

Original Article: Group Therapy and Its Role in Human Social Existence


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ABSTRACT

Man is inherently a social being, since he turned to group life as a necessity to overcome the violence of nature, to do better, and to obtain greater satisfaction. Aristotle considers man to be a social animal by nature. Durkheim considers belonging to a group to be the cause of satisfaction and character development. Hobbes and John Locke believe that group life solves life problems and happiness and progress. Group life gives people a sense of belonging, security, and worth. Man has always felt happy to be with those around him and his relatives, and he has forgotten his sorrows and worries in public. The support of family and friends in times of crisis also brings comfort. Mesmer, who was instrumental in the emergence and expansion of group therapy, believed in the mysterious power of animal magnetism in the human body and, for the first time, used indoctrination to treat the mentally ill as a group. The regular and codified history of group therapy, which has been proposed in the nineteenth century, can be studied in the early period from 1905-1932 and the development period from 1932 to the present day, which has been studied in this paper.

Introduction

The roots of group psychotherapy go back to the tradition of psychoanalysis in the context we know today. At that time, it was tried to treat more patients with group analysis. According to some experts, psychoanalysis groups are real group psychotherapy [1-3]. They refer to other treatment groups as "treatment groups" that "aim to provide emotional support and boost self-esteem and social skills." In some patients, in addition to individual analysis, the group analysis is used. Because disruptions in the inner workings of

individuals cause problems for others, group analysis gives insight, speed, and power (Figure 1).

An important curative factor that should exist in group therapy is "cohesiveness". Cohesiveness is that force that acts on all the members such that they remain in group or more simply, the attractiveness of a group for its members [4-6]. In their research paper, on "Group therapeutic factors on an alcohol in-patient unit", Lovett & Lovett (1991) found that patients valued most an existential factor, self-understanding, and cohesiveness; they least valued guidance and identification. In this

respect, the creation of a climate that fosters understanding of self, and self in relation to others helps group members understand the ways in which their narcissistic vulnerabilities and difficulties lead to attachment to alcohol use [7-9]. Alcoholic Anonymous achieved a remarkable success rate. In his book entitled: "Big Book- A Young person guide to Alcoholic Anonymous", John. R (2003) mentioned that of all the alcoholics that came to AA and really tried, 50% got sober at once and remained that way; 25% sobered up after some relapses, and

among the remainders, those who stayed in AA, showed improvement. As Riessman and Gartner (1979) argued in support of such a helping group, their effectiveness lies in the fact that the patients have a fuller, more determining role in the helping process (cited in Lakin, 1984). Moreover, Alcoholic Anonymous provides a network of stable individual and group relationship which powerfully impact on the governance of the drinking behavior [10].

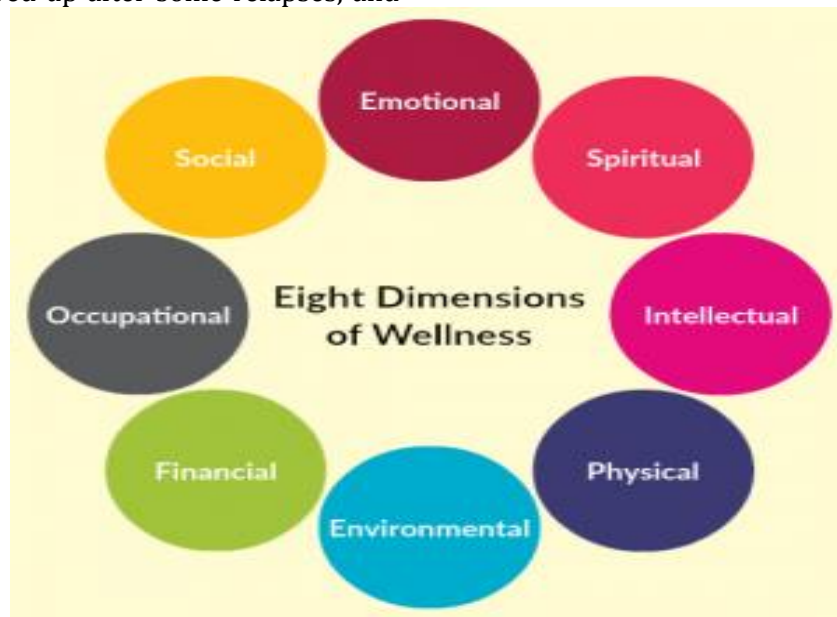


Figure 1. Rayner and Lang's (2012) four dimensions of human existence model [10]

Psychoanalysts assume that the group has a transitional relationship with therapist and a relationship similar to that of their siblings. The therapist should interpret both types of transitions. Patients work together to freely associate and share their dreams. The therapist and group members also interpret dreams and resistance. The group members reinforce the analyst by agreeing with the analyst's interpretations and pointing to examples in the group's interactions. Group therapy provides support and encouragement from other group members. People in the group no longer feel lonely when they see other people with similar experiences and problems. Group members are role models for other group members. Group members hope to recover by seeing a member who has successfully dealt with their problem.

