



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

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Authors' contributions

This work was carried out in collaboration among all authors. Author ME designed the study, performed the statistical analysis, wrote the protocol and wrote the first draft of the manuscript. Authors SB and NTK managed the analyses of the study. Author NTK managed the literature searches. All authors read and approved the final manuscript.

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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

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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 of 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, worthless, dissatisfaction with life and anxiety.

Keywords: Group counseling; identity crisis; middle-aged women.

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

In this case, the person may feel tired of his or her life, occupation, or partner, and feel a strong desire to change in these cases [1]. A group of treatments that seem to have worked better in improving mental health among middle-aged people than other treatments is group counseling. Group counseling is a bipartisan process in which a counselor and a group of peers deal with problems, feelings, attitudes and

values, and is an attempt to modify the attitudes and perceptions of a person so that people can better understand the problems of themselves evolutionary problems more effective [5]. People in a group with similar problems feel more secure and more relaxation and willing to discuss their personal, family and objective issues and take advantage of the experience of others in a trust venue, as well as the outcome of the consultation. Group counseling with middle-aged people reduces their psychological tensions, in such a way that they can help others with their emotions [6,7].

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

Considering the need for counseling support for middle-aged women and promotion of health and

quality of life behaviors, in particular to promote their physical and mental health, and since today many governments and policy makers at the macro level consider health promotion as an integral part of social development and because of the fact that midwives as health care providers have the privilege of close communication with middle-aged women in health care centers, the research team 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.

2. METHODS AND MATERIALS

This randomized, pre-test and post-test control study was conducted as a clinical trial registered in Iranian Registry of Clinical Trials (IRCT) with code IRCT20180926041148N1 and approved by Ethics committee of Urmia University of Medical Sciences with code IR.UMSU.REC.1396.398. A researcher visited five selected health centers of Urmia to conduct research in selected research setting. The health centers of Urmia city were divided into three groups according to the viewpoint of health experts based on 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). This study was conducted on five outskirts health centers in Urmia which were selected randomly including Al-Mahdi, Ali Abad, Shohada, Hakim, Badekey health centers. The subjects were those who referred to the family health unit for receiving health care.

The researcher, after referring to the relevant centers and coordinating with the authorities of centers, selected one person from the staff of the centers as a collaborator for the research implementation. According to the inclusion criteria, sampling was started at each center. Sampling was done randomly based on the population covered by each center and the list provided by one of the contributors to the health centers that were eligible to participate in the study, so that the list of names in each center was poured into a bowl and, the paper A and B was assigned to the intervention and control groups, respectively. During a telephone call, those who expressed their willingness verbally were invited to visit their respective centers for more information. After introducing the research and expressing the goals and method of the work, subjects were invited to cooperate in the study. The confidentiality of the responses was

described to subjects and they were asked to complete informed consent form, 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.

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

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

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

The second session devoted to the responsibility for physical changes (including menopause, hot flashes, hypertension, fatigue, muscle cramp and insomnia, increased or decreased sexuality, and help to cope and accept, help to prepare for learning new experiences, asking

