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Counseling Adolescent Existential Issues

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Abstract

Theories of adolescent identity development have offered counselors plausible explanations of adolescent behavior. However, little has been explored as to the existential nature of adolescent identity crisis. Questions such as 'who am I?' are clearly existential in nature, yet exploring those issues from within an existential framework are rarely discussed in the literature. We propose several areas where adolescent behavior and exploration can be seen as part of the search for identity and addressed by practical strategies.

Key words: adolescence, identity, existential, counseling

Although much has been written about adolescent development, few publications were discovered by the authors that address their existential needs (Fitzgerald, 2005). McDougall (1995) stated that an existential approach has traditionally been reserved for working with clients who are either nearing the twilight years or could financially afford a long term counseling relationship. On the other hand, Eleftheriadou (2002) argued that an existential approach to counseling can be effective for individuals from all walks of life and all ages.

In this article, we map existential themes that resonate within normal adolescent development. We discuss how major themes of existential theory apply to the adolescent stages associated with Piaget's theory of cognitive development and Erikson's (1950) and Marcia's (1993) theories of adolescent psychosocial development. We follow the psychosocial overview with a discussion on how significant authority figures, as well as peer influences, contribute to the existential development of adolescents. Finally, we present specific counseling interventions for helping adolescents who may be experiencing existential crises.

Adolescent Development as an Existential Process

Cognitive Development

Inhelder and Piaget (1955) stated that children begin to acquire the ability to think abstractly at approximately age 12, describing this cognitive behavior as formal operational thought. Later research provided supporting evidence that about 30% of children this age demonstrate behaviors consistent with Piaget's theory (Gray, 1990; Kuhn, 1989). The capacity for abstract thought tends to influence many aspects of adolescent life, particularly thoughts on religion, politics, family, community, and education.

Broderick and Blewitt (2006) discovered that children who have reached the formal operational stage are able to consider multiple possibilities and test them against one another. Exploration of alternatives is not evidenced in the pre-operational stage of younger children. Construction of ideals, or logically structured possibilities, seems to be derived from formal operational thought (Cowan, 1978).

Psychosocial Development

Existential counseling theory is rooted in a mid-20th century philosophy that sought to explain some of the most basic questions of human existence. These questions center around four themes: death, meaninglessness, isolation, and responsibility/freedom. Examples of these existential questions include: Who am I? What is the meaning of my life? What can I believe? Where do I belong? Such questions point to a quest for identity and continue to be asked of one's self throughout the lifespan (Baruth & Manning, 2006). What makes this relevant to adolescent development is the fact that such questions are not considered by the individual until about age 12, when the capacity for abstract thinking occurs. Consequently, upon entering adolescence, questions of one's being emerge with a ponderous effect (Erikson, 1950).

Erikson's (1950) theory of psychosocial development describes human development as occurring in eight successive stages. At each stage, the individual faces a developmental crisis. Successful resolution of the crisis is dependent upon achieving a balance between the conflicting extremes. For example, with infants between birth and 18 months, the developmental goal is to achieve a balance between trust and mistrust. Successful passage through Erikson's first stage occurs when the individual achieves a balance of trusting the caregiver but mistrusting strangers.

The fifth stage of Erikson's (1950) theory, *identity vs. role diffusion* is the period that coincides with adolescence. At this stage, the adolescent begins to consider questions of his or her own existence, self-identity, meaning in life, and the changing role of authority. Essentially for Erikson, identity is described by how we see ourselves in relation to our world. As part of this search for identity, adolescents begin to separate themselves (their subordinated identities as children) from the previously established authority of parents and elders. Inherent in the process of separating from parents is the growing sense of isolation, a common presenting feature in adolescent clients and a fundamental aspect of existential angst.

A core task of adolescence is to create a stable identity in which the individual effectively defines how she sees herself and determines how she wishes to relate to others (Chessick, 1996; Damon, Menon, & Bronk, 2003; Ellsworth, 1999; Hacker, 1994). One

can liken this process and outcome to what happens when a caterpillar transforms into a butterfly. While being encased in its cocoon, the chrysalis is neither caterpillar nor butterfly. Within the chrysalis, growth and differentiation occurs. A similar process occurs with the adolescent who is facing the existential crisis of identity. Separating herself from the identity as ‘a child of mom and dad,’ she has not yet discovered her individual identity. The process of separation can create feelings of isolation from the familiar. It may even create feelings of isolation from the self. This analogy exemplifies what Erikson (1959) described as *role confusion*. According to Erikson, the uncertainty about one’s place in the world results in the adolescent suffering from role confusion or an identity crisis.

