

STUDY OF PSYCHOLOGICAL CRISIS IN ADOLESCENTS

ВИВЧЕННЯ ПСИХОЛОГІЧНИХ КРИЗ У ПІДЛІТКІВ

The article covers the general characteristics of the crisis age period. At the same time, it reflects the opinions of some foreign experts about the adolescent crisis. It is known that one of the central and biggest problems of psychology is the issues related to personality and its development. Historically, famous and well-known scientists have put forward theories and hypotheses based on multifaceted, extensive or deep research, collected empirical facts and observations. However, along with the conducted researches, there are issues related to personality development that have not been resolved and must be investigated. One of such issues is the problem of psychological crisis in adolescents. Especially nowadays, psychological crisis cases are related to personality development, age, gender, etc. The investigation of its characteristics is one of the most relevant issues for the psychology. Taking into account the necessity of researching the topic, the article touches upon some of the studies conducted so far on the crisis. At the same time, brief information about the research conducted on 100 adolescents was also given in the article. It has been known that at this age period the crisis manifests itself in various aspects in the majority of adolescents. Indicators for each area are listed as well. In addition, the importance of psychological support was mentioned in the article. Taking into account the importance of psychological intervention in the problems faced by adolescents, certain recommendations have been given. It should be noted that the topic is always relevant in the field of psychology and constantly requires new research.

Key words: adolescence, crisis, transition, crisis research.

У статті висвітлено загальну характеристику періоду кризового віку. Водночас він відображає думки деяких закордонних експертів щодо підліткової кризи. Відомо, що однією з центральних і найбільших проблем психології є питання, пов'язані з особистістю та її розвитком. Історично склалися так, що відомі та відомі вчені висували теорії та гіпотези, засновані на багатогранних, обширних або глибоких дослідженнях, зібраних емпіричних фактах і спостереженнях. Проте, поряд з проведеними дослідженнями, існують питання, пов'язані з розвитком особистості, які не вирішені і потребують дослідження. Одним із таких питань є проблема психологічної кризи у підлітків. Особливо в наш час випадки психологічної кризи пов'язані з розвитком особистості, віком, статтю тощо. Дослідження їх характеристик є одним із найактуальніших питань для психології. Зважаючи на необхідність дослідження теми, у статті розглядаються деякі з проведених на сьогоднішній день досліджень кризи. Водночас у статті наведено коротку інформацію про дослідження, проведене на 100 підлітках. Відомо, що в цей віковий період у більшості підлітків криза проявляється в різних аспектах. Також наведено показники для кожної сфери. Крім того, у статті було зазначено про важливість психологічної підтримки. Враховуючи важливість психологічного втручання в проблеми, з якими стикаються підлітки, надано певні рекомендації. Слід зазначити, що тема завжди актуальна в галузі психології та постійно потребує нових досліджень.

Ключові слова: підлітковий вік, криза, перехідний період, дослідження кризи.

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Introduction. Adolescence is an important turning point in the development stages of a person. Examining the crisis problem in the period of adolescence is related to the fact that this age period is the most critical, the most hesitant and the most unbalanced period. For adolescence an intrapersonal crisis is inevitable. Especially, both adolescent boys and girls experience crisis due to sexual development, and its resolution in the right way determines a person's future life. It is known that this period, when the completion of personality development is expected, is quite stormy for some people, and sometimes it can lead to a crisis due to a certain life event. Adolescence is considered an intermediate period, when a person is neither a child nor an adult, does not yet have social responsibilities, but can discover and try various roles. However, when considering the developmental changes that adolescents face, starting with mental development, through

puberty and gender identification, and becoming a social personality, the concept of an intermediate period can easily be replaced by the concept of a "chaotic period" [6].

Relevance of the problem. Psychological crisis has been the research topic of many researchers. Assessing adolescence as a "period of storms and stresses", Holl emphasized that the conflicts observed during this period are not an expectation, but a rule. According to Holl, all people go through the same stages regardless of the socio-cultural context in which they develop. Adolescence, one of these stages, is a very important period that can change the course of life [3, p. 256]

Gessell, influenced by Holl's biogenetic approach, proposed in the early 1950s the theory of normative development, that is, a model of normal evolution based on the observation of developmental events that are common in the transition from one year of life to the next. Gessell

suggested that each individual is unique in terms of growth structure, but there are certain developmental norms associated with chronological ages. According to Gessel, it is perfectly normal for a adolescents to seek independence and try out roles that allow them to develop new physical, sexual, cognitive, and social skills [2, p. 114].

