

## **The Contribution of the Existential and Intersubjective Theoretical Approaches to Socio-Educative Interventions**

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### **Abstract**

This paper examines the characteristics of youth at-risk and the complexity and meanings found in educational-therapeutic discourse according to the existential approach of logotherapy. Possible directions for therapeutic work are suggested in line with the intersubjective approach. This paper is divided into four parts: Part 1 examines the characteristics of at-risk adolescents; Part 2 discusses the resources and basic assumptions of the existential approach of; Part 3 focuses on the intersubjective approach, its sources, and its main insights; and Part 4 describes the main practical insights and meanings achieved in the intersubjective encounter between the adolescent and the educational-therapeutic worker, underpinned by a combination of the above-mentioned approaches. The basic assumption is that therapeutic discourse, according to this combined method, will facilitate a gradual process of change and improvement in a safe and contained environment where positive meaning in life is poured into an encounter to produce a partnership of reciprocity, enabled by curiosity, openness, responsibility, and mutual creativity. This process enables adolescents to find existential meaning, allowing them to develop functional abilities in different life domains (familial, academic, occupational, social, leisure, etc.) in the present and future and motivating them to act to change their reality.

*Keywords:* at-risk youth, socio-educative interventions, existential approach, intersubjective approach, logotherapy

### **Introduction**

This paper describes the characteristics of at-risk youth in Israel, discussing the complexity and meanings of the socio-educative discourse with at-risk adolescents and describing how a synthesis of the existential approach (Fabry, 1968/1983; Frankl, 1959/1970, 1980/2010; Gutman, 1996/1999; Lukas, 1988; Shoham & Addad, 2004) and the intersubjective approach (Aron, 1991, 1993, 1992/2011; Kohut, 1984/2005; Laor, 2007; Mitchell, 1993/2003; Shalgi, 2009; Winnicott, 1965/2009, 1986/1995; Wong, 2012, 2014; Wong & Wong, 2012) can contribute to an effective conceptual framework for socio-educative intervention for at-risk adolescents.

One of the first and most important tasks for professionals involved in socio-educative work with at-risk youth is to gain the client's trust in order to develop a meaningful relationship with them. When working with these young people, it is also essential to prepare a foundation of

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meaningful contents for the treatment sessions in order to help the youth improve their emotional abilities, social skills, daily functioning, and *modus vivendi*.

This paper offers possible directions for socio-educative work with at-risk youth based on the fundamental assumptions and theories of the existential and intersubjective approaches. This article is divided into four parts. Part 1 describes the characteristics of at-risk youth; Part 2 reviews sources related to the existential approach (including logotherapy) and its principle assumptions; Part 3 discusses the intersubjective approach, its sources, and its main insights; and Part 4 describes insights regarding the intersubjective encounter between at-risk adolescents and the socio-educative worker supported by the integration of logotherapy and the intersubjective approach.

Socio-educative discourse based on the fundamental assumptions of the existential and intersubjective approaches enables meaning to be poured into the treatment sessions to engender positive changes. The treatment sessions should be characterized by reciprocity and cooperation in order to gradually increase the participant's curiosity, openness, and creativity. This process enables each of the participants to create personal meaning and can help the client to function better in various domains (family, studies, work, social settings, etc.), motivating them to act in order to engender change. According to Shalgi (2009), this therapeutic discourse strives to enable "youth to develop mentally, moment by moment, along the process through the contact with the developing mind of the therapist, who also changes through this process" (p. 25).

### **Characteristics of At-Risk Youth**

According to the Shamid Committee Report (2006), children and youth that are "at-risk" and "in distress" are those who live in jeopardizing situations in their family and environment. According to the United Nations' *Declaration of the Rights of the Child* (1959) every child should:

...enjoy special protection, and shall be given opportunities and facilities, by law and by other means, to enable him to develop physically, mentally, morally, spiritually and socially in a healthy and normal manner and in conditions of freedom and dignity. In the enactment of laws for this purpose, the best interests of the child shall be the paramount consideration.

The Shamid Report (2006) defined "risk-increasing situations" as "economic difficulties, crisis situations in the family (serious illness of a parent, death of a parent, separation), migration, belonging to a minority group, physical disability, learning disability, transition between different settings, [and] life in a poor or risky environment" (p. 67).

### **Socio-Demographic, Familial, and Environmental Characteristics of At-Risk Youth**

Professional literature in this field lists common characteristics of at-risk children and youth. These characteristics relate to a specific socio-economic status of the family of origin (low income, unemployment, high geographical mobility, low level of parents' education, large number of children in family), defective parenting (lack of consistency on issues of discipline, lack of support by parents for the adolescent, weak father figure or lack of a father figure), and stressors that the family is exposed to (Bar-Hamburger, Ezrahi, Roziner, & Steinberg, 2005; Ben Arieh, Zionit & Kimche, 2004; Ben Rabi & Kahan-Strawczynski, 2003; Lahav, 1999, 2000; Meggert, 2008). Lahav (2000) notes that most of these young people drop out of the education system; they are from homes with poor resources and families with low socio-economic status, characteristics that reduce the probability that they can acquire an education and requisite life skills. Addad (1989) discusses the meaning of the adolescent's family experience and its

contribution to the shaping of the adolescent's coping strategies. He claimed that the family's "preparatory grounding" forms the basis for the adolescent's ability to cope with a range of social requirements and demands; this grounding "includes the individual's past memories" (p. 58). He theorized that adolescents who, in their past, enjoyed a series of positive experiences including love, safety, trust, and satisfaction, will be, as the Biblical verse notes "like a tree planted by streams of water" (Psalm 1:3, KJV), with roots that run deep and will stand strong and stable. This same "preparatory grounding should help the individual to stand firm against the storms of present and future threats" (Addad, 1989, p. 58).