There are benefits of achieving role identity. If the crisis is successively resolved, the individual acquires virtues of fidelity and loyalty. The adolescent is able to successfully be himself and share of himself. However, according to Marcia (1966), if not successfully resolved, a form of maladaptation from this stage could be fanaticism or excessive enthusiasm with regards to one’s identified role. The possible malignancy could involve repudiation. This is defined as an extreme sense of rejection of traditional (e.g., parental) values and beliefs (Marcia, 1966). The results of this particular malignancy would more than likely encourage the adolescent to fuse with a group that would be eager to provide details of its defined identification. Often, these groups are made up of negative influences and promote destructive behavior (Erikson, 1959). In order to assist an adolescent who may be experiencing the ramifications of an identity crisis, therapists working from an existential orientation can suggest that the adolescent has the freedom to choose for herself who she is and will become.

Marcia (1966) further refined Erikson’s theory of identity development by postulating that adolescents, at any point during the *identity vs. role diffusion* stage of psychosocial development, can be defined by one of four statuses: diffusion, moratorium, foreclosure, or achievement. *Diffusion* marks the beginning of adolescence, when the individual lacks the desire to explore or commit to a self-created identity: a sort of putting off growing up. In effect, the adolescent remains attached to the identity that they were ‘thrown into,’ particularly by parents and the context of their lives.

Moratorium represents the status where one begins exploring one’s life path, but with a lack of commitment to an identity (Marcia, 1966). Moratorium parallels Erikson’s notion of ‘crisis’ wherein the adolescent, through trial and error, tries different ways of being, searching for the one that fits. This status appears to be the most tumultuous period for the adolescent and the parents.

Foreclosure is the status where the adolescent makes a commitment, but without exploring alternatives. Adopting the values of one’s older significant others (parents, teachers, religious leaders, etc.) without considering self-morals exemplifies this status. Here, Marcia (1993) described the adolescent as having a conferred identity. The adolescent operates under a “prearranged set of ideals, occupational plans, and interpersonal forms” (Marcia, 1993, p. 8). As mentioned previously, with Erikson’s *identity vs. role diffusion*, establishing a sense of autonomy becomes a major milestone for adolescents. Once again, existentially based helpers can assist adolescents with establishing the freedom to choose one’s own identity, separate from what one’s authority figures prescribe.

Achievement defines Marcia's (1966) fourth status in adolescent psychosocial development. Achievement is reached when the adolescent has explored alternatives for the future and has made commitments according to those options explored. This status is most similar to Erikson's identity resolution. Meeus, Iedema, Helsen, and Vollebergh (1999) discovered a positive correlation between obtaining achievement status and healthy psychological well-being. Knowing where the adolescent client is in these four identity statuses can help guide the counselor in choosing appropriate interventions based on the client's level of development.

Authority Figures in Adolescent Development

Prior to adolescence, the child's identity is largely established for him by others and by the context in which he lives. Authority about what seems true comes from external sources, such as his parents, teachers, and others. Establishing one's role identity requires separation from these external sources of authority and shifting towards an internal one. In his theory of development, Erikson (1950) explained that the adolescent begins to challenge external sources of authority (e.g., parents and teachers) to pursue a search for what authority lies within him. This separation can be painful and frustrating for both parties. Still, there are ways that parents can positively influence the necessary transformation by utilizing an authoritarian parenting style as defined by Baumrind (1991):

Authoritative parents are both demanding and responsive. They monitor and impart clear standards for their children's conduct. They are assertive, but not intrusive or restrictive. Their disciplinary methods are supportive rather than punitive. They want their children to be assertive as well as socially responsible, and self-regulated as well as cooperative. (p. 62)

By contrast, Takeuchi and Takeuchi (2008), discovered *authoritarian* parenting (demanding, but not responsive) can yield a competitive/hostile reaction from the adolescent where overall support and cooperation between adolescent and parent decreases. Mounst and Steinberg (1995) asserted that an authoritative parenting style can help guide an adolescent to choose a peer group that reinforces qualities that the parent can affirm and support. Utilizing the existential concept of freedom and responsibility, the therapist can help both the parents and adolescent express their individual freedoms in a safe space, while coming to a compromise on what is best for both parties involved.

