	33.3		
	Income=expenses	24	51.1	22	51.1		
Occupation	Employee	14	31.1	12	28.9	X ² =0.81 df=1	0.982
	Housekeeper	31	86.9	21	71.9		
Dwelling status	Personal	19	42.2	19	42.2	X ² =0.74 df=2	0.744
	Rent	23	51.1	21	46.7		
	Beside family	3	6.7	5	11.1		
Marital status	Single	2	4.4	1	2.2	F=0.94 df=3	0.940
	Married	27	50.9	26	49.1		
	Divorced	6	42.9	8	57.1		
	Widow	10	50	10	50		

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Table 3: Comparison of mean scores of middle-aged women's identity crisis before and after intervention in the two groups

Variable	Group		Mean ± SD	P value
Identity crisis (Total score)	Intervention group	Intervention group	129.95±10.12	<0.001
		Control group	96.67±7.41	
	Control group	Intervention group	129.10±8.59	0.112
		Control group	130.05±8.49	
Aimlessness	Intervention group	Intervention group	14.05±2.66	<0.001
		Control group	10.77±2.53	

	Control group	Intervention group	13.92±1.81	0.53
		Control group	13.85±1.90	
Futility	Intervention group	Intervention group	13.02±8.72	<0.001
		Control group	8.72±2.16	
	Control group	Intervention group	12.85±1.99	0.534
		Control group	12.90±2.07	
Hopelessness	Intervention group	Intervention group	15.85±2.32	<0.001
		Control group	11.02±2.99	
	Control group	Intervention group	16.00±2.26	0.614
		Control group	15.77±2.18	
Lack of self-confidence	Intervention group	Intervention group	11.22±3.13	<0.001
		Control group	6.92±2.86	
	Control group	Intervention group	10.87±2.84	0.301
		Control group	10.85±2.70	
Worthless	Intervention group	Intervention group	25.72±3.24	<0.001
		Control group	27.16±3.13	
	Control group	Intervention group	11.87±2.84	0.267
		Control group	11.80±2.70	
Dissatisfaction with life	Intervention group	Intervention group	16.80±2.04	<0.001
		Control group	16.60±2.28	
	Control group	Intervention group	16.72±2.63	0.282
		Control group	15.00±2.18	
Anxiety	Intervention group	Intervention group	14.65±2.34	0.012
		Control group	13.05±2.65	
	Control group	Intervention group	14.67±3.61	0.226
		Control group	14.62±3.57	
Sadness	Intervention group	Intervention group	13.00±2.94	0.573
		Control group	9.80±2.69	
	Control group	Intervention group	12.95±1.73	<0.001
		Control group	12.90±1.80	
Aggression	Intervention group	Intervention group	7.27±2.47	0.051
		Control group	6.10±2.47	
	Control group	Intervention group	6.95±2.69	0.069
		Control group	7.04±2.28	
Anger	Intervention group	Intervention group	7.27±2.47	0.261
		Control group	6.10±2.47	
	Control group	Intervention group	12.00±7.27	<0.001
		Control group	7.20±2.74	

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229 Discussion

230 The present study was designed to determine the effect of group counseling on the identity crisis
 231 of middle-aged women. The results showed a significant difference between the intervention and
 232 control groups in the post-test about the level of women's health promotion behaviors. In other
 233 word, the mean score of the identity crisis in subjects undergoing group counseling has fallen

234 from that of those who did not receive this intervention. This suggests the effectiveness of group
235 counseling on the reduction of the identity crisis in middle-aged women. The results of the
236 present study were consistent with some studies such as Asoodeh et al.,^[10] Javadivala et al.,^[11]
237 Ghaedi et al.,^[12] Parvin et al.,^[13] Heidarinasab et al.,^[14] Elias et al.,^[15] Amodeo et al.,^[16]
238 Cardoso et al.,^[17] Wiley et al.,^[18] and Malott et al.^[19] showing the positive effects of group
239 counseling and psychotherapy on reducing middle-age identity crisis and increasing the mental
240 health of middle-aged people.