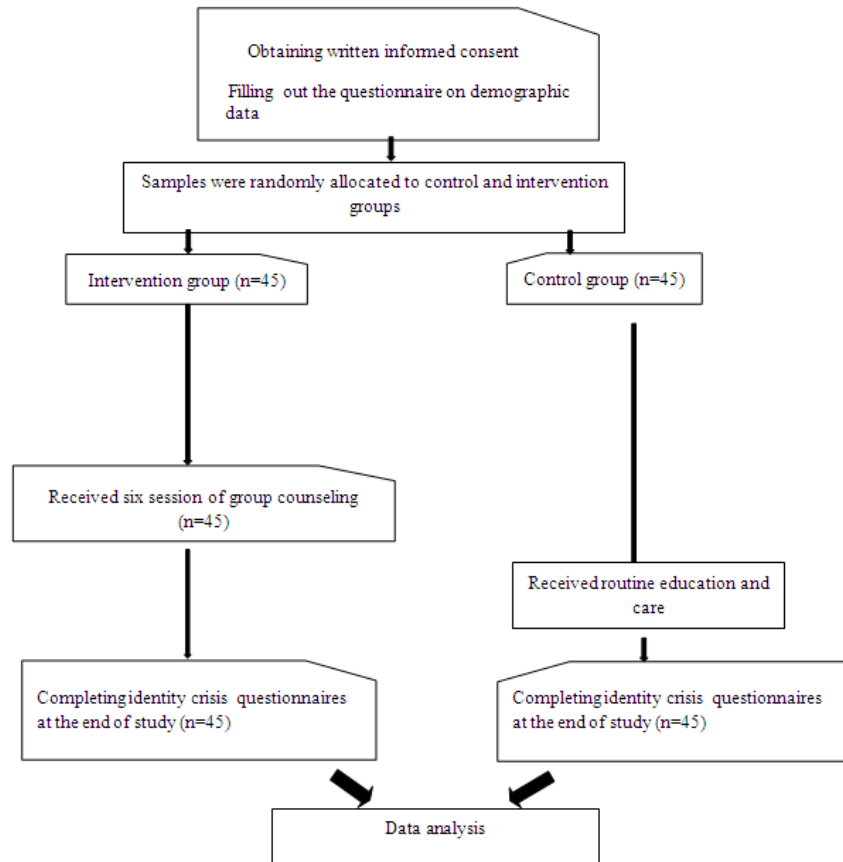


Fig. 1. CONSORT flowchart

for information from specialist and health care providers, and how to take care of the unusual physical and mental symptoms) and psychological changes (including cope with the onset of negative thoughts about your health and friends' health concerns, anxiety of fatal and deadly diseases, worries about the future of children, fear of poverty and so on.

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

The fourth session devoted to managing stress, anger and physical activity including having adequate sleep and rest, familiarity with stress control methods such as relaxing and muscle relaxation and having regular exercise and stretching exercises, deep breathing, enhancing

good listening skills, and consulting on using some problem solving techniques and counting numbers and traffic light technique.

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

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

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

immediately after the end of the intervention, post-test was done in the both groups. The venue for counseling sessions was in a quiet room in the selected health centers. Independent t-test was used for comparing the quantitative effects between the intervention and control groups. Qualitative variables were compared between the two groups using Chi-square test and Fisher's exact test. The data analysis was performed through SPSS software. A P value less than of 0.05 was considered significant.

3. RESULTS

In this study, the two groups were homogeneous in terms of the mean age of women ($P = 0.756$), height of women ($P = 0.741$), weight ($P = 0.977$), and the number of children ($P = 0.951$). The 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 ($P > 0.999$), education level ($P = 0.851$), husband's education level ($P = 0.973$), economic status ($P = 0.954$), marital status ($P = 0.940$), occupation ($P = 0.982$), and dwelling situation ($P = 0.744$).

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

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

4. DISCUSSION

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

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

Middle age research has shown that middle-aged people can only be survived middle-aged identity crisis if they can adapt to mid-life changes. Middle-aged people who are always flexible and do not learn from their experiences in the face of the changes, may try hard to avoid accepting their weaknesses and thus experience more frustration. They may also turn into weak people who are easily affected; they are very vulnerable to criticism and have a very fragile identity. The best and most healthy adaptation for middle aged people is a situation in which identity is so flexible that it changes if necessary, but it is also not lacking in a structure that any new experience will cause the underlying assumptions of the individual to be questioned about themselves [21]. Therefore, in working with middle-aged people and trying to reduce the

middle-age identity crisis, the adaptation of individuals to these changes should be considered. The issue of adaptation to the changes in the middle age in psychotherapy has been taken into account by strengthening the middle-aged defense mechanisms and encouraging the abandonment of the raw defense mechanisms [22]. In various studies, the relationship between the suppression of unresolved issues related to the physical and psychological changes of middle age and the inhibition of the expression of negative and unpleasant emotions due to socio-economic problems of this period has been proven with low adaptability and the avoidance of problem solving in middle aged people. On the other hand, research has shown that positive emotional expression and the use of relaxation techniques are associated with improved coping styles [4].

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This issue was reflected in the present study. Participants of the intervention group showed a significant decrease in the severity of the middle-age identity crisis after participating in group meetings, advising them to abandon the vulnerable defense style, awareness of their emotions, tendency to accept their emotions and

behaviors, and gaining more advanced defensiveness. From the perspective of the researcher of this study, the main factor in changing middle-aged identity crisis symptoms was adaptation to middle-age physical changes, changing in the style of defense, acceptance of negative emotions and gaining insight into changing their position in the community and in the minds of others. Those who participated in group counseling sessions. The results showed that group counseling reduces middle aged identity crisis. The results of this research and previous studies support interventions and short-term psychiatric methods to improve the psychological and adaption status of the middle-aged women.