As the individual youth grows and learns to cope with society's demands and the challenges they set for themselves, society's definitions and perceptions of these individuals are also important factors in their development. Becker (1963), Cloward and Ohlin (1960), and Shoham and Rahav (1983) have discussed the influence of the environmental variable of labelling and the dynamics that this engenders for detached youth—young people whose personality and actions are defined as marginal. Labelling increases the detached youth's sense of alienation and leads to a widened gap between the youth and those who are supposed to supervise and rehabilitate them. Consequently, the youth may try to avoid those who label them. When this happens, the youth's peer group consequently becomes more meaningful; peers may reinforce abnormal antagonistic behavior patterns and sometimes even encourage violent acts. Shoham and Rahav emphasize that labeling "pushes" the delinquent into the arms of their peers and those who resemble them, since in such environments they do not feel foreign and different.

It seems that the presence of some or all of the above-mentioned characteristics contributes to the process of youth marginalization and dropout from normative and formal settings. In such circumstances, the tendency to search for an environment where they feel less rejected, less labelled, and less alienated will grow. This process can develop and become more established if the adolescent has certain personality characteristics.

### **Personality Characteristics**

At-risk youth are described as alienated from society's values, having a low self-image, lacking motivation for change, distrustful, finding it difficult to cope with authority and discipline, having a "negativist" attitude, and as having difficulty in forming significant relationships, acting with self-control, delaying immediate gratification, and concentrating on and persevering with their studies. According to Moss (1988) and Meggert (2008), these young people tend to stray, to fail in social tasks, "to rub up against the law," and become involved in crime. Their behavior is also characterized by violence, and many of them indulge in drug and/or alcohol abuse (Teichman, 1989, 1999). Other personal problems associated with at-risk youth include health problems, early pregnancy, and learning disorders (Einat, 1992; Einat & Einat, 2006; Marom & Uziel, 2001).

The age of adolescence involves the search for self-identity and the fear of losing one's "self." Insofar as the adolescent is able to develop a sense of identity, their self-confidence, self-control, and composure will grow. These attributes contribute to the adolescent's ability to take initiative and motivation to accept roles suited to their abilities. An environment that labels, accuses, criticizes, and punishes adolescents prevents their development and maturation, and may delay the formation of a positive, stable identity—all the while encouraging the search for a less derogatory environment. If the adolescent is diagnosed with learning disabilities or concentration and attention disorders, the probability of dropping out of school and becoming detached from formal education frameworks increases significantly.

Addad (2001) claims that young people search for their reflection outside of themselves. They “project” themselves on others, and principally upon their “peers” (p. 42). In his opinion, school labelling leads to the development of cynicism and lack of trust that characterize at-risk youth. He argues that adolescents are convinced that they should feel self-competence and self-confidence, but in practice they experience uncontrollable fears and anxieties. Usually, a traumatic family background—including parents who have an illness or are involved in dispute, a neglected and disruptive home, parents who threaten to abandon the family, fathers or mothers who are often absent from home, a lack of acceptance of mental assistance from parents—increases the adolescent’s anxieties. Destabilization of the adolescent’s sense of confidence can cause the adolescent to choose a more precarious path involving burglary, car theft and reckless driving, vagrancy, running away from home, and so on. According to Erikson (1968/1987), at-risk youth already develop a lack of trust in those around them in the early stages of their life (perhaps even during the first year of life). In adolescence, a period marked by uncertainty that increases and empowers doubts, some of these adolescents demonstrate insolent and uninhibited behavior in order to neutralize the sense of doubt within them.

Operative conditioning may help to empower the child’s and adolescent’s sense of self-confidence regarding their functional abilities (Atkinson, Atkinson, Smith, Bam, & Hilgard, 1989/1995). Reinforced self-confidence motivates the individual to positive action. The environment needs to act tolerantly towards the child or adolescent, to provide reinforcers and to enable them to overcome doubt. According to Erikson (1968/1987), the child and the adolescent undergo a formation process of building their self-confidence, a process that in the broadest sense can be characterized as “a battle for autonomy” (p. 108). According to Winnicott (1986/1995), healthy development is the continuous search for realization of a relationship with another person and, essentially, the continuation of internal movement—walking the path, searching, making mistakes, believing, hoping, and continuing to search. Winnicott suggested the existence of a “false self” and noted the anti-social tendency that exists in adolescents (Matri, 2005). Winnicott claimed that it is actually children whose human environment allows them to express their experiences in full authenticity—an experience of mental distress and pain that is expressed in hostile relationships with the new environment—who maintain an authentic nucleus for their mental life; thus, the risk that they will become detached youth, alienated from their environment and even transgressing the law, lessens. In his estimation, it is those adolescents who assimilate too quickly, too early, and with too much obedience that are at greater risk of developing a “false self,” in other words, a “self” that does not reflect autonomy and authentic feelings.

