Changes in Romantic Competence and Career Adaptability Among Emerging Adults in Psychotherapy

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Abstract

While studies indicate that a growing number of emerging adults have difficulty meeting developmental challenges and, as a consequence, experience distress, the extent to which psychotherapy can help emerging adult clients cope with developmental tasks remains unexplored. This study examined the extent to which two core developmental capabilities of emerging adults— romantic competence and career adaptability—change during psychotherapy and the association between these changes and symptom change. Forty-six clients aged 21–31 (26 females; 56%) completed outcome measures and interviews regarding their romantic competence and career adaptability at the beginning and the end of psychodynamic psychotherapy. The mean duration of treatment was 26 sessions ($SD = 6.88$). Findings indicated that romantic competence and career adaptability increased significantly throughout treatment while symptoms decreased. Change in romantic competence was associated with change in symptoms. The findings suggest that therapy could be helpful in the pursuit of the core developmental tasks; and that improvement in romantic competence is associated with symptom relief.

Emerging adulthood is a stressful and uncertain period for many young people (Furlong & Cartmel, 2007), during which they are expected to coordinate the different facets of their lives, particularly work and romance, establish a long-term professional identity, and build a family (Shanahan & Longest, 2009; Shulman & Connolly, 2013). Not all young people have the ability to cope efficiently with these developmental tasks (Shulman et al., 2014), and recent research indicates a disturbingly increasing level of psychological distress among emerging adults in the Western world (Grant & Potenza, 2010). The prevalence of depressive and anxiety symptoms among individuals in their 20s was found to be the highest compared to other groups of adults (Galambos & Krahn, 2008). Furthermore, studies have shown that psychological distress among emerging adults is associated with difficulties in romantic relationships (Whitton & Kuryluk, 2012) and employment (Howard, Galambos, & Krahn, 2014). Indeed, the main presenting problems that prompt emerging adults to seek treatment are difficulties in establishing lasting romantic relationships and dealing with academic/career issues (Atzil-Slonim, Wiseman, & Tishby, 2015). Despite their developmental vulnerability to mental health problems, emerging adults belong to a client age-group that has not been sufficiently studied in psychotherapy research (Atzil-Slonim et al., 2015). Prominent researchers in the psychotherapy field have increasingly called

for integration of knowledge from developmental psychology with the investigation of change in psychotherapy (Castonguay, 2011; Midgley, Anderson, Grainger, Nesic-Vuckovic, & Urwin, 2009; Wiseman, 2014). In line with these calls, the main purpose of the current study was to examine the extent to which psychotherapy can help emerging adults improve their handling of the age-related tasks of romance and work.

Romantic Relationships as a Developmental Challenge in Emerging Adulthood

Developmental theories suggest that romantic relationships in late adolescence are typically characterized by a gradual movement from casual dating and short-lived relationships toward more stable, committed, and long-lasting relationships with greater intimacy (Furman & Winkles, 2012; Seiffge-Krenke, 2003). Indeed, by the age of 18, more than 70% of adolescents report a romantic relationship of 12 months or more in the past

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18 months (Carver, Joyner, & Udry, 2003, Shulman & Scharf, 2000).

Despite this potential progress, many emerging adults move in and out of relationships (Cohen, Kasen, Chen, Hartmark, & Gordon, 2003). Even those in steady relationships at one point of an assessment are not necessarily in steady relationships at the later assessment (Meier & Allen, 2009). A considerable number of young people are likely to be involved in casual relationships or "hook ups" or experience a temporary or extended lack of romantic activity (Cohen et al., 2003). Even a seemingly exclusive relationship does not necessarily indicate progress toward commitment but might rather be a search for convenience (Meier & Allen, 2009).

Considered together, elaborate skills need to be assessed to examine a person's romantic competence beyond whether one is or is not romantically involved at a given point of time. There are a number of additional capacities that are relevant for capturing romantic competence, and we draw on the recently developed conceptualization of Davila et al. (2009) to guide our thinking. Their conceptualization emphasizes social cognitive models of interpersonal problem solving and models of emotion regulation to understand romantic competence.

First, we consider the ability to think about relationships in terms of mutuality, to be sensitive to the needs of self and other, and to balance needs of both partners to be evidence of competence. Less competent individuals are more likely to describe relationships as fulfilling their own needs and are less able to acknowledge the needs of partners. More competent individuals tend to describe relationships as mutually intimate and rewarding, where partners are sensitive to one another's needs. In addition, we consider partners' ability to regulate emotionally intense experiences and interactions that emerge during relational disagreements or conflicts, including the ability to tolerate undesirable outcomes. Thus, romantic competence in emerging adulthood requires romantic "agency" to regulate emotionally intense experiences (Lerner, Theokas, & Jelicic, 2005).

Based on this conceptualization, three aspects of meeting romantic competence during emerging adulthood were assessed in the current study: level of romantic involvement, maturity of social cognitive perception of romantic relationships, and romantic agency to regulate and resolve emotionally intense experiences.

Work as a Developmental Challenge in Emerging Adulthood

In the past, work adaptability was understood as a person's capacity to prepare and participate in work roles, to successfully master career tasks, and, in particular, to hold a stable job (Savickas et al., 2009). In light of recent fundamental, economic, and societal changes and increasing levels of uncertainty and job insecurity (Furlong & Cartmel, 2007; Mills & Blossfeld, 2009), no matter how competent and resourceful a person might be, work places and roles might change rapidly. Individuals might be unemployed for extended periods of time

and then have to take the only job that is available to them, regardless of their capacities. Under these circumstances, a more elaborate understanding of career functioning among emerging adults is needed.

Drawing on recent developments in the study of goal pursuit (Nurmi, 2004) and vocational psychology (Blustein, 2011; Duffy & Blustein, 2005), we outline a more elaborate understanding of work adaptability. Nurmi (2004) contends that in order to successfully and efficiently direct their future lives, individuals need to set goals and develop plans to realize these. The capacity to plan and make occupational decisions determines the extent to which an individual will succeed at work or at school (Duffy & Blustein, 2005).

Within the framework of vocational psychology, Savickas et al. (2009) emphasize the capability for successful mastery of career tasks and regulation of career-related behaviors. Self-regulatory mechanisms are of great relevance to career adaptability, as these are activated in times of stress or change or when confronting novel challenges (Creed, Fallon, & Hood, 2009). Furthermore, considering current economic instabilities, the need to be sufficiently open and flexible to cope with obstacles and disappointments, (Fadjukoff, Kokko, & Pulkkinen, 2010) and adjust one's aspirations and behavior to changing realities, has become crucial (Salmela-Aro, Kiuru, Nurmi, & Eerola, 2014).

