


Optimization Of Adolescent Self-Identity Development: An Experimental Study

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Article Info	ABSTRACT
<p>Keywords: Self-Identity, Adolescents, Therapeutic Group Therapy, Development.</p>	<p>Adolescent self-identity is indicated by self-awareness abilities that stem from organization, self-confidence, self-assessment, and self-observation. The process of forming this identity is viewed as an integration of personality integrity, personal change, social demands recognized by others, and future expectations. Therapeutic Group Therapy (TGT) provides a natural environment for adolescents due to the similarities and attractions within peer groups, thereby facilitating the formation of adolescent self-identity. This study aims to determine the effect of TGT on adolescent self-identity. The research design used is quasi-experimental, involving 78 adolescents as samples, consisting of 38 adolescents in the intervention group and 40 adolescents in the control group. The instruments used include a self-identity instrument and the TGT module. The intervention group received TGT for 7 sessions, each session lasting 30-45 minutes. Data analysis was performed using the dependent t-test. The results showed that the average self-identity score of adolescents was 7.00, with a range of 50-99. In the intervention group, the self-identity score before receiving TGT was 79.30 and increased to 83.32 after receiving TGT. Meanwhile, in the control group, the self-identity score before the intervention was 79.30 and slightly increased to 79.75 afterward. The difference in the average self-identity score was 9.339 with a p-value of 0.000 at a significance level of $\alpha = 0.05$. The conclusion of this study is that TGT is effective in improving adolescent self-identity. Therefore, TGT can be used as a learning program in schools and at home, involving teachers, parents, and the community as an effort to enhance adolescent self-identity.</p>
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INTRODUCTION

Adolescents, in their developmental process, undergo changes and transitions in various aspects as they prepare themselves for adulthood. Globally, the prevalence of adolescents is about 1.3 billion or approximately 16% of the world's population, which has increased compared to previous numbers (Unicef, 2023). Nationally, in Indonesia in 2022, the number of people aged 10-24 years was 66.74 million, or 24.2% of the total population of 275.77 million [1].

The adolescent period is full of challenges and exploration as they adjust to the pressures of biological, psychological, and social transformation, the internalization of

community norms, and the adoption of desired behaviors [2][3][4]. However, their vulnerabilities and needs differ greatly from those of children and often go unmet [5]. With the increasing number of adolescents and their growing vulnerabilities, it is highly likely that adolescent-related problems will also increase in the future.

Adolescent health, encompassing holistic aspects, is a right for this age group and should be positively impacted to contribute to families, communities, and the government. Additionally, adolescents play a crucial role in determining the nation's future, so their health must be thoroughly and future-orientedly addressed. Adolescents face many risks but also opportunities for self-development, benefiting themselves, their families, environments, and society, and accelerating economic growth, which will shape the nation's future. Adolescents are at high risk of developmental regression, especially in important tasks like developing self-identity, due to numerous competitive opportunities. Adolescence is a transitional period from childhood to adulthood, with many opportunities to face numerous developmental challenges. During this time, various complex and rapid changes occur, impacting biological, psychosexual, cognitive, psychosocial, moral, spiritual, emotional, language, talent, and creativity aspects [6][7]. Many developmental tasks must be completed during these changes, and deviations in development can occur if these tasks are unmet.

In the digital era, which demands adolescent creativity, a crucial developmental task is self-identity formation, which is a central aspect of adolescence[8]. Self-identity development lays the foundation for adulthood and is central to a healthy personality, reflecting self-awareness and a personal belief system. Adolescent self-awareness develops and changes significantly. They begin to feel different from others, constantly wanting to change and try new things, such as appearance, behavior, and societal roles, quickly adopting digital media in learning processes, and continuously experimenting to form their identity[9][10].

Self-identity formation is divided into four statuses: identity diffusion or confusion, foreclosure, moratorium, and identity achievement. In the identity diffusion or confusion status, adolescents have neither committed nor explored values. In the foreclosure status, they have made temporary commitments without exploring values. In the moratorium status, they actively explore values without committing, and in the identity achievement status, they commit after active exploration[11]. The statuses of self-identity formation range from passive to active. Passive identity means non-positive identity functions, indicating immature identity development. Active identity means actively organizing, structuring, and constructing oneself in the identity formation process[8]. Adolescents with achieved identities tend to be more autonomous and creative, show greater capacity for intimacy, have high commitment, better academic adjustment, and use healthy and adaptive defense mechanisms [2]. Conversely, if identity achievement processes face various problems, such as feelings of emptiness, opposing parents, internal conflicts, and anxiety over unfulfilled desires, identity confusion behaviors may arise. According to Stuart[12], behaviors associated with identity confusion include immorality, oppositional traits, exploitative interpersonal relationships, feelings of emptiness, fluctuating self-perception, gender confusion, severe anxiety, lack of empathy, dishonest behavior, and intimate relationship problems. Additionally, adolescents

with lower identity status (diffusion and moratorium) have higher substance abuse and alcohol consumption rates[8].