To summarize: Emotional experiences characterized by disappointment, a sense of having missed something, and a lack of trust in adult figures all make it difficult to establish a stable foundation necessary for self-realization, accepting responsibility, and being able to make free choices.

To create a therapeutic foundation—to counter such experiences—socio-educative discourse should include characteristics that will improve interpersonal communication, develop trust, and provide an experience of acknowledged visibility through the therapist’s recognition of the presence of the adolescent during the discourse. In this way, communication can develop to enable goal-setting and determination of aims with empowering content to enhance responsibility, liberty, meaning, self-estimation, self-confidence, and a positive self-image. There are various approaches to the development of these goals and aims, such as the Strengths Approach (Cohen & Buchbinder, 2005), Antonovsky’s (1979, 1987, 1998) Salutogenesis, as well

as the research of Duckworth and colleagues (Duckworth & Carlson, 2013; Duckworth, Gendler, & Gross, 2014; Duckworth, Kim, & Tsukayama, 2013; Duckworth, Quinn, & Seligman, 2009) on goal-setting and goal-striving and their connection to grit, self-control, and positive psychology.

The next section focuses on the existential approach (particularly logotherapy) and the intersubjective approach, both of which were found to be relevant for socio-educative work with at-risk youth.

### **Historical Development and Characteristics of the Existential Approach**

In the second half of the 20th century, around the same time that Binswanger (1956) and Boss (1979) developed existential psychotherapy in Europe, Carl Rogers and Abraham Maslow began to develop the principles of humanistic psychology in the United States.

Existential psychotherapy developed in Europe in the 1940s and 50s. The psychoanalyst Binswanger (1956) explained that existential ideas stemmed from a sense of frustration due to the inability of contemporary theoretical approaches and practical tools, especially the accepted psychoanalytical and behavioral theories, to understand mental distress and disease (Yalom, 1980/2011). The horrors of the Second World War stimulated a desire among many psychologists, psychiatrists, and philosophers to investigate the sources of human evil and people's ability to cope with suffering. Viktor Frankl's (1959/1970) book, *Man's Search for Meaning*, described and analyzed the author's experiences in the Auschwitz extermination camp between the years 1942-45. Frankl's life experiences constituted the basis for his development and formulation of logotherapy. This approach focuses on human mental and existential distress, but simultaneously emphasizes the mental strengths that a person discovers as a result of the meaning that they attribute to life events (Yalom, 1980/2011; Wong, 2014).

Humanistic psychology has expanded and built upon the work of existential psychologists in an attempt to respond to the dismal image of the human spirit often implied in the work of behavioral and social sciences. During the first half of the 20th century, two main streams developed among psychologists in the USA: behaviorism and psychoanalysis. While behaviorists tended to ignore consciousness, believing that it was inaccessible to scientific research due to its privacy and subjective nature, psychoanalysts who developed the theory of Sigmund Freud, such as Alfred Adler, Erik Erikson, Erich Fromm, Karl Jung, and Melanie Klein, felt it necessary to explore and understand the dynamic unconscious since it is the primary force which determines human behavior, and therapeutic work should aim to integrate unconscious drives with those of the conscious mind to produce a personality with stronger and healthier coping abilities.

Humanistic psychology developed out of dissatisfaction with both these models, claiming that neither behaviorism nor psychoanalysis recognized unique human qualities, nor did they deal with many real life problems. Relying on ancient Hebrew, Greek, and Renaissance psychology, Abraham Maslow (1968), Carl Rogers (1995), and Rollo May (1985, 1994) met together with other like-minded colleagues in 1964 at Old Saybrook, Connecticut to establish a new stream of psychology which would recognize and study such human expressions as values and self-consciousness, love, self-determination, personal freedom, greed, desire for power, cruelty, morality and culture, and scientific exploration as essential components of human existence. Maslow went on to develop a hierarchy of human motivation, arguing that when the most basic needs are satisfied, then the individual is free to develop motivation on higher levels

towards self-realization, while Rogers developed a person-centered approach, proposing that all individuals live in a continually changing world of which they are the center, and that in their interaction with this world they develop the structure of a self-identity. To assist self-actualization in therapy, he argued, the therapist would need to offer personal congruence, unconditional positive regard, and accurate empathic understanding. Both Maslow and Rogers saw the human being as inherently good and this became a major theme of the belief in “human potential,” seeing self-realization as an empirical principal and the ultimate goal. However, some humanistic psychologists felt this was inadequate to explain the complete human experience. May also focused on the human ability to grow and achieve self-realization, but he expanded these concepts by exploring the purpose of human anxiety. He theorized that anxiety appeared because of the uncertainty in life and the anticipation of death. He felt that humans fear death because they cannot comprehend their own lack of existence. He focused on the concept of freedom (i.e., the power to choose and direct one’s life) as an ultimate achievement for humankind.

To summarize, humanistic psychology proposed a new set of values to understand human nature and the human condition. It provided new tools and broadened the scope of research into human behavior and offered new, of more effective therapeutic methods of therapy.