Recent developments in vocational psychology have drawn attention to the importance of peoples' inner interests, curiosity, and values (Lent & Brown, 2006; Savickas et al., 2009) and their role in work mastery. Through introspection, individuals learn to recognize their inner motivations, and these serve as a guide to successful negotiations in considering their occupational realities (Del Corso & Rehfuss, 2011) and finding meaning in what they do (Blustein, 2011).

Considered together, while being employed or unemployed is an indicator of functioning, under current conditions work adaptability entails a broader meaning than whether or not a person is currently working. A number of additional aspects are central for assessing work adaptability. These include the extent to which vocational behavior is directed by a clear, coherent, structured, and realistic life plan (Nurmi, 2004); level of competence in coping with difficulties and unexpected obstacles (Salmela-Aro et al., 2014); and the capacity to find meaning and a venue for self-actualization at work (Blustein, 2011). All these aspects were considered when assessing work adaptability in the current study.

Psychodynamic Psychotherapy in Emerging Adulthood

Therapy is sometimes necessary to help emerging adults regain mastery of age-appropriate tasks. Psychodynamic psychotherapy for youth aims to bolster developmental processes that might not have been achieved without psychological intervention (Levy-Warren, 1999). Relevant specific age-related tasks include the capacity for more effective use of one's talents and abilities, maintaining a realistically based sense of self-esteem, more satisfying interpersonal experiences, understanding self

and others in more nuanced and sophisticated ways, and facing life's challenges with greater freedom and flexibility (Shedler, 2010). Such goals are pursued through a process of self-reflection, self-exploration, and self-discovery that takes place in the context of a safe and deeply authentic relationship between therapist and client (Summers & Barber, 2010).

Although research focusing on psychotherapy with emerging adults is still sparse, a few studies have documented the effectiveness of psychodynamic psychotherapy for this age-group (Baruch & Fearon, 2002; Lindgren, Werbart, & Philips, 2010; Philips, Wennberg, Werbart, & Schubert, 2006). Positive changes in functioning and decrease in symptoms and in interpersonal problems among emerging adults in psychodynamic psychotherapy were reported (Baruch & Fearon, 2002; Lindgren et al., 2010; Philips et al., 2006). Furthermore, undergoing psychodynamic psychotherapy was associated not only with a decrease in level of symptoms but also with positive changes in internal representations of self and other (Atzil-Slonim et al., 2015; Lindgren et al., 2010) and increased alliance with the therapist (Lindgren et al., 2010). To the best of our knowledge, the extent to which psychotherapy helps emerging adults deal with age-specific developmental challenges is yet to be studied.

Psychodynamic psychotherapy is expected to improve romantic and work capacities that determine whether or not a person has met a developmental task (Levy-Warren, 1999). More specifically, based on recent understanding regarding the capabilities necessary to deal with romantic relationships (Davila et al., 2009), it is important to examine whether the ability to deal with relationship difficulties increases during therapy. Is the ability to see the romantic partner in a mature way and regulate relationship difficulties enhanced during therapy? Similarly, based on recent understanding regarding the complex capabilities needed to deal with career in emerging adulthood (Blustein, 2011; Nurmi, 2004; Savickas et al., 2009), it is important to examine whether the ability to develop clearer and more realistic occupational goals change during psychotherapy. Is the ability to experience greater agency in work and studies, to cope more effectively with disappointments or failures, and find ways to experience their careers as more meaningful and consistent with their wishes and abilities enhanced during therapy? The current study focused on the complex capabilities required to deal with two main developmental challenges of emerging adults, namely, romantic competence and career adaptability and examined the extent to which they change during psychodynamic psychotherapy and the association between these changes and symptom change.

The following research question and hypotheses were formulated:

> **Research Question 1:** In addition to depression and anxiety, which are known to be the most common problems among outpatients (Gulliver, Griffiths, Christensen, & Brewer, 2012), we examine the extent to which difficulties in the romantic and employment domains are also likely to be among the main reasons that prompt emerging adults to

seek treatment, as indicated in previous research (Atzil-Slonim et al., 2015).

> **Hypothesis 2:** Level of romantic competence will increase during treatment. Following therapy, clients will report greater involvement in romantic relationships, perceive relationships in a more mature manner, and reveal greater mastery in handling their relationships.

> **Hypothesis 3:** The level of career adaptability will increase significantly during treatment. Following therapy, clients are more likely to be employed, have a clearer perception of their career plans, cope better with work-related difficulties, and be more likely to find meaning in what they do. Prediction of Hypotheses 2 and 3 are in line with Levy-Warrens' (1999) contention that psychodynamic therapy advances a return to the path of normal development and mastery of age-appropriate tasks.

> **Hypothesis 4:** Increased levels of romantic competence and career adaptability will be associated with symptom relief. This prediction is based on findings that interpersonal relationship and symptoms changed significantly during psychodynamic psychotherapy among emerging adults (Lindgren et al., 2010) and findings that age-related representations of emerging adults were associated with symptoms following psychotherapy (Atzil-Slonim et al., 2015). In addition, considering the anticipated changes following therapy, we will explore the extent to which change in symptoms is associated with change in developmental tasks and vice versa.

Method

Participants

Forty-six clients (26 females; 56%) ranging in age from 21 to 31 years ($M = 26.31$, $SD = 3.02$), being treated at the community clinic of a psychology department at a large university in Israel took part in the study. Most of the participants were single (90%), 8% were married, and 2% were divorced. Of the participants, 19 lived with their parents, 12 lived independently, 8 lived with a romantic partner, and 7 lived with roommates. Twenty-one were employed full time, 18 were employed part-time, and 7 were unemployed. Employment duration ranged from 1 to 48 months ($M = 15.27$ month, $SD = 13.96$). Mean level of education was 14.48 years of schooling ($SD = 1.83$). Overall, the sample consisted of middle-class and upper middle class participants. Diagnoses were given to clients after the intake which was conducted by another clinician than the one who actually provided the treatment. Diagnoses were based on the Axis I Diagnostic and Statistical Manual of Mental Disorders-IV (4th ed., text rev.; DSM–IV–TR; American Psychiatric Association [APA], 2000). Most clients were diagnosed with an affective disorder (52%) or anxiety disorder (22%) as the primary diagnosis. Additional primary diagnoses were adjustment disorders (13%), obsessive–compulsive disorder (4%), eating disorders (2%), somatoform disorders (2%), and

others (5%). Exclusion criteria included clients who came for a crisis intervention following severe trauma, and clients diagnosed as psychotic or drug users. A series of *t*-tests and chi-square tests indicated no significant association between the demographic variables and the study variables.

