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Comparison of Cognitive Behavioral Therapy and Cognitive Behavioral Group Therapy in the Treatment of Avoidant Personality Disorder

Çekingen Kişilik Bozukluğunun Tedavisinde Bilişsel Davranışçı Terapi ve Bilişsel Davranışçı Grup Terapisinin Karşılaştırılması

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ABSTRACT

The primary aim of this study is to compile studies on cognitive behavioral therapy method in the treatment of avoidant personality disorder and present their data. Another aim is to discuss with the reasons, cognitive behavior group therapies may be more effective on this disorder than cognitive behavioral individual therapies, since the main problem in avoidant personality disorder stems from interpersonal communication and because the cognitive behavioral therapies applied as a group were found to be quite effective when the avoidant personality disorder was first defined. The aim of this study is to present recommendations together and to compile studies in which cognitive behavioral group therapies were applied on avoidant personality disorder. In this study, studies in domestic and foreign sources, which were conducted with a sample group with avoidant personality disorder and social anxiety disorder, were examined and the study was prepared by reviewing the literature, which is one of the secondary data collection techniques. Since there are not many studies on avoidant personality disorder in the literature, considering the high similarity and comorbidity of avoidant personality disorder with social anxiety disorder, studies on cognitive behavioral group therapies related to social anxiety disorder have also been compiled. As a result of the studies examined, it has been found that the symptoms of avoidant personality disorder are related to the distorted cognition of individuals and cognitive behavioral therapies are a very effective approach because they increase the awareness of the automatic thoughts in the minds of the clients, question their correctness and provide alternative thoughts to replace them.
Keywords: Avoidant personality disorder, cognitive behavioral therapy, cognitive behavioral group therapy

ÖZ

Çalışmanın ilk amacı, çekingen kişilik bozukluğunun tedavisinde bilişsel davranışçı terapi yöntemini ele alan çalışmaları derlemek, verilerini sunmaktır. Çalışmanın diğer amacı ise, bilişsel davranışçı grup terapilerinin, bilişsel davranışçı bireysel terapilere göre bu bozukluk üzerinde daha etkili olabileceğine dair nedenleri ile birlikte önerileri sunmak ve çekingen kişilik bozukluğu üzerinde bilişsel davranışçı grup terapilerinin uygulandığı çalışmaları derlemektir. Bu çalışmada çekingen kişilik bozukluğu ile sosyal anksiyete bozukluğuna sahip örneklem grubuyla yapılmış olan yerli ve yabancı kaynaklardaki araştırmalar incelenmiş ve çalışma, ikincil veri toplama tekniklerinden literatür taraması yapılarak hazırlanmıştır. Literatürde çekingen kişilik bozukluğuna dair çok fazla çalışma bulunmaması sebebi ile çekingen kişilik bozukluğunun, sosyal anksiyete bozukluğu ile yüksek benzerliği ve komorbiditesi göz önünde bulundurularak sosyal anksiyete bozukluğu ile ilgili bilişsel davranışçı grup terapilerinin ele alındığı çalışmalar da derlenmiştir. İncelenen araştırmalar sonucunda çekingen kişilik bozukluğunda ortaya çıkan belirtilerin kişilerin çarpık bilişi ile ilgili olması ve bilişsel davranışçı terapilerin de danışanların akıllarından geçen otomatik düşüncelerin farkındalığını artırması, doğruluğunu sorgulaması ve yerine alternatif düşüncelerin koyulmasını sağlaması sebebiyle oldukça etkili bir yaklaşım olduğu bulunmuştur.
Anahtar sözcükler: Çekingen kişilik bozukluğu, bilişsel davranışçı terapi, bilişsel davranışçı grup terapisi