The progress of each member acts as a model and supporter for others. This enhances the sense of accomplishment and progress. Group therapy is very affordable. The therapist can spend time with a larger group of people instead of focusing on one client at a time. In most cases, group therapy costs one-third of individual therapy. Group therapy is a safe haven. This situation allows the expression of behaviors and activities in a safe group environment [11-13]. The therapist initially observes each person's reactions to others and to social situations, and then uses this information to provide valuable feedback to each client. It increases feedback: Group members give feedback to each other during group therapy. Knowing different perspectives is helpful in boosting individual growth and

change. It further strengthens social skills because most of our daily interactions with other people take place, many people become familiar with strengthening their own social skills during group therapy, even if the group does not focus on this issue. The group leader or therapist helps people to interact more clearly and effectively in the group that leads to learn new skills that can be generalized and used in their relationships with other people outside the group.

Beck's cognitive model of depression

There are four major components to Beck's theory of depression: (i) automatic thoughts, (ii) logical errors, (iii) schemas, and (iv) cognitive triangle.

Beck's view in group cognitive therapy programs is that negative attitudes are the result of learning, whether it is active or the result of other conditional learning processes or interpretive documents about the cause and effect of events. Negative interpretations are manifested due to the personal tendency to make logical mistakes in interpreting. Beck's theory of depression has four basic components. All these four components are cognitive, meaning that they relate to internal events that one may be aware, but cannot be directly observed [15]. These events are not physical, like pain or a feeling of hunger. These four components include spontaneous thoughts, schemas, logical errors, and cognitive triangles. Spontaneous thoughts are transient phenomena including different sentences, phrases, or types of perceptions. These thoughts only last as long as there is thinking in consciousness. Schemas are permanent structures of the cognitive system acting as filters and stereotypes to summarize one's experience of the world and help one organize one's behavior [14].

Logical errors are errors that occur in the reasoning process, such as inferred or distorted inferences from facts, for example, the general conclusion of insufficient information or the acceptance that an incident has a completely negative connotation simply because it does not seem to have a positive meaning.

Cognitive triangle is mostly related to the content of the thought. Spontaneous schemas and thoughts both have content and are exacerbated by logical errors as a distraction. In depression, content is highly negative and involves the individual, world, and future.

Predisposing factors for a disorder may be genetic or acquired during development. Beck is not content with the role of genetic factors in depression. He views biological status as an aspect of depression, which may play a root role in some adaptive states, and thus, maybe a genetic factor in evolution. Each hereditary pattern depends on the number of genes involved. Because hereditary predisposition to depression is not a simple form, many genes appear to be involved. Therefore, different people can have completely different predispositions to depression [16].

Important aspects of depression

Beck's theory of predisposing factors during development is that children who are exposed to negative factors and judgments by important people in their lives are prone to take such negative attitudes and incorporate them into their cognitive organization. The point of this program is that negative attitudes are the result of learning the agent or successor, or the result of interpretive documents about causes of events. Usually, people's tendency to make logical errors facilitates individual negative interpretations in the information review process. These logical errors or cognitive distortions significantly indicate a person's tendency to:

- Exaggerate and negatively perceive the facts,
- Relate the results to himself in a negative way, and
- Form beliefs; definite rather than relative beliefs about the subject.

I have grouped these topics into categories that I will present in the second session of treatment. These interpretations are later integrated into the schemas of each group of personal experiences, and in particular affect

the individual's view of himself, the world, and his expectations of the future. One calls these three aspects of personal experience cognitive triangles and states that an important aspect of depression is the negative content of schemas and spontaneous thoughts in these three areas [17].

Thus, a person with negative interpretations of his experiences during his evolution finds negative schemas about himself, the world, and the future. Schemas can be conditional or definite, such as: If I fail in something important, I am a worthless person. Therefore, depression is activated when an incident related to mental schemas occurs [26-30]. For example, this incident could be a failure in an activity that one considers important. Once a person is depressed, the classic symptoms of depression appear along with a number of biological aspects that are not yet considered depressive symptoms and signs. One believes that these factors are effective in perpetuating depression. Among these, the most important cognitive phenomenon is negative spontaneous thoughts. However, the processing of events in a negative way and the activation of negative schemas continue [18].

It is important to note that Beck considered cognitive phenomena to be only one aspect of depression, and also considered the other aspects, such as personality behavior and existing physiological processes. One cognitive dimension considered depression to be only one aspect that the therapist could intervene in. Such intervention is as valid as an intervention in physiological or behavioral domains [19]. This view is called the "three-system model of the person" and is introduced in the first session of treatment.

Main components

The following are the main components of Beck's theory: (a) Tendency to negative cognitive processing, (b) the occurrence of cognitive errors in cognitive processing, (c) relatively stable cognitive aspects of negative beliefs and attitudes, which are in the form of cognitive schemas, and (d) transient cognitive phenomena that originate from stable cognitive

aspects and are known as self-contained thoughts.