Therapists and Therapy

Clients were assigned to therapists in an ecologically valid manner based on real-world issues, such as therapist availability, caseload, and so on. Forty-one therapists (28 females; 68%) treated the 46 emerging adults (36 therapists treated one client each and 5 treated two clients each).[1] Of the 41 therapists, 82% were Master degree or doctoral student trainees in the University's Psychology department training program and 18% were advanced clinical psychology interns (with 3 or 4 years of experience). All the therapists received weekly individual and group supervision. The model of psychotherapy in our naturalistic study can be described as based mainly on principles of contemporary psychodynamic psychotherapy (Summers & Barber, 2010). The key features of this model included (Shedler, 2010) (1) focus on affect and expression of emotions; (2) exploration of attempts to avoid distressing thoughts and feelings; (3) identification of recurring themes and patterns; (4) emphasis on past experiences; (5) focus on interpersonal experiences; (6) emphasis on the therapeutic relationship; and (7) exploration of wishes, dreams, or fantasies. Typically, treatments were defined as limited to 1 academic year, with an extension where needed, and consisted of weekly 50-min sessions. Number of sessions per client ranged from 10 to 47 sessions, $M = 26.65$, $SD = 7.91$. Due to the size and the range of number of sessions, length of treatment was split up for further analysis (up to 26 sessions—short treatment; 26 sessions and above—long treatment).

Measure

Beck Depression Inventory (2nd ed) . The second edition of the Beck Depression Inventory (BDI) is a validated 21-item self-report questionnaire designed to measure severity of depressive symptoms according to the *DSM-IV* criteria (Beck, Steer, & Brown, 1996). Each of the 21 items is scored on a 0–3 scale, with a range of possible scores from 0 to 63. Higher scores indicate greater symptom severity. In the present study, Cronbach αs for the first and second assessments were .88 and .92, respectively.

Brief Symptom Inventory. Symptom severity was measured using the Brief Symptom Inventory (BSI), which is a 53-item self-report inventory that inquires about physical and psychological symptoms during the last week (Derogatis, 1975). The BSI is the brief form of the Derogatis Symptom Check List 90 Revised (Derogatis, 1992), which assesses nine subscales of the following dimensions: somatization, obsessive–compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, and psychoticism. Items are based on a 5-point Likert-type scale ranging from 0 (*not at all*) to 4

(*extremely*). In the current study, we used the Global Severity Index (GSI) by averaging all BSI items to assess pre- and post-treatment symptom severity. In the present study, Cronbach αs for the first and second assessments were .93 and .96, respectively.

Target Complaints Scale. The Target Complaints Scale (TCS) was used to examine the main reasons that prompt emerging adults to seek treatment (Battle et al., 1966). The TCS is a widely used idiographic outcome measure in which the clients describe three main problems for which they sought therapy, listing them in descending order. The severity of each complaint is rated on a scale that ranges from 1 (*not at all*) to 13 (*could not be worse*). The clients are asked to rerate the same problems at different time points in therapy. Battle et al. reported a TCS test–retest reliability of .65. Paivio, Jarry, Chagigiorgis, Hall, and Ralston (2010) reported convergence of the TCS and other measures of symptom distress ($rs = .31$–$.43$). In the current study, we referred only to the content of the problems that the clients indicated as most troubling. These problems were classified into five broad major categories: (a) problems with parents, (b) problems with romantic issues, (c) career/academic concerns, (d) depression and anxiety, and (e) other problems. This coding system is based on previous studies (e.g., Deane, Spicer, & Todd, 1997).

Romantic competence interview. The Romantic competence interview (RCI) is a semistructured interview designed to examine individuals' attitudes, behavior, and capacity for intimacy in romantic relationships (Shulman, Davila, & Shachar-Shapira, 2011). Clients were asked about emotional closeness, involvement and autonomy, satisfaction, and commitment in their relationships with current or past romantic partners (exemplary questions: Do you currently have a romantic partner? If yes, can you please describe your relationship? Can you describe your partner? How would your partner describe you? Disagreements might happen in a relationship. Can you describe how such an event started, and if and how it was resolved?) .

The interview is designed to capture the ability to become intimately involved, how one perceives a partner, and the capacity to regulate romantic interactions and relationships. Emphasis is also placed on the ways in which participants are capable of learning from previous relationships. Participants with no or little romantic experience or who had not had a relationship for a long period of time were also asked to talk about their feelings about not being romantically involved as well as their expectations and hopes for romantic involvement.

The interviews lasted approximately 30 min and were audiotaped and transcribed. Romantic competence was coded on the following three scales, with scores from 1 (*low*) to 5 (*high*). (a) Romantic involvement—assesses the extent to which individuals are currently or were involved in an intimate relationship and the duration and commitment of the relationship. (b) Maturity and mutuality in romantic relationship experience—assesses the extent to which romantic relations are described in an elaborate mature form, reflecting sensitivity

to, and balancing of the needs of self and partner. (c) Romantic agency—assesses whether the participants perceived themselves as being capable of actively and creatively affecting and transforming their romantic relationship experience and their competence in handling disagreements or conflicts that might emerge in a relationship from time to time.

Career adaptability interview. Clients were first encouraged to tell the "story" of their experience of work (Shulman et al., 2014) They were then asked to discuss their current work status, work/study experiences, difficulties they might have had and how they coped with them in detail as well as their feelings and expectations about work/study. In particular, they were asked to elaborate on their personal, social, and professional dreams. In addition, they were asked to reflect on changes and turning points in their recent work and career history and on adaptations they did or did not make. To capture and address inner processes, participants were further encouraged to talk about, and elaborate on, the extent to which they felt that they had proceeded on their aspired track, or were still not sure what they really wanted to do in life, and the extent to which their jobs fit their interests and were meaningful to them (exemplary questions: Can you describe where are you today with regard to work, career? How did this develop over the years? How does this work/career suit your life plans, aspirations?).