Existential psychotherapy and humanistic psychology rely on many common principles, and many of the humanist psychologists—Maslow (1968), Bugental (1999), May (1994), Rogers (1995) and others—have an existential orientation. As noted above, existential psychologists saw self-fulfillment as a central factor in the shaping and development of the personality, such that would permit realization of personal potential, personal growth, and the ability to cope with challenges. Maslow and Rogers assumed that an environment that prevents the individual’s self-realization and satisfaction of their needs contributes to the creation of problems and disorders. They stressed that positive relationships provide support, acceptance, and love, contributing to mental health and the shaping of a healthy personality—one oriented toward self-fulfillment.

The existential approach assumes that if the individual is given complete freedom to perform his choices and preferences, the responsibility involved in decision-making and its possible results can constitute a fertile bed for the development of anxieties. At the same time, this approach also stresses that any existence means being “other.” Moreover, human existence also means “having a different ability” (Kaiser, as cited in Yalom, 1980/2011, p. 210). Kaiser (as cited in Yalom, 1980/2011) discusses the importance of communication in shaping authentic relationships between the therapist and the client; he explains that a far greater advantage is gained if a genuine relationship forms between them instead of a relationship based on transference. The individual opens up not only to the “other” facing them, but also to him/herself. Even if the therapist-client relationship is temporary, the intimate experience that is created remains present in the inner world of the client as a permanent point of reference. This experience constitutes a reminder for the client of their potential for intimacy and their ability to conduct a relationship in a manner other than that which they are accustomed to. Discovering the “self,” a revelation that occurs thanks to the intimacy of the relationship with the therapist, becomes permanent and does not alter. This experience is meaningful for the individual even outside the therapeutic encounter. It clarifies relationships outside the therapeutic frame and allows the individual to gradually form new communication practices with their surroundings. Yalom (1980/2011) therefore defines existential psychotherapy as a dynamic therapeutic approach that focuses on concerns involved in the individual’s existence, including the following main concepts: choice, liberty, loneliness, responsibility, and self-fulfillment.

Logotherapy also grew out of the existential approach; it began in the 20th century with Viktor Frankl's (1959/1970) book, *Man's Search for Meaning*, which established the concept of logotherapy among therapists and other professionals. In this book, Frankl explains that people have the potential to express different facets of themselves, but their ability to do so depends on decisions and not circumstances, since the ability to choose one's attitude towards one's circumstances remains the last freedom when all others are taken away. In other words, "man is responsible and must actualize the potential meaning of his life" (Frankl, 1959/1970, p. 132). Psychotherapy helps the client to cope with the responsibility involved in decision-making, and also with the experience of unavoidable suffering that accompanies it, through the discovery of personal meaning for the client's life. Frankl's view concerning the meaning of suffering emphasizes the individual's responsibility for the definition of their own life goals—including giving meaning for suffering, defining goals even within the experience of suffering, highlighting achievements, and focusing on meaningful experiences that will help the individual to overcome present suffering (this is required since coping with suffering is itself a serious challenge). As Wong (in press) defines it in his article about Frankl's contribution to logotherapy,

The power of Frankl's concept of responsibility hinges on its spiritual underpinning and the compelling value of self-transcendence. Together, self-transcendence and responsibility form the foundation of logotherapy. ... It rests on three inter-related pillars—freedom of will, will to meaning, and meaning of life—and its main contribution to the therapeutic community is its focus on the vital role of meaning in healing and flourishing.

Fabry (1968/1983) continued Frankl's path and noted that meaning constitutes the motivation for the individual's spiritual actions. The individual performs these actions to transcend beyond the borders of the "self," in contrast to mental actions whose purpose is to satisfy some mental need. The meaning given to life is both personal (individual) and subjective, and so there is no clear uniform definition. Lukas (1988) explained that, according to logotherapy, the process of change involves three interrelated stages: (1) distancing from the symptoms that express distress and despair, (2) change in an unhealthy approach to life, and (3) search for new meanings. In the first stage, the individual needs help to distance him/herself from distressful and destructive symptoms. Values that characterized life before the crisis should be emphasized and clarified so that at the second stage the focus is on memory and its maintenance. In this second stage, reducing or even eradicating negative symptoms and establishing a positive approach to life will enable the individual to advance to the third stage, a stage that is in essence the search for new meanings that will pour content and creativity into daily existence. Such a change enables the continuation of the development of a healthy approach, and creating new meanings for life, including the significance of suffering.

The question of "What is the meaning of life?" is sharpened and empowered during crises, failures, and significant changes. An individual's coping acts and strategies within change experiences express their personal meaning for life through the solutions that they choose and their attitudes, aspirations, and habits. According to Frankl's basic assumptions, usually if a person maintains a positive perception in periods of change and challenging life circumstances, which may make coping "stressful" and demanding, their ability to adapt to reality and to act improves accordingly. It seems that this perception of "the meaning of life" is significant and relevant for the Israeli experience, which is characterized by constant demands and stress.

According to the existential approach, particularly logotherapy, socio-educative discourse should be based on the perception that the individual can be liberated from their past. We

understand the present by relying on the past, but it is not justifiable that the past will determine the future. The fact that the past is irreversible transforms it into “fate;” however, people nevertheless strive to realize human liberty. Fate stimulates our actions, out of awareness of our responsibility for results.