Blos and A. Freud, alongside with this theory, proposed that adolescence is an emotional storm, and the absence of this storm can prevent them from separating from their mother and father. In contrast, some authors (Offer and Bandura) have suggested that this period is not a period of emotional fluctuations and that this situation is not valid for a large group of adolescents. Berzonsky, also covering these ideas, emphasized that some adolescents live this period as a period of intense stress, while others experience this stress very little. In particular, he noted that there are adolescents that are between these two groups. Berzonsky believes that the difference between these two views, classical and empirical, is related to the different groups of adolescents that cover the scope of work. According to Berzonsky, the proponents of the classical theory may have overestimated the stress experienced in adolescence because they usually deal with adolescents who have many problems and disorders. On the other hand, proponents of evidence-based theory may have downplayed stress.

Offer's experiment applied a self-image questionnaire to 326 male students from two high schools. Among these students, 106 boys were selected who showed average (normal) self-awareness and did not observe any notable violations. Finally, 3% of these 106 students were observed to have serious behavior problems at school, and these students were excluded from the experiment. This group represents the subgroup of Berzonsky's hypothesis, i.e. adolescents experiencing moderate and mild stress [6].

In the experiment carried out by Offer in 10 countries, the common characteristics of adolescents are that they are generally satisfied with their lives, they prefer to communicate with people socially, they care about what others think about them, they give importance to school and work, they are satisfied with themselves sexually, they experience positive emotions for their families, it means that they are confident in overcoming difficulties. Adolescents who experience this period of age as "storm and stress" or as a crisis, make up a relatively smaller part. Although the adolescents live this difficult period with care in certain times, they spend it in a way that does not pose a threat to their future.

Many authors (Erikson, Offer, Galantin) put forward the idea that crises and conflicts are a normal period of adolescent development and call it a normative crisis. These normative crises can be summarized as puberty, accompanying

physical changes, independence, and the period of separation from parents, as well as waiting for restructuring during the period of education after primary education. The intervention brought by the adolescents' realization that they are not ready to the world they live in can also be a normative crisis. In other words, as the individual progresses through the stages of development, the new period may threaten the order or balance that preceded it. In this situation, the adolescent may enter a life of stress, anxiety, agitation, and disorder while trying to deal with developmental issues [4, p. 89].

According to Bloss, tension and disputes caused by contradictions are seen as the source of energy for growth. It has been shown that if this dispute is not satisfactorily resolved, it may even lead to a psychopathology that may delay development. It would not be an exaggeration to say that developing crisis situations related to stressful life events pose the same risk during adolescence, when developmental change is experienced in its most intense, detailed, and complex way. Crises associated with stressful life events cause an acute and limited duration of an individual's continuing state of homeostasis. In fact, the crisis is explained not as the event or situation itself, but as an individual's reaction to the event or situation.

According to Davis, adolescence is a stressful time because of role changes and disputes. The crises encountered in this period differ in relation to social characteristics. For example, the need for success can vary greatly from one person to another according to social class expectations [4].

Purpose, tasks. The above shows that different researchers have studied the adolescent crisis from different aspects. At the same time, assessing the level of crisis in individuals plays an important role in choosing the right intervention methods for the problem. Taking into account the lack of research on this topic in Azerbaijan, we set ourselves the goal of investigating the crisis of adolescence.

Methods. The research was conducted on 100 teenagers aged 13–14 years studying in secondary school. Based on the set goal, the "Crisis Identity test" and the "Lüscher" test were used in the research. The Crisis Identity test consists of 136 questions. The questions of the test were adjusted taking into account the age of the participants. 136 questions include 9 scales: "Child-parent, family relations" (CHR), "Meaning values aspect" (MVA), "Emotional aspect" (EA), "Behavioral aspect" (BA), "Interpersonal and professional relations" (IPR), "Sexual aspect" (SA), "Stress factors" (SF), "Social desirability" (SD), "General indicator of personality crisis" (GCI)

All scales are divided into three components and form the identity crisis construct. The results obtained in each scale are interpreted according

to the following range of values: 39 points and lower – low values; 40–59 points – average values; 60 points and higher – high values.

Main part

Crisis assessment

Assessment means evaluation of the applicant's activity. It is important for a crisis counselor to assess the severity of the crisis as soon as possible during initial contact with the applicant. A crisis counselor often does not have time to conduct a full diagnostic work or collect an extensive history of the client, but rather a quick assessment must be made [2, p. 112].