The interviews lasted approximately 30 min and were audiotaped and transcribed. Career adaptability was coded on the following four scales, with scores from 1 (*low*) to 5 (*high*). (a) Functioning at work—assesses the extent to which an individual is employed and the stability of said employment. (b) Goals at work—assesses the extent to which participants have a clear, coherent, structured, and realistic life plan with regard to their career. (c) Agency at work—taps whether the participants perceive themselves as being capable of actively and creatively affecting, transforming, shaping, and dealing with difficulties in their work/academic experience. (d) Self-fulfillment at work—assesses the extent to which participants experience their careers as meaningful, consistent with their wishes and abilities, and as enabling authentic self-expression.

To estimate interrater agreement for the RCI and Career adaptability interview, 20% of the interviews were rated by two judges trained in clinical psychology. Interrater reliability was determined by calculating intraclass correlations (ICC; two way mixed model). The average ICC was .83 for romantic involvement, .95 for romantic maturity, .93 for romantic agency, .86 for goals at work, .86 for functioning at work, .86 for self-agency at work, and .89 for self-fulfillment at work. The raters were blind to our research hypotheses and questions.

Procedure

Clients were recruited through the reception office upon seeking counseling at a large university community clinic. Clients received information about the study and were assured that their participation was voluntary and that they could choose to terminate their participation at any time. Clients signed a consent form in which it was stated that the data would not be transferred to their therapist and that their anonymity would be preserved. Clients completed the outcome measures and went through a semistructured interview at two time points: at the beginning of treatment (session two or three) and at the end of treatment (2 weeks before the last meeting). The interviewers were blind to the research questions and to the clients' diagnoses. Four of the 50 clients who completed the first assessment dropped out of treatment shortly after they began. Forty-six clients remained in treatment and completed the second interview. Two weeks before treatment ended, therapists confirmed that their clients were willing to be contacted by the same research interviewer who conducted the first interview. Other than this, therapists were not involved in the research in any way and were blind to the research questions.

Results

Presenting Problems (Research Question 1)

The problems that participants indicated as most troubling when entering treatment were tabulated as follows (each client could specify up to three problems, thus the percentages do not add up to 100%): problems related to work/studies, 22 (47.8%); depression and anxiety, 20 (43%); problems in romantic relationship, 17 (37%); problems with parents, 7 (15%); and other problems, 10 (21%). Although almost half the clients mentioned depression and anxiety as the reason for referral, a substantial number of clients also mentioned problems in romantic relationships and career issues as the main reason for seeking treatment.

Changes Over Time in Romantic Competence and Career Adatability (Hypotheses 2 and 3)

A multivariate analysis of variance (MANOVA) with repeated measures to compare the levels of the three romantic competence scales pre- and posttreatment by length of treatment (short vs. long treatments) yielded only a main effect for time, $F(3, 39) = 12.66$, $p < .001$, $\eta^2 = .49$. Levels of the three RC indices before and after treatment are shown in Table 1. Follow-up analyses of variance (ANOVAs) showed that clients' levels for the three indices of RC (involvement, maturity, and agency) increased significantly from Time 1 to Time 2.

A second MANOVA with repeated measures conducted to compare the levels of the four career adaptability scales before and after treatment by length of treatment, (short vs. long treatments), yielded only a main effect for time, $F(4, 37) = 3.28$, $p < .05$, $\eta^2 = .26$. Levels for the four career adaptability scales before and after treatment are also shown in Table 1. Follow-up ANOVAs showed that only levels of career agency and self-fulfillment increased significantly from Time 1 to Time 2.

Table 1. Descriptive and ANOVA Results of the Romantic and Career Adaptability Scales and the Outcome Measures at the Two Time Points.

Measures			Time 1		Time 2		ANOVA		
		N	M (SD) range	N	M (SD) Range	F	df	p	η^2
RCI	Involvement	46	2.30 (1.47) 1–5	46	2.59 (1.6) 1–5	8.36	1,42	**.00**	.16
	Maturity	46	2.07 (0.95) 1–5	44	2.60 (1.1) 1–5	28.23	1,42	**.00**	.40
	Agency	45	2.16 (0.99) 1–5	43	2.65 (1.13) 1–5	18.87	1,42	**.00**	.31
CAI	Functioning	46	3.33 (0.97) 1–5	46	3.46 (1.13) 1–5	0.55	1,41	.46	.01
	Goals	45	2.73 (1.19) 1–5	46	2.98 (1.17) 1–5	0.85	1,41	.36	.02
	Agency	44	2.83 (0.81) 1–5	43	3.21 (.71) 1–5	13.95	1,41	**.00**	.25
	Self-fulfillment	46	2.85 (1.1) 1–5	46	3.21 (1.12) 1–5	6.10	1,41	**.01**	.13
BSI		46	1.42 (0.63) .32–2.83	46	1.06 (0.74) .17–2.77	17.99	1,44	**.00**	.29
BDI		45	19.42 (10.35) 2–44	46	10.47 (10.67) 0–37	39.48	1,44	**.00**	.47

Note. Significant associations are in bold-face type. RCI = romantic competence interview (Shulman et al., 2011); CAI = career adaptability interview (Shulman et al., 2014); BSI = brief symptom inventory (Derogatis, 1975); BDI = beck depression inventory (Beck et al., 1996); ANOVA = Analysis of variance.

Associations Between Change in Romantic Competence, Career Adaptability, and Outcome Measures and Predicting Change (Hypothesis 4)

Prior to examining the associations between changes across the different measures before and after treatment, we examined whether the outcome measures changed significantly from Time 1 to Time 2. A MANOVA with repeated measures conducted to compare changes in outcome measures before and after treatment across clients by length of treatment (short vs. long treatments) yielded only a main effect for time, $F_{(2, 42)}$ = 19.18, $p < .001$, $\eta^2 = .47$. Follow-up ANOVAs indicated that both the BSI and the BDI levels decreased significantly from Time 1 to Time 2.

Next, we examined the association between level of changes across treatments (Time 2–Time 1) in the BDI, BSI, romantic competence, and career adaptability scores. Table 2 presents Pearson correlations between the change scores of the four variables. For this purpose, we calculated the mean score of all subscales to obtain a total romantic competence and a total career adaptability score. As can be seen in Table 2, and as could be expected, change in BDI was highly associated with change in BSI, $r = .64$, $p < .001$. However, only changes in BDI and in romantic competence were associated, $r = -31$, $p < .05$.

In order to explore whether changes in symptoms could account for changes in romantic competence or vice versa, two regression analyses were conducted. In the first regression model, we examined the predictors of the T2 BDI level. In the first step we entered the BDI at Time 1. In the second step, change in romantic competence and career adaptability were entered. The findings showed that change in romantic competence was associated with change in BDI, adjusted $R^2 = .43$, $\beta = -30$, $t = -2.74$, $p < .01$. Second and third regressions predicting T2 romantic competence and T2 career adaptability, respectively, did not yield significant findings. Thus, only change in romantic competence accounted for change in depressive symptoms. Change in depressive symptoms did not account for change in romantic competence or career adaptability. Change in career adaptability did not account for changes in any of the other variables.

