

The Quarter-Life Crisis: The Lack of Identity Development Support in Adolescents

Kristina Chao

River Hill High School, USA

ABSTRACT

The adolescent stage of development involves wide-scale neurological growth, thus allowing for a considerable emergence of mental health disorder symptoms, stemming from imbalances within the brain. Identity formation is a significant factor in adolescent maturation; however, rapid development can result in small-scale identity crises. Lack of identity development support in a teenager's environment can lead to discrepancies between their self-concept and the societal image they present, otherwise known as identity regression. During the adolescent period of growth, teenagers evolve into fully functioning members of society which is undoubtedly a critical stage that would benefit from identity development support. To prevent future difficulties, it is crucial to establish a nurturing foundation that is accepting of mistakes. Establishing healthy behaviors that are suitable to one's environment can assist in identifying the vulnerabilities that arise within teenagers, in turn potentially avoiding many more severe mental disorder symptoms.

Introduction

One in five teens, ages 12-18, suffers from at least one diagnosable mental health disorder, which is an astounding 20% of the adolescent population (About Mental Health, 2021). Unfortunately, there is a considerable emergence of neurological and mental disorders, primarily around the adolescence stage of life, during which a child matures through a sequence of experiences in order to ultimately become a self-sufficient participant in society. Mental disorder symptoms have been continuously increasing in commonality, yet struggling adolescents may never be given proper treatment opportunities or even get an official diagnosis (Czeisler, 2020). A factor of this dangerous escalation of mental illness symptoms is the lack of identity support provided in various key components of an adolescent's lifestyle and functioning, such as school, home, and family life. Identity, as defined by Erik Erikson, an identity-focused psychologist, is a concept in which a sense of continuity is provided, especially when differentiating between one's self and others, allowing one to function autonomously (Jung et al., 2013). Targeting the early development and recognition of symptoms such as reduced ability to concentrate, extreme mood changes, and significant exhaustion prior to adulthood is crucial. Identity development support is critical in decreasing the rate of adolescent psychological disorder symptoms because it targets common identity regression issues, aids in the neurobiological changes within the brain, and aims to resolve concerns with social acceptance and societal pressures. The aim of this paper is to discuss the variety of psychobiological factors that play a role in identity formation, explain why adolescents are so vulnerable to these severe disorder symptoms, detail why the environment an adolescent evolves in is so critical, and preview some possible basic implementation strategies to improve mental health and well-being in youth. Additionally, it will emphasize the importance and ultimate value of early childhood fostering to provide children the freedom to express their identity.

Adolescence is a time when periods of extended identity confusion surface. The emergence of these common cycles can result in a variety of psychiatric disorders & symptoms. It has been observed that there is, in fact, a spike in mental illnesses and an increase in vulnerability to these harmful cycles during adolescence since it is characterized by major changes in the neural systems that subserve higher cognitive functions, reasoning and interpersonal interac-

tions, cognitive control of emotions, risk-versus-reward appraisal, and motivation (Giedd et al., 2008). Multiple systems of the brain are targets for higher functioning but imbalances and changes that occur in the amygdala and prefrontal cortex during adolescence are shown to affect neurological mental health due to “the prefrontal cortex [being] one of the last brain regions to mature. [The] area is responsible for skills like planning, prioritizing, and controlling impulses. Since these skills are still developing, teens are more likely to engage in risky behaviors without considering the potential results of their decisions” (NIH, 2020). The developing teenage brain state is more susceptible to partaking in dangerous acts such as illegal substance use, unprotected sexual activity, and reckless driving, resulting in an arduous transition to being an independent adult in society. In turn, the societal process towards adulthood should prioritize the child towards building healthy behavioral habits, rather than choosing to indulge in short-term risky decisions that may lead to a hindrance of a solid foundation. Studies have determined that the pathophysiology of these mental disorders and their symptoms stems from the adolescent brain maturing (Giedd et al., 2008).