Therapeutic approaches for adolescents in addressing various transitional age problems include cognitive-behavioral therapy, Ruqyah therapy, and group therapy[13][14][15]. Group Therapeutic Therapy for Adolescents (TGT) uses developmental task stimulation techniques in groups to develop and enhance the ability to express opinions, feelings, attitudes, knowledge, mutual help, sharing experiences, and finding constructive problem-solving solutions together [16][17].

METHOD

This study employs a quasi-experimental design with a pre and post-test with a control group approach. The aim of this research is to determine the effect of Therapeutic Group Therapy (TGT) on the self-identity of adolescents. The study involves two groups, an intervention group that receives TGT and a control group that does not receive the treatment. The research was conducted at a middle school in Jakarta, involving adolescents aged 13 to 18 years. Inclusion criteria included adolescents who had never received therapy before, were willing to follow the therapy procedures until completion, and had filled out an informed consent form approved by their parents or guardians. The sample was selected using purposive sampling and cluster techniques representing all classes from grade VII to X. The total sample size was 78 adolescents, divided into 38 students in the intervention group and 40 students in the control group. The intervention group was further divided into five small groups, each consisting of 7-8 adolescents. The therapy was conducted after school hours in the classroom and school library with the assistance of four professional facilitators, consisting of nurses and researchers. Each small group was facilitated by one facilitator. The study also involved class teachers to facilitate the research process until completion.

Data were collected using a youth characteristics form, a youth self-identity questionnaire, and the TGT module. The characteristics form included information on gender, age, and parents' or guardians' last education. The self-identity questionnaire consisted of five sub-variables: structural, goals, harmony, future, and self-control, measured using a Likert scale with 20 questions. The TGT module consisted of seven sessions covering aspects of biological, psychosexual, emotional, psychological, language, behavioral, and spiritual development.

During the pre-test stage, both the intervention and control groups completed the self-identity questionnaire simultaneously but in separate locations for 30 minutes. The intervention was conducted only for the intervention group, which participated in TGT sessions according to the module procedures and filled out a personal diary outside of therapy sessions. The therapy consisted of seven sessions, each lasting 30-45 minutes and held once per session. The therapy sessions included the assessment and discussion of adolescent development, stimulation of biological and psychosexual development, stimulation of cognitive and language development, stimulation of moral and spiritual development, stimulation of emotional and psychosocial development, stimulation of talent and creativity, and evaluation of the benefits of adolescent development stimulation.

After the intervention was completed, a post-test was conducted by re-administering the self-identity questionnaire to both groups. Following the post-test, the control group was given health education about adolescent growth and development stimulation and self-identity. For data analysis, normality tests were conducted using the One Sample Kolmogorov Smirnov test with a p-value of $0.056 > 0.05$, indicating that the data were normally distributed. Univariate analysis was used to describe the demographic characteristics of the adolescents through frequency and percentage distribution. Data were analyzed using the dependent t-test statistical test to examine the effect of TGT on adolescent self-identity [18].

The study was conducted by applying research ethics principles, including anonymity and voluntariness. The researchers explained the purpose, procedures, results, and benefits of the study to school authorities, class teachers, parents or guardians, and adolescents. Informed consent was filled out and approved by parents or guardians and the school authorities, followed by the adolescents. Equality between the intervention and control groups was maintained by providing health education related to adolescent growth and development tasks concerning self-identity to the control group after the post-test.

RESULTS AND DISCUSSION

Results

The statistics from this study show the effect of therapeutic group therapy on adolescent self-identity as presented in the table below.

Table 1. Analysis Of Adolescents' Self-Development Abilities Before And After Therapeutic Group Therapy In The Intervention Group At SMPN Jakarta (n=38)

Development Dimensions		N	Mean	elementary school	S.E	t	Df	P value	Mean diff 95%CI diff
1. Biological	Before	38	3.24	1,403	0.228	-	37	0.160	0.053
	After	38	3.98	1,334	0.216	1,434			-
2. Psychosexual	Before	38	2.39	1,326	0.215	-	37	0.096	0.132
	After	38	2.53	1,202	0.195	1,708			0.024; 0.288
3. Morals	Before	38	2.87	0.578	0.094	-	37	0.487	0.053
	After	38	3.92	0.487	0.079	0.702			-
4. Spiritual	Before	38	4.05	1,012	0.164	-	37	0.047	0.289
	After	38	4.34	0.781	0.127	2,058			0.004; 0.574
5. Psychosocial	Before	38	2.79	1,166	0.189	-	37	0,000	1,184