Table 2. Pearson Correlations Between Changes in Romantic Competence, Career Adaptability and Outcome Measures.

	Change in BDI	Change in BSI	Change in RCI	Change in CAI
Change in BDI		.66**	−.35*	−.18
Change in BSI			−.20	−.25
Change in RCI				.13
Change in CAI				

Note. RCI = romantic competence interview (Shulman et al., 2011); CAI = career adaptability interview (Shulman et al., 2014); BSI = brief symptom inventory (Derogatis, 1975); BDI = beck depression inventory (Beck et al., 1996). *$p < .05$. **$p < .01$.

Discussion

Two processes are central to the period of emerging adulthood. First, the passage from education to employment and, second, the changes in relationships when progressing from the parental and peer domains to romantic relationships (Zarrett & Eccles, 2006). Within these processes, young people have to make decisions about their career and romantic family life plans. Considering the current societal and economic uncertainties, the pursuit of these tasks can be stressful. Ranta, Dietrich, and Salmela-Aro (2014) indeed found that young people were highly concerned about their employment and their romantic relationships. Difficulties in these developmental processes are associated with psychological distress among emerging adults (Howard et al., 2014; Whitton & Kuryluk, 2012) and might lead emerging adults to seek professional help. Findings of the current study replicate previous findings and indicate that in addition to depression and anxiety, difficulties in the work and romantic domains were the main reasons that prompted emerging adults to seek treatment (Atzil-Slonim et al., 2015).

Emerging adults are of special interest for psychotherapy research because of their developmental vulnerability to mental health (Donald, Rickwood, & Carey, 2014). Integrating psychotherapeutic and developmental perspectives, the current study focused on the capabilities required to deal with the

developmental challenges of emerging adults, that is, romantic competence and career adaptability, and examined the extent to which these change during psychodynamic psychotherapy.

Findings supported our second hypothesis and indicated that romantic competence increased from the beginning to the end of treatment. In line with recent developmental theories and research emphasizing the comprehensiveness of romantic competence (Shulman et al., 2011), our findings indicated that compared to the initial time point, at the end of treatment, clients reported being involved in more durable relationships, and their ability to describe relationships as more mutually intimate and rewarding increased. In addition, compared to the initial level, clients perceived romantic involvement in a more realistic manner following therapy, were more aware of possible difficulties, and expressed more confidence in handling these difficulties. Previous studies have extensively described changes in interpersonal relationship patterns as a result of treatment (cf., Gibbons, 2004). A few studies have focused on the internal representations of relationships among emerging adult clients and reported improvements in representations of self and others (parents or the therapist) during psychodynamic psychotherapy (Harpaz-Rotem & Blatt, 2009; Werbart et al., 2011). The current study expands previous research by showing that the competence to create and maintain a mature and fulfilling romantic relationship, which has a particularly important role in emerging adulthood, also developed throughout treatment.

The results also supported our third hypothesis that career adaptability would evolve during treatment. However, a close examination of change in the more specific capabilities within career adaptability indicated that while clients reported higher levels of career agency and self-fulfillment following treatment, their levels of occupational functioning and their ability to set clear goals at work did not change following treatment. These findings suggest that though emerging adults did not necessarily find a stable job or develop a more coherent and structured life plan with regard to their career during treatment, they acquired more adaptive strategies for coping with difficulties and handling work and career-related issues. In addition, at the end of treatment, they were better able to search, and anticipated finding their work or career more meaningful, consistent with their wishes and abilities, and allowing more authentic self-expression. These findings are in line with Jacobsson, Tysklind, and Werbart (2011) who found that emerging adults in psychotherapy moved from an experience of feeling passively trapped in their problems to an experience of being active agents with a capacity for self-reflection. Previous studies with nonclient samples of emerging adults also highlighted the centrality of internal processes, such as flexibility and openness, to individuals' well-being above and beyond whether or not a person is employed (Shulman et al., 2014). Our findings might suggest that during the process of self-exploration in psychotherapy, emerging adults first develop skills that help them find meaning in what they do, or wish to do, in their careers. Ultimately, this progress might lead to a better work experience in the future and thus, also, to better functioning.

Our findings indicated that the emerging adults in the sample improved significantly in the outcome measures during the year of psychodynamic treatment. These findings provide further evidence of the possible benefits of psychodynamic therapy for emerging adults as has been reported in several previous studies (Baruch & Fearon, 2002; Lindgren et al., 2010; Philips et al., 2006).

This change in symptom level was associated with change in romantic competence. Specifically, findings indicated that an increase in romantic competence predicted a decrease in the level of depressive symptoms. This finding is consistent with the psychodynamic model, which posits that through a process of self-exploration in therapy the client can improve current interpersonal functioning and decrease symptoms by expanding the repertoire of experiences and learning to implement new, more adaptive behaviors toward others (Gibbons, 2004). The centrality of a romantic relationship in a person's life and its association with mental health and well-being have been extensively described in the literature (e.g., Bertera, 2005; Whisman, Sheldon, & Goering, 2000). Demir (2010) found that emerging adults experience higher levels of happiness when the quality of their romantic relationship is higher and that romantic relationship quality served as a buffer against the negative impact of conflicts in other relationships. The fact that decreased depression did not predict improvement in romantic competence is intriguing. There is a large body of research on the association between depression and interpersonal relationships, however there is no consensus as to whether interpersonal dysfunction actually precedes depression or whether it is the other way around (see Joiner & Timmons, 2009; Segrin, 2000, for reviews). More studies with several assessment points are needed to determine the direction of the association between changes in romantic competence and change in symptoms during psychotherapy.

Contrary to our expectation, change in career adaptability was not associated with change in symptom level. Although previous research has shown that employment problems can lead to increased depression (Dooley, Prause, & Ham- Rowbottom, 2000) and reduced self-esteem (Galambos & Krahn, 2008) while, on the contrary, being employed can shift the individual back onto an upward trajectory of psychological well-being (Lucas, Clark, Georgellis, & Diener, 2004), clients in the current study did not improve on all the aspects of career adaptability, and the changes they experienced fell short of affecting their work behavior. It is possible that only a more elaborate change also experienced on the behavioral level (as took place within the domain of romantic relationships) will be associated with changes in individual well-being. This will have to be examined in future studies where clients' daily occupational functioning has also improved.