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

Table 1. Comparison of midwifery women in the two groups of intervention and control by 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*

* According to independent t-test; **According to Mann – Whitney

Table 2. Comparison of midwifery women in the two groups of intervention and control by qualitative demographic characteristics

Variable		Intervention group		Control group		Statistic	P value
		Frequency	Percent	Frequency	Percent		
BMI	Thin	12	26.7	12	26.7	t=0.84df=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=0.9df=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=0.36df=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 =0.77df=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 =0.81df=1	0.982
	Housekeeper	31	86.9	21	71.9		
Dwelling status	Personal	19	42.2	19	42.2	X ² =0.74df=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=0.94df=3	0.940
	Married	27	50.9	26	49.1		
	Divorced	6	42.9	8	57.1		
	Widow	10	50	10	50		

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

Variable	Group		Mean \pm SD	P value
Identity crisis (Total score)	Intervention group	Intervention group	129.95 \pm 10.12	<0.001
		Control group	96.67 \pm 7.41	
Aimlessness	Control group	Intervention group	129.10 \pm 8.59	0.112
		Control group	130.05 \pm 8.49	
Futility	Intervention group	Intervention group	14.05 \pm 2.66	<0.001
		Control group	10.77 \pm 2.53	
Hopelessness	Control group	Intervention group	13.92 \pm 1.81	0.53
		Control group	13.85 \pm 1.90	
Lack of self- confidence	Intervention group	Intervention group	13.02 \pm 8.72	<0.001
		Control group	8.72 \pm 2.16	
Worthless	Control group	Intervention group	12.85 \pm 1.99	0.534
		Control group	12.90 \pm 2.07	
Dissatisfaction with life	Intervention group	Intervention group	15.85 \pm 2.32	<0.001
		Control group	11.02 \pm 2.99	
Anxiety	Control group	Intervention group	16.00 \pm 2.26	0.614
		Control group	15.77 \pm 2.18	
Sadness	Intervention group	Intervention group	11.22 \pm 3.13	<0.001
		Control group	6.92 \pm 2.86	
Aggression	Control group	Intervention group	10.87 \pm 2.84	0.301
		Control group	10.85 \pm 2.70	
Anger	Intervention group	Intervention group	25.72 \pm 3.24	<0.001
		Control group	27.16 \pm 3.13	
Excitement	Control group	Intervention group	11.87 \pm 2.84	0.267
		Control group	11.80 \pm 2.70	
Weaknesses	Intervention group	Intervention group	16.80 \pm 2.04	<0.001
		Control group	16.60 \pm 2.28	
Unpleasant feelings	Control group	Intervention group	16.72 \pm 2.63	0.282
		Control group	15.00 \pm 2.18	
Communication patterns	Intervention group	Intervention group	14.65 \pm 2.34	0.012
		Control group	13.05 \pm 2.65	
Reducing symptoms	Control group	Intervention group	14.67 \pm 3.61	0.226
		Control group	14.62 \pm 3.57	
Basis for improving	Intervention group	Intervention group	13.00 \pm 2.94	0.573
		Control group	9.80 \pm 2.69	
Psychological well-being	Control group	Intervention group	12.95 \pm 1.73	<0.001
		Control group	12.90 \pm 1.80	
Improving psychological well-being	Intervention group	Intervention group	7.27 \pm 2.47	0.051
		Control group	6.10 \pm 2.47	
Reducing symptoms	Control group	Intervention group	6.95 \pm 2.69	0.069
		Control group	7.04 \pm 2.28	
Basis for improving	Intervention group	Intervention group	7.27 \pm 2.47	0.261
		Control group	6.10 \pm 2.47	
Psychological well-being	Control group	Intervention group	12.00 \pm 7.27	<0.001
		Control group	7.20 \pm 2.74	

5. CONCLUSION

According to the results of this study, awareness of emotions, the recognition of ineffective defense mechanisms, understanding the reason of the identity crisis, awareness of the general psychological changes in the middle age, providing emotional support, accepting the

excitement, sharing of experiences, discussing negative feelings about middle age and possible weaknesses, expressing unpleasant feelings, and educating appropriate communication patterns for middle-aged women can be achieved by reducing the symptoms of middle-age identity crisis, which is the basis for improving psychological well-being and

increasing adaptability. The use of group counseling intervention has been able to improve the identity crisis of middle-aged women in the ten dimensions of identity crisis.

CONSENT

As per international standard, participant's written consent has been collected and preserved by the author(s).

ETHICAL APPROVAL

This randomized, pre-test and post-test control study was conducted as a clinical trial registered in Iranian Registry of Clinical Trials (IRCT) with code IRCT20180926041148N1 and approved by Ethics committee of Urmia University of Medical Sciences with code IR.UMSU.REC.1396.398.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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