How can the adoption of the basic tenets of logotherapy help an individual to improve their will to change through the acceptance of professional assistance in socio-educative discourse? Rank (1989) saw the therapist-client relationship as a parent-child relationship. He felt that in treatment there is a clash between the “will to unite” and the “will to separate” (p. 113), or as Becker (1973), put it, “On the one hand the creature is impelled by a powerful desire to identify with the cosmic forces, to merge himself with the rest of nature. On the other hand he wants to be unique, to stand out as something different and apart” (pp. 151-152).

You can see that man wants the impossible: He wants to lose his isolation and keep it at the same time. He can't stand the sense of separateness, and yet he can't allow the complete suffocation of his vitality. He wants to expand by merging with the powerful beyond that transcends him, yet he wants while merging with it to remain individual and aloof. (Becker, 1973, p. 155)

According to Fabry (as cited in Yalom, 1980/2011), a person's most important decisions and choices are therefore not consciously experienced as important; it is only retrospectively that the person understands that their decision was important.

The therapist's purpose is to engender change; people can act for themselves only if they are aware of their desires since this awareness enables them to direct the self towards the future. According to May (1983/1985), the role of therapeutic discourse is to identify and understand the individual viewpoint of the client as a person in the world. Therapeutic discourse is focused so that the client's past experiences and covert and overt aspirations can clarify their present experiences and mark out paths towards the future.

To summarize: Logotherapy is based on a technique used to change the individual's approach to the “self” and others. This technique is intended to relieve distress or despair by focusing on the future, finding meaningful areas of interest, and discovering areas with potential to establish an experience of meaning and challenge. One of the goals of therapeutic discourse is to improve an adolescent's ability to demonstrate their maturity and responsibility in their social environment. The ability to change depends, *inter alia*, on the quality of the sources of emotional support and practical resources and support that the adolescent receives. The therapy and the therapist-client relationship can make an important contribution to the development of the client's appropriate talents and life skills.

One example of the integration of the principles of logotherapy in work with youth at-risk can be found in Wong and Wong's (2012) Meaning-Centered Counseling and Therapy (MCCT) model, which elaborated and extended Frankl's classic logotherapy by introducing new constructs and skills that are consistent with the basic tenets of logotherapy.

MCCT relates especially to the meaning and quality of human existence, relying on the foundations of logotherapy enriched by new insights from psychological research. Like existential therapies, it argues that therapy should assist people to reach existential awareness and develop the psychological skills to overcome situations of adversity and attain positive life goals. This is a holistic conceptualization since it views the human being as a bio-psycho-social-spiritual entity. Wong (2011) therefore proposes that

the best way to achieve a fuller understanding of the presenting problem is to place all clinical knowledge and findings within a meaning-centered integrative and holistic

framework that recognizes the client as a complete human being in a specific historical and cultural context. By the same token, the best way to motivate positive change is to explore the many different modalities and avenues that resonate with the client. (p. 628)

Wong (2012) summarizes the conceptualization of Frankl as

three factors [that] characterize human existence: spirituality, freedom and responsibility. The spiritual dimension is the very core of our humanness, the essence of humanity. The defiant power of the human spirit refers to the human capacity to tap into the spiritual dimension in order to transcend the detrimental effects of stressful situations, illness, or the influence of the past. (p. 628)

The next section deals with the contribution of the intersubjective approach to the creation of a foundation of trust between therapist and client. This foundation is required to help the adolescent attain self-fulfillment, accept responsibility, and have faith in him/herself, while demonstrating creativity in his/her choices.

### **The Historical Development and Characteristics of the Intersubjective Approach**

The intersubjective approach assumes that the motivation for social interaction is inherent, but the shape of these interactions is dictated by the relationships between an individual and others. This school of thought claims that the desire to form a relationship with others is a universal, central, and meaningful desire for all people. Those who founded and crystallized this approach were Winnicott (1986/1995, 2009), Mitchell (1993/2003), Kohut (1984/2005), Aron (1991, 1993), Orange (2010, 2011), and others such as Stolorow and Atwood (Stolorow & Atwood, 1992; Stolorow, Atwood, & Orange, 2002).

They focused on reciprocal processes between the therapist and client and indicated that it was important to form open discussion between them. Supporters of this therapeutic approach argue that it is a two-directional process containing both conscious and unconscious contents from both the therapist and client who meet in the therapy room. The therapist and the client need to be aware of the existence of these processes and their content.

The approach focuses on the dialogue that develops between therapist and client: insofar as the dialogue is authentic and intimate, the therapeutic discussion will be meaningful and productive. Mitchell (1993/2003) posited that the main element of a therapeutic conversation is a negotiation process between therapist and client, and in this context he distinguished between relational and interpersonal processes. According to Mitchell, the therapist-client interaction is shared and reciprocal. Even if this process is not egalitarian, understandings are formed within its frame. These are neither final nor permanent, but are, rather, dynamic. The therapist's relational attitude relies on personal humility, and also on the assumption that although you may not be able to give the client what he says that he wants, through continuous negotiations it may be possible to give the client what he needs (Mitchell, 1993/2003, p. 15). Aron (1992/2011) believed that the relationship between the two sides in a therapeutic encounter is characterized by reciprocal influence and mutual recognition. The therapist's personality and emotional world are significant components of the treatment and constitute some of the variables that the treatment investigates. Each therapist-client interaction, including interpretation, exposes something about both of them. It is important that there should be a lack of symmetry between them for the success of the therapy, and this is defined within the therapist's role definition. During therapy, the responsibility for the client's status and for the achievement of the therapeutic goals is imposed on the therapist.