The current study has several limitations. First, the findings are based on a relatively small sample of emerging adults ($N = 46$). Second, it was designed as a naturalistic field study on the psychodynamic therapy of emerging adults, without a nontreatment control group. Although the naturalistic design facilitates optimization of external validity, as it reflects the reality of

clinical work with clients in public clinics more accurately (Levy & Ablon, 2009), the lack of a comparison group makes it impossible to rule out the possibility that all gains could be true effects of developmental maturation rather than treatment effects. However, effect sizes of decrease of symptoms were twice that reported for waiting list controls (Leichsenring, Rabung, & Leibing, 2004). In addition, longitudinal studies with nonclinical populations showed that developmental changes over time were not necessarily positive and revealed increasing difficulties dealing with developmental tasks (Shulman et al., 2014). This raises the possibility that the reported changes in the current study are likely to be attributed to treatment effects. However, the results need to be replicated. Third, it must be cautioned that the use of graduate students and interns in this study might not allow for generalization of results to more experienced clinicians. Fourth, only two assessment points were included. In future research, it would be important to conduct assessments on multiple occasions during treatment and follow-up to capture possible nonlinear patterns of change (Kazdin, 2007). Furthermore, while the current study was the first to demonstrate changes in romantic competence and career adaptability during psychotherapy of emerging adults, it did not examine the processes and mechanism of change that lead to these changes. Future research should examine whether client–therapist relationship, therapist intervention or client processes are associated with improvement in developmental tasks within this age-group.

In conclusion, the finding that romantic relationships and career issues are the main reasons that prompt emerging adults to seek treatment strengthens Arnett's (2004, 2007) theory that these are the central developmental challenges of this age period and emphasizes the need to help emerging adults deal with these challenges in therapy. In addition, the findings suggest that psychodynamic psychotherapy has a beneficial effect on client's progress, in both the romantic and the employment arenas. Clinicians who work with emerging adults should be attuned to the complex internal capabilities needed to address this challenging period of life.

Author Contribution

Dana Atzil-Slonim contributed to conceptualization, design, and acquisition; drafted and critically revised the manuscript; gave final approval; and agreed to be accountable for all aspects of the work ensuring integrity and accuracy. Muli Reshef contributed to acquisition, analysis, and interpretation; critically revised the manuscript; gave final approval; and agreed to be accountable for all aspects of the work ensuring integrity and accuracy. Emmy Berman contributed to acquisition, analysis, and interpretation; critically revised manuscript; gave final approval; and agreed to be accountable for all aspects of the work ensuring integrity and accuracy. Tuvia Peri contributed to conceptualization and design; critically revised manuscript; gave final approval; and agreed to be accountable for all aspects of the work ensuring integrity and accuracy. Shmuel Shulman contributed to conceptualization, design, acquisition, analysis, and interpretation; drafted and critically revised manuscript; gave final approval, and agreed to be accountable for all aspects of the work ensuring integrity and accuracy.

Note

1. Analyses that were run with only independent data (one client per therapist) yielded similar results to the analyses that were run with the entire sample. Thus, in the current study, we report the analyses conducted with the full sample.

References

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). Washington, DC.

Arnett, J. J. (2004). *Emerging adulthood: The winding road from the late teens through the twenties*. New York, NY: Oxford University Press.

Arnett, J. J. (2007). Emerging adulthood: What is it, and what is it good for? *Child Development Perspectives*, *1*, 68–73. doi:http://dx.doi.org/10.1111/j.1750-8606.2007.00016.x

Atzil-Slonim, D., Wiseman, H., & Tishby, O. (2015). Changes in relationship representations among adolescents and emerging adults during psychodynamic psychotherapy. *Psychotherapy Research*. doi:http://dx.doi.org/10.1080/10503307.2015.1010627

Baruch, G., & Fearon, P. (2002). The evaluation of mental health outcome at a community-based psychodynamic psychotherapy service for young people: A 12-month follow-up based on self-report data. *Psychology and Psychotherapy: Theory, Research and Practice*, *75*, 261–278. doi:http://dx.doi.org/10.1348/147608302320365181

Battle, C., Imber, S., Hoehn-Saric, R., Stone, A., Nash, E., & Frank, J. (1966). Target complaints as criteria for improvement. *American Journal of Psychotherapy*, *20*, 184–192. doi:http://dx.doi.org/10.1002/1097-4679(196607)22:3<331::aid-jclp2270220326>3.0.co;2-o

Beck, A. T., Steer, R. A., & Brown, G. K. (1996). *Beck depression inventory* (2nd ed.). San Antonio, TX: The Psychological Corporation.

Bertera, E. M. (2005). Mental health in US adults: The role of social support and social negativity in personal relationships. *Journal of Social and Personal Relationships*, *22*, 3–48. doi:http://dx.doi.org/10.1177/0265407505049320

Blustein, D. L. (2011). A relational theory of working. *Journal of Vocational Behavior*, *79*, 1–17. doi:http://dx.doi.org/10.1016/j.jvb.2010.10.004

Castonguay, L. G. (2011). Psychotherapy, psychopathology, research and practice: Pathways of connections and integration. *Psychotherapy Research*, *21*, 125–140. doi:http://dx.doi.org/10.1080/10503307.2011.563250

Carver, K., Joyner, K., & Udry, J. R. (2003). National estimates of adolescent romantic relationships. *Mawhah*, NJ: Lawrence Erlbaum.

Cohen, P., Kasen, S., Chen, H., Hartmark, C., & Gordon, K. (2003). Variations in patterns of developmental transitions in the emerging adulthood period. *Developmental Psychology*, *39*, 657–669. doi: http://dx.doi.org/10.1037/0012-1649.39.4.657

Creed, P. A., Fallon, T., & Hood, M. (2009). The relationship between career adaptability, person and situation variables, and career concerns in young adults. *Journal of Vocational Behavior*, *74*. doi: http://dx.doi.org/10.1016/j.jvb.2008.12.004

Davila, J., Steinberg, S. J., Miller, M. R., Stroud, C. B., Starr, L. R., & Yoneda, A. (2009). Assessing romantic competence in adolescence: The romantic competence interview. *Journal of Adolescence*, *32*, 55–75. doi:http://dx.doi.org/10.1016/j.adolescence.2007.12.001

Deane, F. P., Spicer, J., & Todd, D. M. (1997). Validity of a simplified target complaints measure. *Assessment*, *4*, 119–130. doi:http://dx.doi.org/10.1080/00049539208260158

Del Corso, J., & Rehfuss, M. C. (2011). The role of narrative in career construction theory. *Journal of Vocational Behavior*, *79*, 334–339. doi:http://dx.doi.org/10.1016/j.jvb.2011.04.003

Demir, M. (2010). Close relationships and happiness among emerging adults. *Journal of Happiness Studies*, *11*, 293–313. doi:http://dx.doi.org/10.1007/s10902-009-9141-x

Derogatis, L. R. (1975). *Brief symptom inventory*. Baltimore, MD: Clinical Psychometric Res.