Development Dimensions		N	Mean	elementary school	S.E	t	Df	P value	Mean diff 95%CI diff
6. Creativity	After	38	3.97	0.972	0.158		5,478		0.776; 1,622
	Before	38	10.61	1,534	0.249	-	37	0,000	1,263 0.
7. Emotions	After	38	11.87	1,070	0.174				
	Before	38	2.45	0.978	0.159	-	37	0,000	1,053 0.729;
8. Talent	After	38	3.50	0.726	0.118				1,376
	Before	38	2.32	0.739	0.120	-	37	0.324	0.026 -
9. Language	After	38	2.34	0.745	0.121				0.027; 0.080
	Before	38	2.13	0.704	0.114	0,000	37	1,000	0,000
10. Cognitive	After	38	2.13	0.623	0.101				- 0.076; 0.076
	Before	38	3.05	0.957	0.155	-	37	0.324	0.105 -
Total Developmental Ability Adolescent Self	After	38	3.16	0.916	0.149				0.108; 0.319
	Before	38	35.79	5.126	0.832	-	37	0,000*	4,263 2,838; 5,688

Table 2. Analysis Of Adolescent Self-Identity Before Therapeutic Group Therapy In The Intervention And Control Groups At SMPN Jakarta (N=78)

Personal identity	N	Mean	Median	Elementary school	Min-Max	95%CI
Intervention	38	72.53	75.50	9.64	50-88	69.36; 76.70
Control	40	79.30	79.00	9,640	52-99	76.22; 82.38
Total	78	76.00	77.00	10,169	50-99	73.71; 78.29

The statistics in Table 2 show that the average self-identity score for adolescents is 76.00, with the lowest score being 50 and the highest score being 99. This means that, on average, the self-identity of adolescents before the intervention falls within a fairly active range.

Table 3. Analysis Of Differences In Adolescent Self-Identity Between Before And After Therapeutic Group Therapy At SMPN Jakarta (n=78)

Group	Identity Self	N	Mean	elementary school	S.E	t	df	P-value	Mean diff 95%CI
Intervention	Before	38	72.53	9,647	1,565	-5.136	37	0,000*	9,789
	After	38	82.32	7,708	1,250				5,927; 13,652
Control	Before	40	79.30	9,640	1,524	-0.571	37	0.571	0.450
	After	40	79.75	10,238	1,619				-1,143; 2,043

The statistics in Table 3 show that the average self-identity score for adolescents before receiving TGT was 72.53, and after receiving TGT, it increased to 82.32. This indicates a significant difference in adolescent self-identity between before and after TGT (p-value 0.000).

Table 4. Analysis Of Differences In Adolescent Self-Identity Before And After Therapeutic Group Therapy At SMPN Jakarta (n=78)

Group	N	Mean	elementary school	S.E	t	df	P-value	Mean diff 95%CI
Intervention	38	9.79	11,750	1,906	4,528	49,351	0,000*	9,339
Control	40	0.45	4,982	0.788				5,196; 13,483

*meaningful at $\alpha = 0.05$

The statistics in Table 4 show that the average self-identity score for the intervention group of adolescents is 82.32, while the control group is 9.79, resulting in a difference of 9.339 between the two groups. This indicates a significant difference between before and after receiving TGT (p-value 0.000).

Discussion

The developmental abilities of adolescents in the intervention group showed a significant increase after undergoing therapeutic group therapy (TGT), while the control group did not experience a significant increase. This indicates that therapeutic group therapy has a meaningful impact on enhancing adolescent developmental abilities. These results align with Townsend's [19] opinion, which states that therapeutic group therapy teaches effective ways to handle developmental situations or crises. Stuart [12] also asserts that TGT can help adolescents positively meet their developmental needs. TGT can be used for adolescents experiencing growth and developmental crises or social adjustment difficulties [20].

The increase in adolescent developmental abilities is attributed to the content of TGT, which includes developmental stimulation in biological, psychosexual, moral, spiritual, cognitive, language, psychosocial, emotional, talent, and creativity aspects. This makes it logical that TGT significantly influences the improvement of adolescent developmental abilities. The study results show no significant difference in biological development abilities

between before and after TGT in both the intervention and control groups. This means that biological development abilities did not improve in adolescents who received TGT or those who did not.

According to the literature, no studies have specifically explained the impact of TGT on biological development abilities. Ali [7] suggest that optimal stimulation involves maintaining body health, living a healthy and clean lifestyle, regular exercise, seeking medical treatment when sick, and consuming nutritious food, all of which influence the speed of biological and physical growth and development. The lack of improvement in biological development abilities may be because TGT did not directly stimulate biological development but only aimed to increase knowledge and skills about how to stimulate biological development by assigning tasks for daily biological stimulation. Furthermore, improving biological development abilities requires a long and optimal stimulation process, which cannot be achieved in just seven TGT sessions.