Maturation is a complex process that every individual undergoes, however ensuring that the process occurs in an environment dedicated to fostering identity growth is less common than most may believe. A developmental psychologist, Erik Erikson, developed his own set of identity measures: the psychosocial stages of development. The adolescent stage targets the conflict of identity vs. role confusion. The virtue that he determined this period of life would result in, was fidelity (Orenstein & Lewis, 2021). His conclusions show that the struggle with inner conflicts, specifically role identity, whether it be in the educational, home, or societal environments, are gradually becoming more prevalent. Being confronted with masses of information and micro-decisions is the norm during this stage, but they should be handled rationally and wisely, which can be achieved through support and perseverance through fundamental experiences. Failing to endure core experiences can result in role confusion: being unsure of what one's future may look like or one's role in society may be.

Additionally, the possible negative outcome of the psychosocial crisis during adolescence is confusion, which may lead to an increase in rebellious behavior, unhappiness, and resentment (Kroger, 2017). Teenagers tend to make decisions based on their immediate emotions rather than registering information to make logical and rational decisions. The increase in emotional reactivity may play a role in the emergence of psychological disorder symptoms, which immensely impact impressionable teenagers. The concerning number of neurological disorders and mental illnesses prevalent in adolescents is due to a variety of factors that can be extremely hard to control, but progress can still be achieved through teaching adolescents' skills on how to manage on their own. Unfortunately, if the common role confusion conflict evolves into higher levels of identity confusion, it will ultimately induce identity regression. The combination of the two identity conflicts can cause teenagers to experience detrimental mental health and disorder symptoms.

Identity regression issues are widespread in teenagers as they must subsist environmental, mental, and social shortcomings that are associated with poor identity growth and establishment. As these critical aspects of a teenager's functioning are impacted, their core decision-making and basis of decisions may be influenced by external factors. James Marcia, a psychologist dedicated to the study of psychosocial growth, categorized some particular configurations of identity. These configurations are as follows: Identity achievement (commitment following exploration), moratorium exploration in process), foreclosure (commitment without exploration), and diffusion (no commitment with little or no exploration). Similar to Erikson, he believed that specific crises can serve as catalysts prompting movement along a continuum of identity development (Kroger, 2017). The purpose of studying these statuses is to attempt to determine one's commitment to identity and their tendency to explore other identity-related experiences through “observed associated personality characteristics, patterns of interpersonal relations, and developmental forms of movement over time (Kroger, 2017). After the four configurations were reviewed, it has been concluded that one is more likely to suffer from mental disorders if in foreclosure, moratorium, or diffusion identity (Sharifi, 2015). Therefore, the only status that does not have a likelihood of mental illness is identity achievement, which is when the individual has both committed to identity as well as explored and expanded the character that they have chosen to display.

Even when one has attained identity achievement, identity regression always exists to a degree and has the opportunity to arise again. Some adolescents may find themselves unable to fully attain their identity, which can lead

to various problems in their current and future lives (Sharifi, 2015). Since identity is the foundation of all values and is a considerable factor in all decisions a teenager makes, it can create many complications for them as they continue to age and face more complicated issues. However, as adolescents are exposed to new possibilities, they form new beliefs, adopt different values, and make different choices, in turn leading adolescents to develop a progressively greater commitment to a particular identity. Once a commitment is established, approaching difficulties is a significantly smoother process. Through this adherence to a certain identity, adolescents can resist their identity regression once the responsibility of one's identity is settled.

During adolescence, teenagers develop a new process of weighing values, which plays a large role in determining identity development or regression. The modified system involves enhanced engagement of the ventromedial prefrontal cortex, which may cause an increase in risk-taking behaviors (Pfeifer & Berkman, 2018). Adjustments in values as children mature can impact their lives significantly. The urgent nature of these identity stages is that they can all assist in identifying personality characteristics, which is crucial since many people in an adolescent's environment have the opportunity to recognize these patterns and forms of maturing to better assist them. What is alarming is that identity regression is "occurring more frequently than can be predicted by chance alone" (Kroger, 2017). To combat this rise in rate, recognizing diffusion and foreclosure patterns can allow adolescents to identify shortcomings and negative pathways before it leads to potentially more severe behaviors. These foreclosure and diffusion patterns can also provoke struggles with puberty, a time when the imbalances within a teenager's brain can affect their daily functioning and decision-making, but can be countered through continued identity development support, laying a heavier focus on the neurobiological changes.

