

Original Research Articles

Effect of Group Counseling on the Identity Crisis of Middle-Aged Women as Health Promotion Behavior

ABSTRACT

Objectives: This study aimed to determine the effect of group counseling on the identity crisis of middle-aged women referred to outskirts health centers of Urmia, Iran in 2018.

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

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

Conclusion: According to the results, the use of group counseling intervention has been able to improve the identity crisis of middle-aged women in the most dimensions of identity crisis including aimlessness, futility, hopelessness, lack of self-confidence, worthlessness, dissatisfaction with life and anxiety.

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

Introduction

Middle-age is defined as a phase of psychological transformation in the range of life or transitional period that encompasses biological, psychological, and social changes [1]. One of the transitional stages in the human life cycle resulting in changes in different aspects is the middle-age transition. These changes in the person's life affect on overall function and may cause problems in daily activities [2, 3]. The evolutionary events of the middle ages are largely based on the concept of the identity crisis. In this regard, Berk in 2008, by presentation of various

41 views of others in this regard, has confirmed the identity crisis of middle-aged people as internal
42 chaos, self-doubt, and general rehabilitation of personality during the transition to middle age.
43 The middle-aged crisis is an emotional state of doubt and anxiety in which a person is unhappy
44 because he realizes that half of life has passed. This situation usually involves reflections of the
45 way a person has lived so far, and is often accompanied by an emotion that life has not been
46 sufficiently achieved and has not significant results [4].

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

58 Nevertheless, a few studies have been carried out on the identity crisis in Iran. Identity crisis of
59 middle-aged people can be seen as a turning point in life, resulting in a new insight about self
60 and reformation in the plan and path of life. This review may cause the person to regret for
61 failing to achieve his/her wishes, or to get him/her to know more precisely about the social clock.
62 The person realizes that the deadline is about to end e.g. it is not time to get marriage or have
63 other baby [8]. If people remain confused for a long time in this crisis, many aspects of their
64 psychological life will be affected and there is a risk of widespread psychological damage, such
65 as depression and anxiety [9]. Therefore, it is necessary to consider the psychological state of
66 middle-aged people who experience identity crisis and to test the methods that are useful in
67 improving these symptoms.

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

75 **Methods and materials**

76 **This randomized, pre-test and post-test control study was conducted as a clinical trial registered**
77 **in Iranian Registry of Clinical Trials (IRCT) with code IRCT20180926041148N1 and approved**

78 by Ethics committee of Urmia University of Medical Sciences with code
79 IR.UMSU.REC.1396.398. A researcher visited five selected health centers of Urmia to conduct
80 research in selected research setting. The health centers of Urmia city were divided into three
81 groups according to the viewpoint of health experts based on their social, economic and cultural
82 status (26 health centers at high level, 19 health centers at average level, and 20 health centers at
83 low level). This study was conducted on five outskirt health centers in Urmia which were
84 selected randomly including Al-Mahdi, Ali Abad, Shohada, Hakim, Badekey health centers. The
85 subjects were those who referred to the family health unit for receiving health care.

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

100 In the second part of the questionnaire was Identity Crisis Questionnaire (ICQ) consisting of 50
101 questions, which in total has ten subscale based on RCET's theory including aimlessness, futility,
102 hopelessness, lack of self-confidence, worthlessness, dissatisfaction with life, anxiety, sadness,
103 aggression and anger. The validity of this questionnaire has been confirmed by experts in this
104 field. In addition, Cronbach's alpha method was used to calculate the internal consistency of 0.93
105 was obtained showing high internal consistency of this test [10].

106 Finally, all selected samples (n=90) were assigned randomly to the two groups of intervention
107 (n=45) and control (n=45) (Figure 1). The inclusion criteria of the study included age between
108 40-60 years old, lack of stressful events (such as death or severe illness of close relatives) in the
109 past six months, lack of specific disease history, and exclusion criteria were development of
110 acute disease during the study and not attending more than two sessions of counseling. The
111 intervention (counseling group) was conducted for six weeks held weekly and each session for
112 60-90 minutes, and the number of people in each group was 7-10. Control group had not
113 counseling session with FGD design and just followed the routine care program of centers such
114 individual counseling session if needed. Counseling sessions were held with the following
115 content:

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

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

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

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

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

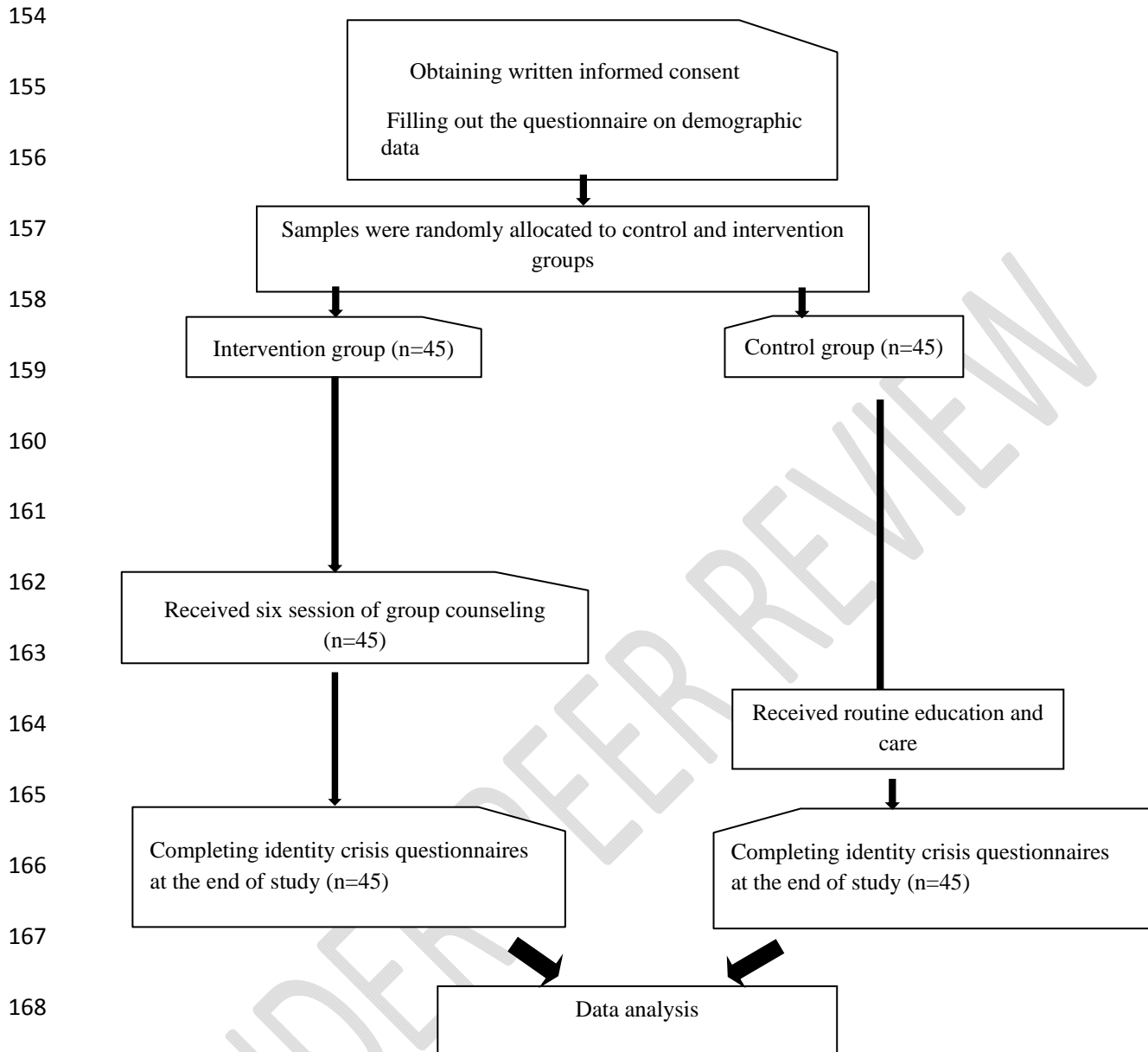
139 The sixth session devoted to interpersonal relationships and useful employment including
140 creating a positive attitude towards others and the ability to communicate effectively and
141 excellently despite interpersonal differences, setting plans to take advantage of opportunities and
142 creating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

143 It should be noted that due to ethical principles, a meeting was also organized for the control
144 group after the intervention and a booklet along with educational pamphlets was presented.
145 Then, immediately after the end of the intervention, post-test was done in the both groups. The
146 venue for counseling sessions was in a quiet room in the selected health centers. Independent t-
147 test was used for comparing the quantitative effects between the intervention and control groups.
148 Qualitative variables were compared between the two groups using Chi-square test and Fisher's
149 exact test. The data analysis was performed through SPSS software. A P value less than of 0.05
150 was considered significant.

151 **Results**

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170 **Figure 1: CONSORT flowchart**

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172 In this study, the two groups were homogeneous in terms of the mean age of women ($P = 0.756$),
 173 height of women ($P = 0.741$), weight ($P = 0.977$), and the number of children ($P = 0.951$). The
 174 mean age of women in the intervention group (50.93 ± 5.38 years) and in the control group
 175 (50.55 ± 6.23 years) was 50 years. Also, in the intervention and control groups, the mean number
 176 of children was 2.43 ± 1.47 and 2.44 ± 1.49 , respectively. In this study, the two groups were
 177 homogeneous regarding BMI ($P > 0.999$), education level ($P = 0.851$), husband's education level

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

180 **Table 1:** Comparison of midwifery women in the two groups of intervention and control by
 181 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*

182 * According to independent t-test

183 **According to Mann – Whitney

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

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

Variable	Intervention group		Control group		Statistic	P value	
	Frequency	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	0.982

	Housekeeper	31	86.9	21	71.9	df=1	
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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198 According to Table 3, the mean score of identity crisis and its ten dimensions before and after the
 199 intervention in the two groups were significantly different ($P < 0.001$). The results of t-test
 200 showed that there was a significant difference between the mean score of identity crisis and its
 201 ten dimensions before and after the intervention in the two groups. This means that the use of
 202 group counseling intervention has been able to improve the identity crisis of middle-aged women
 203 in the mentioned dimensions in the intervention group. Also, according to the results of t-test,
 204 there was no significant difference in any of the dimensions of identity crisis in the control group
 205 ($P > 0.05$).