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Introduction

Personality is a structure that emerges as a whole of a person's family structure, culture, environment, social experiences, and physical characteristics and continues to affect that person's adaptation to his/her environment and lifestyle. This structure gives predictability to all of the individual's feelings, beliefs, behaviors, and thoughts (Güleç and Köroğlu 2007). On the other hand, personality disorders are a condition characterized by internal experience and behavior patterns that are alienated from the characteristics of the culture in which the individual lives, resistant to change, and cause functional disorders and distress (American Psychiatric Association 2013). Avoidant personality disorder (APD) is a psychiatric disorder characterized by feelings of inadequacy, a widespread state of social inhibition, and hypersensitivity to negative evaluation. Individuals with avoidant personality disorder show an apparent avoidance of social interactions, thinking that they are not wanted by others and isolated from them. Accordingly, these symptoms cause significant problems in maintaining daily life (Gramer et al. 2006, Ullrich et al. 2007). The rates of disruption in daily functionality were found to be much higher in individuals with avoidant personality disorder than in other personality disorders (Grant et al. 2004, Cravvford et al. 2005). In population samples, the median lifetime prevalence of avoidant personality disorder is thought to be 1.7%, and the probability of it being a comorbid disorder in psychiatric outpatients is approximately 14.7%. (Zimmerman et al. 2005, Torgersen 2009).

Avoidant personality disorder has common features with social anxiety disorder and some other personality disorders. Considering the lack of knowledge about the treatment of avoidant personality disorder in the literature and the high overlap rates between it and other disorders, the treatment approach of avoidant personality disorder is generally determined from the treatment approach of other disorders with common features such as social anxiety disorder (Sevinçok et al. 1998). According to the results of a meta-analysis study, avoidant personality disorder was found to be diagnosed in 46% of individuals with a social anxiety disorder (Friborg et al. 2013). Many studies support the hypothesis of persistence of symptom severity in the explanation of avoidant personality disorder and social anxiety disorder comorbidity. Having said that, patients with avoidant personality disorder show more severe symptoms and various losses than patients with a social anxiety disorder (Alden et al. 2002, Reich 2014).

Experimental studies on the psychotherapeutic treatment of avoidant personality disorder began in the late 1980s. Cognitive-behavioral therapy, psychodynamic therapy, and schema therapy methods were generally used in psychotherapeutic treatment approaches determined in line with social anxiety disorder, in which avoidant personality disorder has many common features. Previous studies have found that patients with avoidant personality disorder respond quite well to the treatment approach determined by behavioral techniques(Renneberg et al. 1990, Stravynski et al. 1994). However, latterly researches began to focus on behavioral therapies, including cognitive techniques and found that cognitive-behavioral therapy was more effective than behavioral therapies which applied alone. Cognitive-behavioral therapy is a short-term, maladaptive psychotherapy approach based on the principle of "here and now" (Beck 1970). With this therapy method, the aim is to make the problematic cognitions and maladaptive behaviors functional. Cognitive elements in the treatment of avoidant personality disorder with cognitive behavior therapy include the development of an individualized model of social fear, the identification of dysfunctional core beliefs, the development of more adaptive cognitions and beliefs, and behavioral experiments to challenge safety behaviors (Emmelkamp et al. 2006, Strauss et al. 2006).

Early CBT programs were predominantly applied in a group format. Group therapy is defined as the form of individual therapy with a group. In group therapy, clients generally work for a common purpose with other clients who have similar problems to their own, moderated by a psychotherapist who has completed their training in the relevant field. Group therapy is the form of the approach used in a particular type of therapy that is applied simultaneously to a group of clients, not individually. In individual behavioral group therapy (CBGT), CBT techniques are applied to clients based on the principles of group therapy in line with the purpose of CBT. The group format CBT approach in the treatment of avoidant personality disorder includes techniques such as gradual exposure exercises or systematic desensitization, behavioral rehearsals in role-playing experiments, self-image work with video feedback, social skills training, and the results show moderate to good and permanent improvements (Renneberg et al. 1990, Stravynski et al. 1994). From this point of view, although people with avoidant personality disorder avoid social environments excessively, have reservations about establishing intimate relationships, and are extremely sensitive to criticism, in a way, just like the exposure technique, CBGT has similar effectiveness to the exposure technique in individuals with avoidant personality disorder can be expected.