Puberty is when the teenage body undergoes many physical changes, along with multiple neurological imbalances within the brain which drive much of the risk-taking and hasty decisions. As kids age, they either gain or regress thinking abilities in which "social context, education, and experiences" are major influences on the rate (Jones, n.d.). A disparity between the maturation of the limbic system and prefrontal cortex causes teens to be more emotionally driven intuitively (Jones, n.d.). During the maturation, irrational behaviors emerge, resulting in different responses to stress compared to a fully matured adult. The evident surfacing of irrational behaviors have a high likelihood of impacting a teenager's life and their identity that is portrayed to others. Furthermore, it may be more consequential at a time when life becomes progressively confusing and complex as a result of stresses from school, social environments, and home environments. Stress affects brain functions heavily since the brain's control system holds a high risk factor for conversion and change by stress and contributes to diagnoses of mental health concerns (Tottenham & Galván, 2016). Changes occurring in the "amygdala, prefrontal cortex, and ventral dopaminergic systems" during adolescence make teenagers "highly vulnerable to the effects of environmental stress" (Tottenham & Galván, 2016). Although puberty affects all teenagers differently, it always impacts the development and the growth of the brain. The susceptibility to risky behaviors could have a lasting negative impact on teenagers' lives, promoting psychiatric disorder symptoms. Additionally, during puberty, teenagers begin interacting differently with their surroundings and maintain less control over their emotions, having to balance their "risk-vs-reward appraisal and motivation" (Giedd et al., 2008). Their skewed motivation can result in increased cognitive, affective, and addictive disorders (Giedd et al., 2008). With growing peer pressure, conforming to others' ideas can contribute to the increase in mental disorder symptoms, especially when one's personal values are being overruled or questioned. All of the new experiences and sensations teenagers are enduring can contribute to identity-building. From these behavioral changes and adjustments, the brain can also adjust accordingly with an optimal amount of nurturing and support, allowing adolescents to begin to forward-think and eventually evolve into functioning members of society. These psychobiological changes promote dependency on social acceptance and come with increased stress from puberty, resulting in severe impacts on self-confidence and peer interaction. However, if an adolescent's self-identity is fostered, since their values have been established, they are likely able to adapt to their environment, even when given decisions with multiple factors.

Along with the bodily changes, adolescent concern with social acceptance, self-consciousness, societal pressures, and emerging adulthood begin to increase profoundly during puberty (Verschueren et al., 2020). Increased identity development support through educational and relational support can aid in the processing of these emotions

and environmental stressors. Teenagers' common behaviors can include excessive risk-taking, inordinate self focus, and high susceptibility to social pressures (Pfeifer & Berkman, 2018). Teenage behavior is heavily influenced by developmental changes, specifically in sensitivity to rewards in the social context (Pfeifer & Berkman, 2018). With the accessibility that social media provides as well as the interactions that occur within a school setting, many children during the adolescent stage are directing more concentration and interest in deepening bonds and forming new relationships. Moreover, even recovering from symptoms still holds a certain stigma. Many adolescents maintain the idea that mental disorders equate to inadequacy, which can severely affect self-esteem, leading to higher suicide risk and impacting coping, social interaction, vocational functioning, and symptom severity (Yanos et al., 2010). Consequently, there is a large collection of social, psychological, and clinical forces that interact to possibly hinder or create barriers in the road toward recovery. The stigma surrounding mental health leads to a vicious cycle but it can be counteracted through individual targets of interventions such as a chain of thoughts and behaviors (Yanos et al., 2010).