241 Studies have shown that when individuals experience age-related changes and major changes in
242 the environment, they may weaken their self-confidence, although not everyone experiences this
243 phenomenon. Expected events that have not occur yet, and wishes that have not been able to
244 achieve, or a child who has never been able to give birth, become very important and anxious in
245 middle age. These events, through the social comparison mechanism, are capable of influencing
246 individual self- confidence, which provides grounds for the emergence of middle-age identity
247 crisis.^[3]

248 Middle age research has shown that middle-aged people can only be survived middle-aged
249 identity crisis if they can adapt to mid-life changes. Middle-aged people who are always flexible
250 and do not learn from their experiences in the face of the changes, may try hard to avoid
251 accepting their weaknesses and thus experience more frustration. They may also turn into weak
252 people who are easily affected; they are very vulnerable to criticism and have a very fragile
253 identity. The best and most healthy adaptation for middle aged people is a situation in which
254 identity is so flexible that it changes if necessary, but it is also not lacking in a structure that any
255 new experience will cause the underlying assumptions of the individual to be questioned about
256 themselves [20]. Therefore, in working with middle-aged people and trying to reduce the middle-
257 age identity crisis, the adaptation of individuals to these changes should be considered. The issue
258 of adaptation to the changes in the middle age in psychotherapy has been taken into account by
259 strengthening the middle-aged defense mechanisms and encouraging the abandonment of the raw
260 defense mechanisms.^[21] In various studies, the relationship between the suppression of
261 unresolved issues related to the physical and psychological changes of middle age and the
262 inhibition of the expression of negative and unpleasant emotions due to socio-economic
263 problems of this period has been proven with low adaptability and the avoidance of problem
264 solving in middle aged people. On the other hand, research has shown that positive emotional
265 expression and the use of relaxation techniques are associated with improved coping styles.^[4]

266 This issue was reflected in the present study. Participants of the intervention group showed a
267 significant decrease in the severity of the middle-age identity crisis after participating in group
268 meetings, advising them to abandon the vulnerable defense style, awareness of their emotions,
269 tendency to accept their emotions and behaviors, and gaining more advanced defensiveness.
270 From the perspective of the researcher of this study, the main factor in changing middle-aged
271 identity crisis symptoms was adaptation to middle-age physical changes, changing in the style of
272 defense, acceptance of negative emotions and gaining insight into changing their position in the

273 community and in the minds of others.those who participated in group counseling sessions. The
274 results showed that group counseling reduces middle aged identity crisis. The results of this
275 research and previous studies support interventions and short-term psychiatric methods to
276 improve the psychological and adaption status of the middle-aged women.

277 Another issue considered in group counseling was the person's thinking about other's point of
278 view. The characteristics of people who experience middle age identity crisis are worrying about
279 losing their position in the minds of others due to their physical disabilities and loss of appetite,
280 and others do not care about them like before. The task of the therapist at the treatment sessions
281 is to create a supportive and intimate environment that one can express the unpleasant emotions
282 associated with conflicts of communication and concerns without feeling guilty. In our sessions,
283 sympathy of the members of the group and the supportive and intimate environment were the
284 main factor. In group counseling, one of the other areas was the frustration of having monotone
285 life. This hopelessness relates to widespread issues in which one exaggerates the remorse and the
286 perception of disturbing wishes, feelings, thoughts and experiences, and always feels frustrated.
287 These failures affect their psychological status and life satisfaction. In group counseling, the
288 therapist tried to alert people about frustration and its consequences to be encouraged to look at
289 life with a more positive attitude and life satisfaction.

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291 **Conclusion**

292 According to the results of this study, awareness of emotions, the recognition of ineffective
293 defense mechanisms, understanding the reason of the identity crisis, awareness of the general
294 psychological changes in the middle age, providing emotional support, accepting the excitement,
295 sharing of experiences, discussing negative feelings about middle age and possible weaknesses,
296 expressing unpleasant feelings, and educating appropriate communication patterns for middle-
297 aged women can be achieved by reducing the symptoms of middle-age identity crisis, which is
298 the basis for improving psychological well-being and increasing adaptability. The use of group
299 counseling intervention has been able to improve the identity crisis of middle-aged women in the
300 ten dimensions of identity crisis

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303 **Conflicts of interest**

304 There are no conflicts of interest.

305 **References**

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