TGT enables adolescents to provide positive feedback to each other, build identities, and learn from healthy peers [21]. Gender identity can influence sexual orientation, as Freud described the normal characteristics of psychosexual development during the genital phase in adolescents (12-18 years), which include increased sexual attraction, sexual fantasies, and attention to appearance according to their gender identity [12]. Adolescents achieve social roles as men or women and behave according to their gender. Stuart [12] states that TGT can help members change maladaptive behaviors and encourage new behavior patterns, fostering affection.

Adolescents' adaptive or maladaptive behavior is influenced by their moral development. Stuart [12] and French et al [22] suggest that values and ethical systems guide behavior. These values and morals serve as a foundation for controlling inner impulses[23]. TGT can enhance adolescents' spiritual development, making them more understanding and willing to learn and practice religious rules, faithfully perform worship, and rarely violate religious norms[24]. Efforts to improve moral development involve upholding noble values, teaching right from wrong, and fostering commendable attitudes and behaviors[12][6].

TGT positively influences psychosocial development. Adolescents learn to build healthy relationships, especially with the opposite sex, which fosters future awareness, family balance, openness, productivity, affection, and various family relationships, thus preventing conflicts and temperamental behaviors. Group interventions are beneficial for adolescents as they are more receptive to peer opinions than adults'. Groups help peer interaction, emphasize the importance of relationships, and group norms strongly influence socialization, allowing members to experience cooperation and listen without being asked [25][3].

Peer-group learning and gatherings positively impact adolescents' emotional development, such as improving adjustment abilities in new situations, showing attention to others, controlling desires, and managing anger[26]. Therapeutic peer groups provide opportunities for adolescents to express emotions or behavioral issues and give feedback on annoying or pleasing behaviors, learn tolerance, and practice new behaviors[26][23]. According to Ali[7], if special talents receive opportunities for development and proper training, they will emerge as specific abilities in certain fields. Talents enable individuals to

achieve particular accomplishments, requiring training, knowledge, experience, and motivation.

During adolescence, individuals are expected to learn all the tools and performance skills to understand and produce language effectively. Language development is supported by cognitive development, which has reached the formal operational stage, influencing adolescents' language abilities.

Adolescents' self-identity improved significantly after TGT, while there was no significant increase in the non-therapy group. This indicates that TGT has a meaningful impact on enhancing adolescents' self-identity. The study reveals several factors related to or unrelated to self-identity formation. Developmental systems, such as the life cycle changes from birth, separation processes, independence, and entering adolescence, influence self-identity formation. Ego identity is built in eight developmental stages from infancy to old age, where successful developmental status positively affects adolescent self-identity formation[12][2]. Successful identity achievement during adolescence depends on successfully resolving previous developmental stage issues. Failure to complete developmental tasks at one stage leads to problems in the next stage.

These findings align with studies showing that early adolescents (12-15 years) mostly experience identity diffusion and foreclosure, indicating stability during that period. After this age, moving into mid and late adolescence, there is an increase in self-identity development. However, this differs from other studies[17]. Gender differences affect adolescent self-identity, with varying identity statuses, formation processes, and content between males and females[17][11][9].

CONCLUSION

The results of this study indicate that Therapeutic Group Therapy (TGT) has a significant impact on enhancing the self-identity and developmental abilities of adolescents. In the intervention group that received TGT, there was a meaningful increase in various developmental dimensions, including spiritual, psychosocial, creativity, and emotional development. However, some dimensions, such as biological development and language, did not show significant differences. The improvement in developmental abilities in the intervention group can be explained by the TGT material, which includes various aspects of adolescent developmental stimulation, such as biological, psychosexual, moral, spiritual, cognitive, language, psychosocial, emotional, talent, and creativity. This indicates that TGT is an effective method for helping adolescents develop their abilities holistically. This study also found that biological development abilities did not show significant improvement in either group. This may be due to the fact that the TGT did not provide direct biological stimulation but only increased knowledge about how to stimulate biological development. Furthermore, the self-identity of adolescents significantly improved in the group that received TGT, while the control group did not show significant improvement. This indicates that TGT has a significant effect on enhancing adolescent self-identity. This improvement in self-identity is important because a strong and positive identity can help adolescents better face developmental challenges and crises. Based on these findings, it can be concluded that TGT

is an effective intervention for enhancing self-identity and developmental abilities in adolescents. Therefore, it is recommended that TGT be more widely implemented in adolescent development programs to help them achieve their maximum potential in various aspects of life.

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