Additionally, adolescent thought processes evolve since adolescents have increased anxieties to consider, particularly about their future and overarching goals. During the critical period, the teenager is becoming more independent and forward-thinking in terms of their career, relationships, and family. They desire the feeling of belonging within society (Erikson's Psychosocial Development Khan Academy - YouTube, 2014). In order to stabilize some anxiety-inducing thoughts, researchers were able to find that positive and stable relationships with peers are related to adolescent identity development (Ragelienė, 2016). In other words, the only way to grow is through new experiences, provided by healthy peer interaction and new bonds through relationships. These assured relationships offer a sense of security, which is comforting and extremely important in adolescence, a time of constant change and, oftentimes, confusion. The downside to adolescent relationships is that if negative emotions and experiences begin to be associated with possibly damaging friendships, adolescents become hyper-aware of the environment around them. They require more social interaction and become more susceptible to social pressures, which can hinder their development (Tottenham & Galván, 2016). In addition, there are adolescent-specific triggers of stress, such as demanding schoolwork, romantic relationships, and peer pressure (Tottenham & Galván, 2016). Adolescence requires diligent balance, which takes time and massive amounts of effort to develop. Without external support and a deeper understanding of what is occurring within a teenager's brain and body, adolescents will often isolate themselves due to the confusion and concern on how to balance the multitude of factors within their lives. Peer pressure and stress-inducing activities have the potential to incite self-consciousness and create a hyper-awareness of the thoughts and actions of others. Dependency on approval from others about one's behaviors fuels a sense of false identity, in turn causing teenagers to not independently create their form of self-identity.

Identity regression, neurobiological changes of puberty, and psychological concerns with environmental pressures make the adolescent stage of life extremely challenging to undergo. All of the factors mentioned previously can cause the emergence of psychiatric disorder symptoms, but they can be combated through identity development support and further research on the process of adolescent identity formation. It is undoubtedly important that the environment in which an adolescent matures is one with a nurturing foundation, allowing for mistakes to be made early on in order to prevent future consequences. Establishing healthy behaviors and being able to identify the vulnerabilities of common disorder symptoms before they worsen can avoid many more severe mental illnesses in teenagers. Allowing adolescents to evolve in their own way with guidance, whether it is from implementations and lessons taught in school, at-home adjustments and discussions, or even teaching the value of healthy peer interaction and relationship building, can decrease the risk of developing mental disorder symptoms. Simple acts ahead of time can assist adolescents with avoiding a lifetime of hardships.

Methods

Primary data was collected to assist in answering the research question: Can increased identity development support affect the rate of psychological disorder symptoms in adolescents? The hypothesis was if an adolescent's self-identity is fostered, the rate of psychological illness symptoms decreases by 20%. The descriptive research design involved a

survey distributed to 86 high school students through QR codes displayed throughout schools and through social media. The students were surveyed using an adapted version of the AIDA (Assessment of Identity Development in Adolescence), with the majority of questions involving the Likert scale accompanied with some open-ended questions about the surveyee's identity development journey. The AIDA questionnaire is a peer-reviewed and published tool that is commonly used in the psychiatric field to assess the complex study of identity and self-concept, particularly in adolescents. The AIDA aims to assess identity development in terms of impairments in personality functioning in adolescents. The questionnaire included multiple questions addressing concepts adolescents face with identity formation, such as consolidating emotional self-experience, consistency in self-concepts, autonomy, integrative cognitive self-experience, and consolidating perspectives & attributes, and consolidating relationships & roles. The rate at which adolescents feel comfortable with these aspects can assess identity development impairments, especially in personality functioning.

Results

The data collected supports the hypothesis that self-identity correlates with mental health disorders in adolescents. The research question that was aiming to be answered was whether adolescent identity development support could assist in decreasing the rate of adolescent mental illness symptoms.