Therapeutic discourse based on the intersubjective approach focuses on the creation of a containing relationship and on the implementation of Winnicott's (1986/1995) concept of "holding." Relational therapists aspire to create a healing relationship with the client, since they assume that, thanks to such a relationship, familiar patterns of primary relationships can be broken. An important condition for the creation of holding is emotional adjustment, or, in other words, the therapist's ability to attune their emotions to the client's emotions. In such a situation, the therapist is able to consolidate a sense of the subject's "self" and to create intersubjective relations. The intersubjective approach strives to attain a balance in the therapeutic discourse between interpretation and holding. Interpretation is given to a large variety of behaviors, including different types of expressions and gestures, and is not limited to psychodynamic explanations for the client's mental state. Mitchell (1993/2003) asserted that the ability to be human in the full sense of the word means the ability to recognize another person as a subject. He claimed that inter-subjectivity is the mutual recognition of one another between people with the ability for self-introspection and self-awareness and the creation of an ambience that allows the client to participate in active, dynamic discourse. This is expressed in the therapy session through the therapist's personal and authentic involvement—their strong identification with and empathy for the client that transforms the therapist-client relationship into a connection between subjects.

In order to further the goals of the therapeutic discourse and to help the client, the therapist should form an empathetic relationship with the client. Empathy is essential in order to understand the "other"; the combination of (external) empathy demonstrated by the therapist and the client's ability for introspection engenders a process that enables a relationship of trust to form between both sides in the therapeutic discourse (Kohut, 1984/2005). Kohut (1984/2005) claimed that empathy is "the capacity to think and feel oneself into the inner life of another person" (p. 82).

Hadar (2001) also believed that empathy was very significant, but added that it was secondary to the main task of therapy: the creation of verbal representations and verbal communication. Through empathy, it is possible to derive several interpretations (differing one from the other) for human warmth, affection, and partnership, as well as sarcasm and distance. Empathy does not in itself dictate what will be said, yet empathetic interpretation offers participation in the client's feelings, sensations, or thoughts. Often, empathetic interpretations are the immediate result of empathy.

Zuckerman and Khayam (2011) investigated the extent to which Israeli adolescents were willing to ask for help from various sources of assistance. Their findings indicated that the intersubjective encounter, as also the consolidation of content and goals for these encounters, are the most important factors in providing a response for existential distress. When asked about three different types of sources of assistance (natural, anonymous, and formal) the adolescents indicated that they preferred to turn to natural sources such as the family and friends (because of their availability, proximity, openness, accessibility, and previous familiarity) far more than to anonymous or formal sources. This finding is in line with the findings of other studies (Sagi, Ezer, Gilat & Reuveni, 2008; Shiber, 1995). Regarding formal sources of assistance, Zuckerman and Khayam (2011) found that

Formal assistance agents can become relevant and more effective as sources of help if they adopt a pro-active approach, more considerate and sensitive to difficulties, needs, and special characteristics of the adolescent population. The combination of personal distress among adolescents with their reticence to turn to professional bodies creates a

hole in the availability of help and teachers can fill it successfully. (p. 429)

Toledo-Bhaldien and Mor (2008) also stressed that creative, alternative, and effective ways should be found to help adolescents in crises and their families. These researchers examined how change could be established through structured group work process including the use of empathy, sensitivity, and flexibility within clear boundaries.

The findings of the above-mentioned studies clarify and exemplify the guidelines of the intersubjective approach. This approach highlights the importance of reciprocity in therapist-client communication so that it is very suitable for socio-educative discourse with adolescents, a population that needs recognition of their presence and uniqueness. Nevertheless, care should be taken to maintain a lack of symmetry between the therapist and client in order to sustain the authoritarian dimension of the therapy. The use of these guidelines and principles improves the therapeutic process, empowering it and furthering dialogue in an appropriate way for the adolescent's needs.

Thus, based on the assumptions and findings above, the use of the existential approach, particularly logotherapy, and the intersubjective approach should be more widely adopted and seen as building blocks for the improvement of socio-educative discourse with adolescents. This discourse should improve young people's level and quality of functioning and help them to develop and master skills for self-control and coherence.

### **Socio-Educative Discourse according to the Existential and Intersubjective Approaches**

The guidelines and principles of the above-mentioned therapeutic approaches permit a type of socio-educative discourse that employs an element of reciprocity. This discourse constitutes a joint voyage of discovery, or a sort of riddle that the socio-educative worker and the adolescent solve together with curiosity and creativity in order to establish preferred paths of change and discover content and meaning. Socio-educative discourse helps the client to integrate emotional and practical dimensions of behavior in various areas of functioning: learning, work, friends, and family. This process creates a fertile bed for growth, development, and empowerment of emotional strengths and cognitive abilities (including the development and formation of a sense of coherence); this is also promoted by work on values and social involvement.