Because crisis interventions are blind, spontaneous, and immediate, DSM diagnostic criteria or formal methods used in typical clinical assessments are not used here. In other words, assessment does not occur in a formal manner like in long-term clinical studies. Rather, it involves a targeted, designed, and ongoing active evaluation of the crisis worker throughout the process. Crisis assessment should assist in treatment planning and decision making. The ultimate goal of crisis assessment is to provide a method of systematically organizing information about the applicant's personal characteristics, crisis parameters, crisis duration and intensity, and using this information to develop an effective treatment plan. Assessment focuses on immediate needs and involves rapid evaluation of the crisis and referral of people to appropriate social resources. During a crisis, crisis evaluation, in other words, obtaining detailed information, can be delayed until balance and support are in place. In non-hospital conditions, brief information is obtained immediately. However, we must not forget that assessment usually comes before intervention. The primary role of the crisis counselor or other clinical staff involved in the assessment is to conduct an evaluation that will allow the person in crisis to gather information that will help them recover from the crisis. Initial consultation forms and rapid assessment tools allow the mental health professional to make better decisions about how and for how long to recommend treatment [6, p. 34].

Individualized crisis assessment should always assess the individual's internal and environmental context and increase the compliance between the person's needs and environmental resources. A crisis counselor should help the person in crisis to use effective coping techniques that will relieve their stress. It is important to assess the strengths and weaknesses of each system in your life in relation to a crisis. Information about what is going wrong in a person's life (eg, marital breakdown) should be complemented with information about what is still working (supportive network of friends). Having strong social resources can help a person cope with a crisis. Based on the fact that each crisis occurs within the family, work, neighborhood, and social system, the crisis

counselor's task is to determine which variables cause the person's crisis to persist and suffer, as well as which contribute constructively to change. However, the assessment should also determine whether the person is a danger to himself or others, and whether acute or intense psychiatric symptoms are present.

If acute psychiatric reactions are detected, these people should be hospitalized for a short period of time and psychopharmacotherapy should be used to prevent self-harm (e.g. suicide attempts and self-injurious behavior) or threats to others. Some people affected by traumatic events do not need psychiatric treatment. The first assessment after a social disaster is psychiatric recovery. Emergency history includes basic demographic information (name, address, phone number, email address, etc.), how the scope of the traumatic event was perceived, coping methods, problem(s), safety issues, previous trauma experiences, social support network, psychoactive substance and should include assessment of alcohol use, preexisting psychiatric conditions, and suicidal and homicidal risk. In a psychiatric or psychological emergency (priority) evaluation, the mental health professional must make an immediate decision as to whether there is a fatal risk. In addition, it should be aimed at identifying (a) patients who require immediate hospitalization (b) those who will be treated as outpatients (c) those who will be referred to social groups and social services (d) those who need referral [6, p. 3]. As a result, assessment is very important as it allows the crisis counselor to identify the situation. The assessment should quickly assess whether there are serious disturbances in the applicant's current emotional, behavioral, or cognitive functioning. The severity of the crisis should be assessed along with the subjective perspective of the applicant and the objective perspective of the crisis counselor. An objective evaluation is possible by evaluating the applicant in three directions. These are affective (feelings and emotional condition), behavioral (actions or psychomotor activities), and cognitive (thought patterns) [4, p. 125].

Affective/emotional state: Deterioration in this area primarily affects the applicant's balance. The applicant will become overly emotional, lose control, or may become severely withdrawn and disconnected from the environment. A crisis counselor should generally help the applicants regain control and mobility by helping them express their feelings appropriately and realistically. The crisis counselor pays attention to the following: "Does the applicant's emotional reactions indicate that the applicant is trying to deny the situation or avoid the content of the situation?", "Are the emotional reactions normal or appropriate to the crisis situation?", "What is the influence of other people on the emotional situation?". Such analyzes can assess the emotional state of the applicant.

Behavioral Action: The crisis counselor should pay attention to what the client is doing, his actions, mental steps, behavior and other psychomotor actions. Given that the best way to resolve a crisis is quickly, efforts should be made to facilitate the applicant's activities through positive action as soon as possible. People who successfully come out of a crisis are those who evaluate more effective options and take certain concrete and immediate actions during and after the crisis. However, the crisis counselor must remember that it is very difficult for inactive people to act autonomously, even when their needs are great. The crisis worker must be able to ask appropriate questions to encourage the client to take constructive action. For example: "What actions have you taken in the past that allowed you to regain control in situations like this?", "What should we do now to regain control?", "Is there someone who can support you in this crisis?" The main problem with inaction is the loss of control. Once the applicant begins to do something concrete, such as taking a step in a positive direction, control will begin to be restored. Once the applicant is allowed to act even a little, the climate for forward movement will be established.