In depression, the content of these phenomena is negative, especially about the future value of the hood and the world [20].

Existing theories in the process of change in cognitive therapy

Following the above discussion of the initial hypothesis of treatment from Beck's viewpoint, it can be mentioned that cognitive therapy tries to: (a) Reduce or eliminate belief in dysfunctional schemas, (b) reduce the use of cognitive distortions or logical errors and increase the use of objective understanding of events and correct logic, (c) reduce the frequency of spontaneous and negative thoughts, and (d) reduce the amount of negative content in one's thoughts about oneself, the world, and the future. In addition, depression can be considered as an activating factor or psychological force for negative schemas. Beck and Ferlin (2010) see cognitive therapy in depression as "re-energizing rational beliefs that aim to re-energize the individual's realism system" [21]. To sum up, the following mechanisms can be proposed regarding cognitive changes associated with cognitive therapy for depression:

- ❖ Change in the schema/belief/principle of change in the content of the schema or replacing one schema with another schema; for example, "Santa Claus brings presents to children at Christmas" versus "there is no such person."
- ❖ Activation-deactivation of schemas (bearing and dropping) or change in the capacity or power of schemas (back-freeman) or the amount of energy associated with them. The former view is a two-dimensional pattern, while the latter patterns are patterns in which the superiority of belief may take the form of a spectrum. If we consider the belief importance in relation to its level of activity, our pattern will be similar to the pattern of content change. Here are

two other important points. First, the more we look at the activation-deactivation or content change model, the more we realize that the two are similar. Second, the more we pay attention to the available facts, the less distinction there is between the two.

- ❖ Creating compensatory skills (porter and drop-off), or creating and using new strategies such as re-documenting, problem-solving training, and guiding internal speech (Bruin). This requires very conscious intervention, and is

similar to left-hand correction or left-hand driving (common in the UK) to drive on the right side of the road. In retrospect, the new beliefs forbid the old beliefs and cause change.

- ❖ Changing beliefs through giving new information or practicing logic (logical discussion) (Bruin). The same phenomena are called "aha" which is the change of belief in a moment, that is, when the cognitive process is completed (Figure 2).

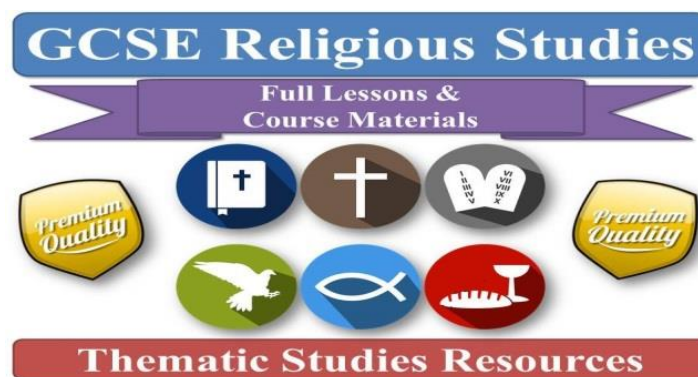


Figure 2. Thematic Studies: Relationships, Family, and Revelation

- ❖ The change in the attainment of unconscious situational memories, Bruin (1989) has not precisely explained the consequences of this phenomenon. However, it can be a change in content, disabling, or a change in the process.

- ❖ Decrease in the frequency of negative spontaneous thoughts. Spontaneous thoughts cause negative emotion to persist in the person due to high repetition, and therefore a decrease in their frequency, by conscious effort or as a result of other cognitive changes, should reduce negative emotion [21].

- ❖ It can be seen that there are two obvious groups of cognitive changes. Schema/belief/principle change, change in cognitive processes, and schema activation-deactivation are all descriptions of what happens inside the black box [21]. In contrast, providing new information/using

logic/compensatory skills/reducing the frequency of negative spontaneous thoughts, and changes in achieving unconscious situational memory all describe the process a person may go through to make changes in other three types. Perhaps it is not bad to look at the processes that occur in depression treatment, including cognitive therapy, as different combinations of these two methods.

Conclusion

Group therapy is usually very cost-effective because a psychotherapist can devote his or her time to a much larger group of people instead of focusing on just one patient at a time. Group therapy provides a safe haven for the patient. This location allows individuals to perform only behaviors and actions that are within the group's safety and security framework. By

working in a group, the therapist can clearly see how each person reacts to others and how they behave in different social situations. Using this information, the therapist can provide valuable feedback about each patient. Group therapy allows individuals to support and encourage other members of the group. People in this group can see that others are going through the same problem, which helps them feel less alone. Group members can act as role models for other group members. By seeing someone who has successfully dealt with a problem, other members of the group can gain hope of recovery. Anyone who progresses can, in turn, act as a role model and support others. This can help boost people's sense of accomplishment and self-esteem.

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