Antonovsky (1979, 1987, 1998) sought to understand what facilitates the development and establishment of an individual's sense of coherence. He found that an individual who has a sense of coherence experiences the world as something understandable, manageable, and significant. This perception of coherence permits functioning that is not characterized by discomfort and continual tension. An individual with a strong sense of coherence reacts better to pressure, since they aspire to cope and feel that the challenge is clear and understandable, believing that they have the resources available to cope with the challenge. A sense of coherence is not culture-dependent, and its strength is determined by three characteristics throughout life: consistency of experiences, balance between a lack of burden and excessive burden, and an extent of participation in decision-making with social value. According to Antonovsky (1998), the manner in which life experiences are felt depends on the individual's social status, culture, and family structure, the frame within which they are treated, and other factors such as gender, ethnic origin, genetics, and even chance. A strong sense of coherence allows the individual to use suitable resources to cope with the demands they face. An individual with a strong sense of coherence knows how to cope with failure, learns from it, and does everything to avoid repeating past mistakes. The recommended way to develop a sense of coherence is through a very varied

range of experiences in different coping circles, including academia, work, family, social settings, and therapy. The aspiration is that the development and grounding of therapeutic discourse through the intersubjective encounter will help the client realize therapeutic achievements and thus improve their emotional regulation, that is, the ability to demonstrate responsibility and flexibility, to function excellently and to react with tolerance and maturity in conditions of uncertainty and frustration.

An individual's ability to manage their functioning necessitates the individual's awareness and knowledge concerning their own thinking processes, cognitive system, and processes of knowledge acquisition. In other words, they need to be able to think and also to be aware of and control their thinking. Thinking becomes reflective: the individual is aware of their own thinking processes, learning processes, and style and characteristics of their acquisition of knowledge. Meta-cognitive knowledge is based on experiences and trials, including those relating to the use of self-regulation skills for learning and thinking processes and for the control of these processes.

Essential factors in the therapeutic process are the patience and tolerance of those participating in the work, so that the therapist demonstrates a controlled extent of conscious emotional involvement towards the client. It seems that parent(s) should also join this partnership and should be guided to increase their patience and tolerance. When socio-educative discourse follows these principles, the intervention can be expanded to include others from what has been established as a safe haven.

Socio-educative work should include elements of the intersubjective approach, such as empathetic-emotional consideration including prominent components of the "parental role." The goal is to maintain significant "preferential" proximity to the adolescent, a presence that can help to reduce distress and allow the adolescent to have a sense of safety and mental welfare. Orange-Cohen (2009) examined the correlation between emotional intelligence, communication styles, emotional reactions, and empathetic ability in coping with situations of stress. The findings of her research indicate that confidence in communication helps the individual to recover from distress by moderating psychological stress. A correlation was also found between empathetic ability and the individual's communication style.

According to the intersubjective approach, socio-educative discourse should provide concern for the unique characteristics of at-risk youth, their developmental background, and the way in which they cope with demands in each of their life domains, including family, social, academic, and work environments. Accordingly, the therapist must be almost incessantly alert and understand the adolescent's personality characteristics (including their cognitive and emotional abilities), communication style, strengths and weaknesses, and the characteristics of the support systems offered by their parents and social services. It is also important to examine the adolescent's physical status, especially since body image is significant in adolescence; modern culture "sanctifies" an ideal image of youth and beauty. Based on an integrated diagnosis and evaluation of all the above-mentioned variables, an intervention program should be constructed that combines studies with conversations. This structure forms the foundation for a socio-educative system that will allow a stable and well-grounded response to the adolescent's emotional needs. Insofar as intersubjective discourse focuses more on corrective experiences in a variety of areas of functioning (academic, social, work, and family), including the construction of meaning for life with positive, normative content, there is greater probability that the necessary preparatory grounding can be improved.

If the client senses the therapist's curiosity, concern, empathy, care, and admiration for

the change and achievements they attain, then their success in studies and work will reinforce the significance of the therapeutic sessions for them and strengthen their perseverance—both in the therapeutic discourse and their daily functioning in all domains. If the socio-educative worker is also more involved in the client's academic domain, including the creation of an experience of success, then the adolescent's positive experiences in the academic domain form a positive basis for dialogue within which it is also possible to discuss what is lacking and needed. The program should help the adolescent to find meaning in life, setting challenges and searching for concrete anchors in the academic, social, and work domains. These are all essential components of the therapy in order to establish the experience of achievement and sense of success. The socio-educative worker should try to incorporate all therapeutic, academic, vocational, social, and family aspects of the adolescent's experience.

Therapeutic discourse should deal with the adolescent's progress relative to him/herself. The adolescent should be reminded of his/her starting point and the steps that have been taken, and the significance and contribution of each of these steps. The learning program should be used as a means to clarify the adolescent's cognitive and emotional abilities and to recognize any gap between them. This process should be planned and rely on previous diagnoses. Vazaner and Livne (1990) emphasized that any professional framework that aims to assist others should be provide a planned change process. In contrast to change that occurs by chance or spontaneity, planned change stems from an intervention process based on the socio-educative worker's initiative and responsibility. The change should be initiated and planned, defining the desired results, and intervening with controlled actions, using specific skills in order to attain the desired results.