Peer Influence in Adolescent Development

Between the ages of 11 and 16, Steinburg and Silverberg (1986) noted that children progressively shift their emotional dependence from their parents to peer groups. The means by which this shift of importance occurs may be due to the process of attribute substitution (Broderick & Blewitt, 2006; Seltzer, 1982). To this assertion, the adolescent may be caught between the tension of *self* as authority, expressed as freedom/autonomy, and accountability for one's choices, expressed as responsibility.

Separating from parents, as a source of authority, is a first step in transitioning into a newly self-created identity (Kroger, 2002). Yet, according to Maxwell and Henriksen (2012) this transition can leave a void in the newly emerging identity and in

the authority that helps to guide the adolescent's choices and regulate her behavior. From an existential viewpoint, the inherent angst of isolation motivates the adolescent to seek belongingness (Ellsworth, 1999). A major task of adolescence is to find peers who accept one's uniqueness, while at the same time conforming to identified groups (Hanna, Hanna, & Keys, 1999). Existential theorists make a compelling argument that the adolescent's strife for group membership is a direct reaction to a fear of isolation and meaninglessness (Chessick, 1996; Damon et al., 2003; Ellsworth, 1999; Hacker, 1994).

Finding an appropriate balance between autonomy and reliance on one's caretakers is experienced by most adolescents (Baumrind, 1991; Damon et al., 2003). Awareness of this developmental need can provide motivation for young clients by framing the work of counseling in a light of attaining the very freedom-to, freedom-from, freedom-with, and freedom-for status that they seek (Weiss, 1958).

Lacking well-defined behavioral models, adolescents seem to experiment in behaviors observed in their peers, in a sort of 'trying on for size' of different identities (Kroger, 2002; Maxwell & Henriksen, 2009; Utley & Garza, 2011). This emulating behavior is similar to Erikson's (1950) idea that adolescents sample numerous identities searching for a 'best fit.'

Implications for Counselors

Interventions When Working With Adolescents

There is a lack of therapeutic approaches when working with adolescents (Rubenstein & Zager, 1995). Even though there is a limited body of empirical evidence, the establishment of a strong therapeutic relationship with adolescent clients is imperative to fostering change in their lives. Yalom's (1980) remark, "It is the relationship that heals" (p. 401), is indeed relevant to working with adolescents struggling with identity issues. Kazdin (1994) noted there being evidence that a strong therapeutic relationship will itself produce positive change in adolescents.

According to Maxwell and Henriksen (2009) the adolescent needs the opportunity and safe space to express the feelings regarding what it is like being an adolescent. It may be wise for the therapist to spend a substantial amount of time building the client's self-esteem. This can be done by focusing on the positive attributes that the client brings to his or her family, friends, school, and community.

Leveling the power differential with a young client can strengthen the adolescent's self-concept. This might be accomplished if the counselor will put herself in the position of student. Allow the client to teach the counselor about what it is like to be an adolescent in today's world. A sincere and inquisitive stance by the counselor may help create trust within the adolescent. Even if the counselor is well versed in the area of human development, allowing the adolescent to report his own experiences is empowering in itself. On that same note, it is helpful when the counselor admits when she is wrong about an assumption. This gesture, again, allows the adolescent client to see the counselor in a light very different from his usual adult evaluators. Before the end of the counseling relationship, allow the adolescent client to know that you, the counselor, have learned valuable information from your experience with him. Howard (1989) found that when this aura is emitted during the counseling relationship, the client is left with a strong sense of empowerment.

A therapeutic intervention attempted without previously established rapport, empathy, and trust will seem, to many adolescents, as a covert attempt to manipulate them. A humble and genuine demeanor bodes well when working with adolescents. Orlinsky, Grawe, and Parks (1994) discovered that a therapist's level of genuineness is effective in generating positive change. Rubenstein (1996) noted the keen sense of detection that adolescents possess when faced with pretentiousness and insincerity. Showing deep respect for the adolescent client is also an effective way of gaining entry into his world. This type of gesture seems to catch adolescents off guard, but in a positively effective way.

Effective Existential Strategies With Adolescents

Adolescence is a period of substantial change, uncertainty, and existential angst. Forming a new identity requires leaving behind the safety of what is familiar. Helping adolescents to see how the nature of the counseling relationship might assist them in their quests for being truthful or authentic with themselves is a key element. One way of beginning this process may be to explain clearly and concisely how they may experience more turmoil as they explore their existential questions. Anchoring a reassurance of your unconditional acceptance throughout the process of discovering that unique identity will be key to maintaining a positive rapport with the adolescent client.