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208 **Table 3:** Comparison of mean scores of middle-aged women's identity crisis before and after
 209 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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212 Discussion

213 The present study was designed to determine the effect of group counseling on the identity crisis
 214 of middle-aged women. The results showed a significant difference between the intervention and
 215 control groups in the post-test about the level of women's health promotion behaviors. In other
 216 word, the mean score of the identity crisis in subjects undergoing group counseling has
 217 **decreased than** those who did not receive this intervention. This suggests the effectiveness of
 218 group counseling on the reduction of the identity crisis in middle-aged women. The results of the
 219 present study were consistent with some studies such as Asoodeh et al., [11] Javadivala et al.,
 220 [12] Ghaedi et al., [13] Parvin et al., [14] Heidarinasab et al., [15] Elias et al., [16] Amodeo et
 221 al., [17] Cardoso et al., [18] Wiley et al., [19] and Malott et al. [20] showing the positive
 222 effects of group counseling and psychotherapy on reducing middle-age identity crisis and
 223 increasing the mental health of middle-aged people.

224 Studies have shown that when individuals experience age-related changes and major changes in
 225 the environment, they may weaken their self-confidence, although not everyone experiences this
 226 phenomenon. Expected events that have not occur yet, and wishes that have not been able to
 227 achieve, or a child who has never been able to give birth, become very important and anxious in

228 middle age. These events, through the social comparison mechanism, are capable of influencing
229 individual self- confidence, which provides grounds for the emergence of middle-age identity
230 crisis [3].

231 Middle age research has shown that middle-aged people can only be survived middle-aged
232 identity crisis if they can adapt to mid-life changes. Middle-aged people who are always flexible
233 and do not learn from their experiences in the face of the changes, may try hard to avoid
234 accepting their weaknesses and thus experience more frustration. They may also turn into weak
235 people who are easily affected; they are very vulnerable to criticism and have a very fragile
236 identity. The best and most healthy adaptation for middle aged people is a situation in which
237 identity is so flexible that it changes if necessary, but it is also not lacking in a structure that any
238 new experience will cause the underlying assumptions of the individual to be questioned about
239 themselves [21]. Therefore, in working with middle-aged people and trying to reduce the middle-
240 age identity crisis, the adaptation of individuals to these changes should be considered. The issue
241 of adaptation to the changes in the middle age in psychotherapy has been taken into account by
242 strengthening the middle-aged defense mechanisms and encouraging the abandonment of the raw
243 defense mechanisms [22]. In various studies, the relationship between the suppression of
244 unresolved issues related to the physical and psychological changes of middle age and the
245 inhibition of the expression of negative and unpleasant emotions due to socio-economic
246 problems of this period has been proven with low adaptability and the avoidance of problem
247 solving in middle aged people. On the other hand, research has shown that positive emotional
248 expression and the use of relaxation techniques are associated with improved coping styles [4].

249 This issue was reflected in the present study. Participants of the intervention group showed a
250 significant decrease in the severity of the middle-age identity crisis after participating in group
251 meetings, advising them to abandon the vulnerable defense style, awareness of their emotions,
252 tendency to accept their emotions and behaviors, and gaining more advanced defensiveness.
253 From the perspective of the researcher of this study, the main factor in changing middle-aged
254 identity crisis symptoms was adaptation to middle-age physical changes, changing in the style of
255 defense, acceptance of negative emotions and gaining insight into changing their position in the
256 community and in the minds of others.those who participated in group counseling sessions. The
257 results showed that group counseling reduces middle aged identity crisis. The results of this
258 research and previous studies support interventions and short-term psychiatric methods to
259 improve the psychological and adaption status of the middle-aged women.

260 Another issue considered in group counseling was the person's thinking about other's point of
261 view. The characteristics of people who experience middle age identity crisis are worrying about
262 losing their position in the minds of others due to their physical disabilities and loss of appetite,
263 and others do not care about them like before. The task of the therapist at the treatment sessions
264 is to create a supportive and intimate environment that one can express the unpleasant emotions
265 associated with conflicts of communication and concerns without feeling guilty. In our sessions,
266 sympathy of the members of the group and the supportive and intimate environment were the

267 main factor. In group counseling, one of the other areas was the frustration of having monotone
268 life. This hopelessness relates to widespread issues in which one exaggerates the remorse and the
269 perception of disturbing wishes, feelings, thoughts and experiences, and always feels frustrated.
270 These failures affect their psychological status and life satisfaction. In group counseling, the
271 therapist tried to alert people about frustration and its consequences to be encouraged to look at
272 life with a more positive attitude and life satisfaction.

273

274 **Conclusion**

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

284 **Conflicts of interest**

285 There are no conflicts of interest.

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