Derogatis, L. R. (1992). *The symptom checklist-90-revised*. Minneapolis, MN: NCS.

Donald, I. N., Rickwood, D. J., & Carey, T. A. (2014). Understanding therapeutic change in young people—A pressing research agenda. *Journal of Psychotherapy Integration*, *24*, 313–322. doi:http://dx.doi.org/10.1037/a0038136

Dooley, D., Prause, J., & Ham-Rowbottom, K. A. (2000). Underemployment and depression: longitudinal relationships. *Journal of Health and Social Behavior*, *41*, 421–436. doi:http://dx.doi.org/10.2307/2676295

Duffy, R. D., & Blustein, D. L. (2005). The relationship between spirituality, religiousness, and career adaptability. *Journal of Vocational Behavior*, *67*, 429–440. doi:http://dx.doi.org/10.1016/j.jvb.2004.09.003

Fadjukoff, P., Kokko, K., & Pulkkinen, L. (2010). Changing economic conditions and identity formation in adulthood. *European Psychologist*, *15*, 293–303. doi:http://dx.doi.org/10.1027/1016-9040/a000061

Furlong, A., & Cartmel, F. (2007). *Young people and social change: New perspectives*. New York, NY: Open University Press.

Furman, W., & Winkles, J. (2012). Transformations in heterosexual romantic relationships across the transition into adulthood: "Meet me at the bleachers . . . i mean the bar." In B. Laursen & W. Andrew Collins (Eds.), *Relationship pathways: From adolescence to young adulthood* (pp. 191–235). Thousand Oaks, CA: Sage. doi: http://dx.doi.org/10.4135/9781452240565.n10

Galambos, N. L., & Krahn, H. J. (2008). Depression and anger trajectories during the transition to adulthood. *Journal of Marriage and Family*, *70*, 15–27. doi:http://dx.doi.org/10.1111/j.1741-3737.2007.00458.x

Gibbons, M. B. C. (2004). The role of interpersonal relationships in the process of psychotherapy. *Psychotherapy Research*, *14*, 401–414. doi:http://dx.doi.org/10.1093/ptr/kph034

Grant, J. E., & Potenza, M. N. (2010). *Young adult mental health*. Oxford University Press.

Gulliver, A., Griffiths, K. M., Christensen, H., & Brewer, J. L. (2012). A systematic review of help-seeking interventions for depression, anxiety and general psychological distress. *BMC Psychiatry*, *12*, 81. doi:http://dx.doi.org/10.1186/1471-244X-12-81

Harpaz-Rotem, I., & Blatt, S. J. (2009). A pathway to therapeutic change: Changes in self-representation in the treatment of adolescents and young adults. *Psychiatry: Interpersonal and Biological Processes*, *72*, 32–49. doi:http://dx.doi.org/10.1521/psyc.2009.72.1.32

Howard, A. L., Galambos, N. L., & Krahn, H. J. (2014). Forecasting life and career satisfaction in midlife from young adult depressive symptoms. *Journal of Applied Developmental Psychology*, *35*, 51–57. doi:http://dx.doi.org/10.1016/j.appdev.2013.10.003

Jacobsson, G., Tysklind, F., & Werbart, A. (2011). Young adults talk about their problems. *Scandinavian Journal of Psychology*, *3*, 282–289. doi:http://dx.doi.org/10.1111/j.1467-9450.2011.00874.x

Joiner, T. E., & Timmons, K. A. (2009). Depression in its interpersonal context. In I. H. Gotlib & C. L. Constance (Eds.), *Handbook of depression* (2nd ed., pp. 322–339). New York, NY: Guilford Press.

Kazdin, A. E. (2007). Mediators and mechanisms of change in psychotherapy research. *Annual Review of Clinical Psychology*, *3*, 1–27. doi:http://dx.doi.org/10.1146/annurev.clinpsy.3.022806.091432

Leichsenring, H., Rabung, S., & Sc Leibing, E. (2004). The efficacy of short-term psychodynamic psychotherapy in specific psychiatric disorders: A meta-analysis. *Archives of General Psychiairy*, *61*, 1208–1216. doi:http://dx.doi.org.proxy1.athensams.net/10.1001/archpsyc.61.12.1208

Lent, R. W., & Brown, S. D. (2006). Integrating person and situation perspectives on work satisfaction: A social-cognitive view. *Journal of Vocational Behavior*, *69*, 236–247. doi:http://dx.doi.org/10.1016/j.jvb.2006.02.006

Lerner, R. M., Theokas, C., & Jelicic, H. (2005). Youth as active agents in their own positive development: A developmental systems perspective. In W. Greve, K. Rothermund, & D. Wentura (Eds.), *The adaptive self: Personal continuity and intentional self-development* (pp. 31–47). Ashland, OH: Hogrefe & Huber.

Levy, R. A., & Ablon, J. S. (2009). *Handbook of evidence-based psychodynamic psychotherapy: Bridging the gap between science and practice*. Totowa, NJ: Humana Press. doi:http://dx.doi.org/10.1007/978-1-59745-444-5

Levy-Warren, M. H. (1999). I am, you are, and so are we: A current perspective on adolescent separation-individuation theory. In A. H. Esman, L. T. Flaherty, & H. A. Horowitz (Eds.), *Annals of the American society for adolescent psychiatry* (pp. 3–24). Mahwah, NJ: Analytic Press. doi:http://dx.doi.org/10.1017/S1360641700242330

Lindgren, A., Werbart, A., & Philips, B. (2010). Long-term outcome and post-treatment effects of psychoanalytic psychotherapy with young adults. *Psychology and Psychotherapy: Theory, Research and Practice*, *83*, 27–43. doi:http://dx.doi.org/10.1348/147608309X464422

Lucas, R. E., Clark, A. E., Georgellis, Y., & Diener, E. (2004). Unemployment alters the set point for life satisfaction. *Psychological Science*, *15*, 8–13. doi:http://dx.doi.org/10.1111/j.0963-7214.2004.01501002.x