One example of such a planned change process in Israel is the HILA (Hebrew acronym for the Completion of Elementary Studies and Learning) program. The HILA program is performed as part of the educative-therapeutic service provided for young people who drop out of formal education settings and at-risk youth. It operates through the Units for the Advancement of Youth in local authorities and in the prison for youth. The at-risk youth who join this education program are granted individual and/or group therapy relating to affective and social contents to support change processes and effective functioning. The interventions are performed by educative-therapeutic workers who constitute the main entity in the management of the treatment for the youth in various life domains and in the different dimensions of their functioning (emotional, familial, academic, work, and social). The program focuses on providing an integrated response to the academic and emotional needs of adolescents with due consideration for learning disabilities.

Are the teaching staff of the HILA program trained to teach students with a variety of learning disabilities that evidently also contribute to the development of emotional difficulties (Einat, 1992; Einat & Einat, 2006)? Do the therapeutic staff coordinate their work with the teaching staff? It is important to address these questions in order to ensure that staff members deal effectively with the complex problems of these adolescents. On the one hand, it is important to improve the level of retention of the disadvantaged and at-risk adolescents in the HILA program, which requires an intervention program that responds to their cognitive and educational needs and takes into consideration the implications of attention deficit and learning disabilities on a cognitive level. On the other hand, it is also important to incorporate responses to emotional, social, and family needs. The educational and therapeutic systems must coordinate and join together in meeting these needs.

The professionals in the above-mentioned Units for the Advancement of Youth in local

authorities who operate the HILA program must examine how the adolescent approaches learning; to what extent they are emotionally and personally prepared to cope with the demands of the program; the extent to which the personal study program is consistent with the student's emotional competencies and cognitive abilities; and the two-way flow of information between academic and educational-therapeutic professionals. This integration will promote a positive learning experience, both cognitive and emotional, and enable a less frustrating and disappointing encounter with the teacher. It may also contribute to reducing the incidence of dropout.

Emphasis should be given to the acquisition of education combined with positive, corrective emotional experiences, applying existential and intersubjective approaches with principle of logotherapy in the socio-educative discourse. It is important to maintain flexibility and pay attention to balancing these two dimensions, focusing on all functional and behavioral achievements, not only grades. The corrective experience involves attention to positive functioning in both the different life domains and educational achievements, to promote a sense of resilience (Antonovsky, 1979, 1987, 1998).

### **Conclusion**

This paper highlighted the importance of socio-educative discourse based on the principles of the existential approach—particularly logotherapy—and the intersubjective approach. This therapeutic process should begin with psycho-social diagnosis and evaluation, investigating the adolescent client's family background, academic achievements, and functioning in social, academic, and work domains. Therapeutic discourse should be challenging and significant for both the therapist and the client. If the therapeutic discourse and the intersubjective encounter are characterized by the therapist's curiosity (concerning the client) and the client's curiosity (concerning the process, their inherent developmental processes, and potential for change) then it is more likely that the adolescent client will find meaning, and their sense of boredom and emptiness will decrease. Attempts should be made to find unique and significant challenges and meaning in order to channel the client to positive ways of functioning.

The therapist should be respectful and empathetic towards the client, encouraging them to express their abilities and preferences, stimulating them to become independent and responsible and to develop self-discipline, encouraging their aspirations to invest maximal efforts to improve their achievements. As noted above, therapeutic discourse should be seen as a shared quest; the existential aspects of this intersubjective quest assist the participants in solving the riddle and finding meaning relevant and suitable for the individual client. Shared discovery promotes the formation of relevant goals and messages for both the short- and long-term.

The shared journey is intersubjective and characterized by personal learning, trust, hope, self-respect, and self-fulfillment. Positive experiences that arouse curiosity and creativity should be searched for and encouraged. The process and change need patience, consolidation of different (intersubjective) communication patterns, and flexibility in interactions with the environment and the "self." As noted by Shalgi (2009), the intersubjective world describes people as being in continuous contact one with the other and participating in mutual creation and establishment. What is correct for the mother and baby is also correct for the therapist and client, and is correct for relations between people in general.

Socio-educative discourse with adolescents, especially those that are at-risk, should be authentic and honest. The adolescent's visibility should be recognized, demonstrating tolerance

for their presence and continually focusing on “the half-full cup.” Therapeutic discourse should be shaped in reciprocity and based on principles of inter-subjectivity. Such discourse will develop and establish self-control, functional autonomy, self-belief, creativity, choice, liberty, responsibility for self-fulfilment, and coherence in various domains (inter-personal, academic, social, family, and work). Developing these characteristics allows the adolescent to cope with existential emptiness by creating meaning in life and consolidating unique challenging and empowering content. Socio-educative discourse recognizes that various voices and tones will be heard during the therapeutic session, from both the therapist and the client. Each of these voices is meaningful and reflects another aspect of the internal or external existential reality, a reality that includes therapeutic and also educational assumptions. It is only through the reciprocal ability to hear each of the voices and tones, and the recognition of the contribution of these voices, that the socio-educative discourse can advance and help to improve the quality of life for the adolescent and their environment.

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