Attention is something that all adolescents seek and they may express their need for attention in negative, even insolent, ways. A counselor may be well served to think outside the box when observing adversarial demonstrations of attention seeking. One example would be to view attention seeking behavior as an opportunity to explore with the adolescent how his behavior relieves his anxiety (Klem, Owens, Ross, Edwards, & Cobia, 2009). Does the behavior reduce isolation? Does it alleviate fears of death or meaninglessness? Consider reframing negative attention seeking behavior as coping behaviors to counter existential angst.

Accept the adolescent client's anger and resentment as a valid aspect of her experience. If the therapist is overtly affected by an adolescent's extreme behavior, the therapeutic relationship is often compromised (Hanna et al., 1999). Miller (1986) reported that those who are denied power in society tend to be aware of this fact. Adolescents are no different. They often report experiencing a lack of power in their worlds, and this perception is frequently an accurate one.

When faced with an adolescent who harbors emotions of anger, it is recommended to initially address the root emotion of pain. Often, these emotions are interconnected, but from a therapeutic standpoint, the former gives way to the latter. A question such as, 'Have you experienced a lot of hurt in your life?' may change the tone of an angry adolescent. More often than not, the adolescent will report that the majority of their anger is directly attributable to their hurt (Hanna et al., 1999). Thus, it may be helpful for the counselor to recognize that anger may be an outward expression of a wounded spirit and to acknowledge the existence of that wound.

Finding appropriate reframes to show admiration for a tough client can be challenging and promising. Hanna et al. (1999) suggested we "assume negative behavior to be an existential choice." (p. 398). It may also be an existential choice when the client is elusive to certain probes and questions. Recognize that deflection of probes and questions can be a coping strategy to avoid the anxiety of alienation or isolation.

Acknowledge the adolescent client regarding his strong boundaries, recognizing when, where, and with whom the client chooses to allow entry into his or her experience.

It can be informative for the therapist to determine the level of confidence that the adolescent client extends to the relationship. Here, the counselor might employ a technique developed to gauge where a client is willing to allow a counselor to enter into her world. Lazarus (1989) introduced the idea of therapeutic concentric circles, a technique which involves drawing, or conceptualizing, five circles, each larger and encircling the prior. The center most circle represents the client's most personal and private thoughts and feelings. The outermost circle represents the least significant information about the client. Asking the client to tell the counselor where precisely the therapist sits in these rings of intimacy and trust can be informative. This technique can also assist in choosing the most beneficial language to tap into an adolescent's world.

Conclusion

Adolescence is the stage of life connecting childhood and adulthood, markedly noted by experiences of turbulence and stress. Changes in hormones, cognitive abilities, and the desire for a personal identity all contribute to the complexity of this transitional period. The Carnegie Council on Adolescent Development (1996) discovered that today's adolescents face greater challenges, pressures, and dangers than adolescents from past generations. The world is changing, and it is up to today's counselors to remain ahead of the curve when it pertains to how we view our clients.

Traditionally, an existential approach has been reserved for either wealthy and/or older clientele (McDougall, 1995). Recent research has shown that individuals from all walks of life and all ages encounter existential crises; thus, making an existential lens a viable way of looking at the human condition (Eleftheriadou, 2002). Adolescents could clearly benefit from a similar style.

Though a contradiction in terms, adolescents strive for a sense of belonging to a group, while at the same time establishing autonomy in the eyes of their evaluators and peers. Existential issues such as hopelessness, meaninglessness, despair, and isolation may be quite evident in adolescence (Hacker, 1994) with defenses such as denial, reaction formation, and over-identification balancing their needs (Hanna et al., 1999).

All adolescents need room to grow and safe places to test their developing selves (Broderick & Blewitt, 2006). Central to helping adolescents create their unique identities is providing appropriate space in which to explore the possible identities that suit their existential needs and authentic identities. Ultimately, finding the balance between under-involvement and over-involvement, as either parents or mental health professionals, seems to be the task at hand for best assisting adolescents in establishing a healthy identity. Broderick and Blewitt (2006) suggested addressing situations of adolescence with a combination of current information, vigilance, empathy, and authority.

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