The data displayed a wide range of identity diffusion rates in adolescent students in the domain of identity continuity and coherence. This can be observed in questions that fall under the aspect of consolidating emotional self-experience, where 46.6% of the respondents indicated that they often see their own behavior differently from how their friends see it, compared to the 24.5% that disagreed with that statement (Appendix D). Another main source of identity diffusion that was identified was in the consistency of self-concepts. When presented with the statement: "Sometimes I feel that my internal thoughts and feelings don't match my behavior", 58.1% of the students stated that they agreed, whereas 23.3% of the students disagreed (Appendix E). Another question focusing on self-concept inquired about how the students felt about others. When given the statement: "Many people often don't behave the way they really are", 61.7% of the surveyed students agreed, 29.1% strongly agreeing. In comparison, 7% of the students slightly disagreed, with 0% of the students strongly disagreeing which was the only question that yielded 0 "Strongly disagrees" (Appendix E). The last statement under the self-concept factor was "I sometimes feel lost, as if I have no clear inner self". This question yielded 46.5% agreeing and 33.1% disagreeing (Appendix E). A similar yield presented itself in the aspect of autonomy, indicating increased identity diffusion. When asked about whether they disliked being criticized or others seeing them fail, 68.6% of the respondents stated that they disliked those behaviors. On the contrary, 14% stated that they liked it (Appendix F). When given the statement of "I need reassurance from others to persevere", 43% of the students agreed, whether that be slightly or strongly. However, 39.6% of the respondents disagreed, saying that they do not require reassurance from others to persevere (Appendix F). The last question targeting the aspect of autonomy in adolescence was as follows: "I am sensitive to the disapproval of people when I'm speaking with them." The majority of the surveyees agreed with this statement with 57% stating that they are sensitive to the disapproval of others when they are speaking with them. About a quarter of the students stated that they disagreed with this statement (Appendix F). The final aspect that displayed results of identity diffusion was integrative cognitive self-experience. When asked about whether they felt deceived by others when they turn out to be very different from what they expected, 41.8% of the respondents stated that they do feel deceived. However, 34.9% did not indicate that they felt deceived in any way (Appendix G). Lastly, when given the statement of "I am sometimes confused about what kind of person I really am", a majority of 58.1% of surveyed adolescents stated that they agreed, whereas 27.9% disagreed with the statement (Appendix G).

In contrast, there were some identity aspects that resulted in lower rates of identity diffusion, such as consolidating perspectives & attributes. When asked about whether they could imagine the kind of person they will be in the future, 24.5% of the students responded that they could not imagine themselves in the future, whereas the majority, 52.3%, indicated that they could imagine the type of person they could be in the future, whether that be somewhat or

completely (Appendix B). When presented with the statement of “I don’t feel comfortable in my body”, 45.3% of the respondents indicated that they feel comfortable. However, only 29% stated that they don’t feel comfortable in their bodies (Appendix C).

In total, out of the 6 aspects tested utilizing the questionnaire, 4 of them had a higher rate of identity diffusion than not. The aspects were consolidating emotional self-experience, consistency in self-concepts, autonomy, and integrative cognitive self-experience. These aspects were involved in 9 out of the 11 questions. The remaining 2 aspects of consolidating perspectives & attributes and consolidating relationships & roles did not indicate a high rate of identity diffusion, and each had 1 question.

Another major section of the survey was the open-ended questions after the Likert scale questions, such as “What are three words that you think others would describe you as?”, “What are three words that you would use to describe yourself?” and “Is there anything else you would like to share about your identity development?” Every respondent stated something different when it came to their descriptors of themselves versus what they believe others would perceive them as. Additionally, many shared anxieties and worries that they have faced or are facing in their identity development. One surveyee expressed “I used to be very self-conscious about myself but then I realized that I hated hating myself. So I started to do a lot of self-help routines and started to dress to fit my body and my personality. Though I’m still trying to find myself and be comfortable I’ve come a long way from where I started.” Another shared their conclusion about their identity journey by affirming “It has taken me a very long time to realize what kind of person I am and I am still often confused by it and am unsure.” Responses such as these display that identity achievement is difficult to accomplish since it is an ongoing process. Additionally, a student shared “I often find it difficult telling the difference between how I actually am vs how I want to be. My personality/attitude tends to change based on who I’m around.” A similar comment was made: “I often feel like when I’m with others I act unusual or unlike how my thoughts reflect, but sometimes I feel as if my own thoughts are fake/formulated. Mostly, I just try not to think about it.” These statements show extreme diffusion within the aspect of consolidating emotional self-experience, which was a trend throughout the survey results. Another commonality that arose through some of the responses was strong identity development being diffused through factors of one’s environment. One student shared “I feel like I’m in a state where I know what I want, but I don’t have the time to pursue many of my goals because I am being held back by other activities.” Similarly, a student shared their experiences with the media and social life: “I think it changed a lot throughout middle school and high school in terms of self-image and media influence. Coming to high school and finding a solid friend group definitely played a big role in helping me feel more comfortable in my skin but I still have some self-doubts and fears of the future.” Social media, friend groups, and extracurricular activities were the main environmental factors that the students expressed having the most impact on their identity development.