Cognitive direction: A crisis counselor may need answers to some important questions to assess the applicant's mindset. These are: "Are the applicant's thoughts about the crisis realistic and coherent?", "If so, to what extent does the applicant rationalize and exaggerate the crisis?", "How long has the applicant engaged in crisis thoughts?", the applicant's thoughts about the crisis are more positive and is replaced by real ones. In crisis situations, quick assessment does not mean that credibility should be put on the back. The value of the assessment to be made in a crisis situation is measured by being fast, simple, effective, and reliable. In a crisis situation, the interviewer needs quick and effective information about what happened to the applicant and when [4, p.156].

Different methods are used in the assessment of psychological crisis. These methods may be related to observation, survey, test, etc.

Brief description of the results

Let's take a look at a brief description of the results obtained, showing the significance levels.

1) "Child-parent, family relations" (CPR) – 72 people showed results in the range of low values, 21 people in the middle values, and 7 people in the range of high values.

2) "Meaning values aspect" (MVA) – 70 people showed low values, 25 people showed average values, 5 people showed results in the range of high values.

3) "Emotional aspect" (EA) – 44 people had low values, 35 people had medium values, 21 people had high values.

4) "Behavioral aspect" (BA) – 29 people showed low values, 35 people showed average

values, 36 people showed results in the range of high values.

5) "Interpersonal and professional relations" (IPR) – 38 people showed low values, 49 people average values, 13 people showed results in the range of high values.

6) "Sexual aspect" (SA) – 50 people showed results in the range of low values, 47 people in the middle values, and 3 people in the range of high values.

7) "Stress factors" (SF) – 45 people had low values, 42 people had medium values, 13 people had high values.

8) "Social desirability" (SD) – 66 people had low values, 33 people had medium values, 1 person had high values.

9) "General indicator of identity crisis" (GCI) – 81 people showed results in the range of low values, 18 people in the range of medium values, and 1 person in the range of high values.

In addition, according to the results of the Lüscher method we conducted on students, 45 people have symptoms of crisis. This shows that on average 45% of 100 students had crisis situations in different aspects.

Result

During adolescence, preparation for University, determination of the adolescent's future, and worries about the future lead to an increase in crises during this period. During adolescence, young people may come to the idea that if they fail the exam, they will not fulfill the expectations of the family and the social environment, that they are not worthy of the expenses and investments made for themselves, and that if they cannot pass the exam, there is no point in their existence. The characteristics that lead to the crisis in adolescence and are characteristic of the period can be evaluated as problems in relations with the opposite sex, abandonment, rejection and separation. At the same time, the relationships of families that limit the social lives of adolescents, are obstacles, and interfere with the attention that should be focused on personality development, are directing the attention to arguments with the family and causing many problems. Also, some life events that contain crisis potential for each individual are more difficult during adolescence [5]. For example, the death of a loved one is a difficult situation for an individual at any age. But for an individual in adolescence, it is more of a difficult situation.

The death of one of the family members, especially the mother or the father, brings with it many life difficulties in addition to the pain caused by the loss, which makes the adolescence period, which is already known as the period of storms, even more painful. As can be seen, some life events, which have their own place among the crisis situations that will occur throughout life, can be more difficult, especially during adolescence. In this period, the presence of difficulties in the attitude

of the family towards the adolescent will lead to the formation of another crisis situation, which is an obstacle to cope with the crisis situation. In this regard, it should be noted that the problem of intrapersonal crisis during adolescence is of a global nature, and the implementation of effective preventive measures in this area leads to a decrease in the tendency to crisis and a constructive role in a person's life.

This is one of the important issues in the upbringing and development of the future healthy generation. Thus, taking into account the above, it can be said that the study of the characteristics of the manifestation of intrapersonal crisis in adolescents is of great importance both from a theoretical and practical point of view.

Crisis intervention during adolescence, unlike future periods, cannot be achieved simply by reaching a solution to the existing crisis situation. At the same time, it helps to raise a healthy personality and a strong person [6]. Thus, the adolescent becomes more knowledgeable about coping with problems that may arise throughout life. It also has a positive effect on the mental health of the family, not just the adolescent, by interrupting the unhealthy relationships within the family revealed by the crisis of an adolescent.

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