Meier, A., & Allen, G. (2009). Romantic relationships from adolescence to young adulthood: Evidence from the National Longitudinal Study of adolescent health. *The Sociological Quarterly*, *50*, 308–335. doi:http://dx.doi.org/10.1111/j.1533-8525.2009.01142.x

Midgley, N., Anderson, J., Grainger, E., Nesic-Vuckovic, T., & Urwin, C. (Eds.). (2009). *Child psychotherapy and research: New approaches, emerging findings*. New York, NY: Routledge/Taylor & Francis Group. doi:http://dx.doi.org/10.1007/s10615-011-0326-5

Mills, M., & Blossfeld, H. P. (2009). Uncertain and unable to commit: A fourteen-country comparison of the impact of globalization on the early life course. In I. Schoon & R. K. Silbereisen (Eds.), *The Jacobs foundation series on adolescence. Transitions from school to work: Globalization* (pp. 95–120). New York, NY: Cambridge University Press.

Nurmi, J. E. (2004). Socialization and self-development: Channeling, selection, adjustment, and reflection. In R. M. Lerner & L. Steinberg (Eds.), *Handbook of adolescent psychology* (pp. 85–124). Hoboken, NJ: Wiley.

Paivio, S. C., Jarry, J. L., Chagigiorgis, H., Hall, I., & Ralston, M. (2010). Efficacy of two versions of emotion-focused therapy for resolving child abuse trauma. *Psychotherapy Research*, *20*, 353–366. doi:http://dx.doi.org/10.1080/10503300903505274

Philips, B., Wennberg, P., Werbart, A., & Schubert, J. (2006). Young adults in psychoanalytic psychotherapy: Patient characteristics and therapy outcome. *Psychology and Psychotherapy: Theory, Research and Practice*, *79*, 89–106. doi:http://dx.doi.org/10.1348/147608305X52649

Ranta, M., Dietrich, J., & Salmela-Aro, K. (2014). Career and romantic relationship goals and concerns during emerging adulthood. *Emerging Adulthood*, *2*, 17–26. doi:http://dx.doi.org/10.1177/2167696813515852

Salmela-Aro, K., Kiuru, N., Nurmi, J. E., & Eerola, M. (2014). Antecedents and consequences of transitional pathways to adulthood among university students: 18-year longitudinal study. *Journal of Adult Development*, *21*, 48–58. doi:http://dx.doi.org/10.1007/s10804-013-9178-2

Savickas, M. L., Nota, L., Rossier, J., Dauwalder, J. P., Duarte, M. E., Guichard, J., . . . van Vianen, A. E. M. (2009). Life designing: A paradigm for career construction in the 21st century. *Journal of Vocational Behavior*, *75*, 239–250. doi:http://dx.doi.org/10.1016/j.jvb.2009.04.004

Segrin, C. (2000). Social skills deficits associated with depression. *Clinical Psychology Review*, *20*, 379–403. doi:http://dx.doi.org/10.1016/S0272-7358(98)00104-4

Seiffge-Krenke, I. (2003). Testing theories of romantic development from adolescence to young adult-hood: Evidence of a developmental sequence. *International Journal of Behavioral Development*, *27*, 519–531. doi:http://dx.doi.org.proxy1.athensams.net/10.1080/01650250344000145

Shanahan, M. I., & Longest, K. C. (2009). 2 thinking about the transition to adulthood. In I. Schoon & R. K. Silbereisen (Eds.), *Transitions from school to work: Globalization, individualization, and patterns of diversity* (pp. 30–41). New York, NY: Cambridge University Press. doi:http://dx.doi.org.proxy1.athensams.net/10.1017/CBO9780511605369.002

Shedler, J. (2010). The efficacy of psychodynamic psychotherapy. *American Psychologist*, *65*, 98–109. doi:http://dx.doi.org/10.1037/a0018378

Shulman, S., & Connolly, J. (2013). The challenge of romantic relationships in emerging adulthood reconceptualization of the field. *Emerging Adulthood*, *1*, 27–39. doi:http://dx.doi.org/10.1177/2167696812467330

Shulman, S., Davila, J., & Shachar-Shapira, L. (2011). Assessing romantic competence among older adolescents. *Journal of Adolescence*, *34*, 397–406. doi:http://dx.doi.org/10.1016/j.adolescence.2010.08.002

Shulman, S., & Scharf, M. (2000). Adolescent romantic behaviors and perceptions: Age-and gender-related differences, and links with family and peer relationships. *Journal of Research on Adolescence*, *10*, 99–118. doi:http://dx.doi.org/10.1207/SJRA1001_5

Shulman, S., Vasalampi, K., Barr, T., Livne, Y., Nurmi, J. E., & Pratt, M. W. (2014). Typologies and precursors of career adaptability patterns among emerging adults: A seven-year longitudinal study. *Journal of Adolescence*, *37*, 1505–1515. doi:http://dx.doi.org/10.1016/j.adolescence.2014.06.003

Summers, R. F., & Barber, J. P. (2010). *Psychodynamic therapy: A guide to evidence-based practice*. New York, NY: Guilford Press.

Werbart, A., Grünbaum, C. C., Jonasson, B. C., Kempe, H. C., Kusz, M. C., Linde, S. C., . . . Öhlin, A. C. (2011). Changes in the representations of mother and father among young adults in psychoanalytic psychotherapy. *Psychoanalytic Psychology*, *28*, 95.

Whitton, S. W., & Kuryluk, A. D. (2012). Relationship satisfaction and depressive symptoms in emerging adults: Cross-sectional associations and moderating effects of relationship characteristics. *Journal of Family Psychology*, *26*, 226. doi:http://dx.doi.org.proxy1.athensams.net/10.1037/a0027267

Whisman, M. A., Sheldon, C. T., & Goering, P. (2000). Psychiatric disorders and dissatisfaction with social relationships: Does type of relationships matter? *Journal of Abnormal Psychology*, *109*, 803–808. doi:http://dx.doi.org.proxy1.athensams.net/10.1037/0021-843X.109.4.803

Wiseman, S. (2014). *The quest for connection in interpersonal and therapeutic relationships*. Presidential address presented in the Society for Psychotherapy Research (SPR), Copenhagen, Denmark.

Zarrett, N., & Eccles, J. (2006). The passage to adulthood: Challenges of late adolescence. *New Directions for Youth Development*, *2006*, 13–28.

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