Discussion

The results presented from the questionnaire support the hypothesis that the fostering of identity development in adolescents correlates with the decrease in the rate of psychological illness symptoms to a certain extent since many adolescents, specifically students, hold slightly impaired and unstable identities. Although the majority of identified aspects displayed a strong sense of identity diffusion in many of the respondents, not all 6 aspects held that trend which is why the hypothesis is only supported partially. The data presents a wide range of identity diffusion rates in adolescent students. Consolidating emotional self-experience, consistency in self-concepts, autonomy, and integrative cognitive self-experience were the aspects that held a majority of the diffusion. On the contrary, consolidating perspectives & attributes and consolidating relationships & roles were relatively strong aspects among the surveyed students. This indicates that although unlikely, a student with a more scattered identity and clear lack of developmental support, some aspects could potentially be as strong as those with a more secure identity. However, for the open-ended questions, many of the responses with higher scores (more diffusion) were more inclined to share some fears and anxieties from school, friends, and family life that they have encountered in the past in the final question.

These aspects each have factors of their own which target specific identity diffusion points. The factor of consolidating emotional self-experience is where a person holds access to their own and other's feelings and feels confidence in the reliability of these emotions (AIDA). This aspect was weak, showing that many adolescents have struggled with this in the past. The lack of consistency in self-concepts suggests a “relatively inconsistent self-image, with clear internal or external contradictions or ambivalences. It can be assumed that the person is partially lacking a sense of a ‘defined inner core’, which can be regarded as a disintegrating factor for one's Identity” (AIDA). Another diffused aspect observed was autonomy, in which the students’ “self-descriptions indicate a high degree of personal suggestibility, irritability and search for confirmation” (AIDA). The final aspect that displayed signs of weakness was integrative cognitive self-experience, which “describes relatively superficial or diffuse mental representations of themselves and others. This may be accompanied by problems in understanding one's own and other's motives and actions, which can lead to misjudgments. This can be considered to be a risk factor for atypical identity development” (AIDA). These results hold high implications and importance for future research since the data indicates that the majority of adolescents struggle with their alignment of self-identity, meaning it is critical for them to be in a healthy and fostering environment that allows for their identities to flourish.

As for limitations, there was a consent checkbox at the start of the survey which made note to the students that if any symptoms of emotional distress emerged, then they should stop completing the survey. This likely resulted in highly anxious and identity-diffused students to stop taking the survey, possibly skewing the data to not include extremely high scores. Another limitation was that the surveyees were not of equal age or gender distribution. Nearly half of the students that took the questionnaire were 17 years old and 2/3 of the respondents were female, thus results may have been skewed (Appendix A). Another noted limitation was the survey distribution through school, which required administrative approval, thus causing the questionnaire to be slightly adjusted from the official AIDA assessment. Hence, the criteria for measurement could not be applied exactly due to the minute changes in wording in order to avoid harsh and negative phrasing.

After analyzing the results, the statement of “Many people often don't behave the way they really are” was the only one that yielded zero “strongly disagrees”, yet statements such as “I often see my own behavior differently from how my friends see it” resulted in a relatively larger spread of responses, with a few “strongly disagrees”. This raises the question as to why students are more inclined to believe that others hold high rates of identity diffusion rather than themselves.

Currently, it is difficult to determine whether the quality of identity development support and rate of psychological illness symptoms hold the relationship of causation. Nevertheless, it can be said that there is a strong correlation between the two. The AIDA assessment and adjusted survey allows for a clarification and differentiation between healthy and impaired identity development, which can be utilized in the future for further studies in self concept and teenage psychological growth.

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