Individually applied CBT poses various difficulties for individuals with avoidant personality disorder because the maladaptive behaviors and thought processes that are characteristic of interpersonal relationships in avoidant personality disorder also extend to the relationship with the therapist. Individuals with avoidant personality disorder often fear rejection by the therapist, tend to doubt the reality of the therapist's concern, and refuse to seek therapy for all these reasons (Sanislow et al. 2012). Avoidant personality disorder symptoms usually occur in social environments. Because the group environment in cognitive-behavioral group therapy provides a natural confrontation environment for these people and the biggest problems of people with this disorder are related to their social lives, CBGT is more effective than CBT, which is applied individually and has various disadvantages for individuals with avoidant personality disorder. People with this disorder have very few social relationships and feel lonely. In this sense, CBT applied in a group format can be effective on patients in terms of eliminating the feeling of loneliness and preventing them from having negative automatic thoughts, generated without questioning its accuracy, such as "I am the only person with this disorder". In addition, an increase in social skills can make positive contributions such as an increase in the sense of hope, acceptance by others and self-acceptance, an unprejudiced approach with tolerance towards others, and gaining insight. Group therapies seem more positive than individually applied therapies in terms of providing many opportunities for these individuals to heal, such as reinforcement, exposure to social situations, and social support and role modeling (Manassis et al. 2002). These individuals may not get the same results from individually applied psychotherapies because many of them are reluctant to therapy and may be prejudiced against the therapist. They tend to think that their thoughts will be judged by the therapist. It seems that it will be very difficult or take a very long time to gain efficiency from a therapy started with such prejudicial behavior. Fear of negative evaluation and shyness characteristics in avoidant personality disorder may cause individuals to delay or refuse to apply to any therapy due to stigma anxiety. Thanks to the opportunity of group therapy to bring together individuals with similar problems, they are more likely to apply to group therapy than individual therapy. Increasing social skills and regulating emotional experiences in order to reduce social shyness help these patients to establish intimate relationships outside the therapy setting. The group therapy environment also provides this kind of support to individuals. The aim of group therapy is for patients to recognize their own personality traits, to recognize problematic areas in their interpersonal relationships, to realize their inappropriate behaviors, to develop their coping skills, and to gain insight into the causes of their problematic areas. People with avoidant personality disorder may be worried about group therapy as in other social settings, but previous studies show that this type of therapy is effective in helping patients with avoidant personality disorder cope with the confrontation they are exposed to (Sevinçok et al. 1998).

Table 1. Core beliefs and strategies in cluster C personality disorders (Beck et al. 2004)

Personality Disorder	Core Belief	Strategy
Avoidant	I can be hurt	Avoidance
Dependent	I am helpless	Attachment
Obsessive-Compulsive	I must not make mistakes	Perfectionism

Considering that avoidant personality disorder is the most distinct disorder that causes functional impairment among Cluster C personality disorders, it causes life-threatening behaviors such as suicide due to its high comorbidity rate with depressive disorders, and there are very few studies on its treatment, one of the aims of this study is to compare the CBT approach and its effectiveness, which has been an effective treatment for avoidant personality disorder for a long time, with CBGT, and to bring an academic study to the literature in which comparisons have not been made on this subject before. Thus, by reaching more clients in a certain period of time, time and effort can be saved and effective treatment approaches can be used on avoidant personality disorder. The main problem in avoidant personality disorder arises from interpersonal relationships, and CBGT offers a very effective approach to issues involving interpersonal interaction. Therefore, it can be suggested that CBGT might be more effective than CBT. From this point of view, another aim is to compare CBT and CBGT and to present the suggestions and the findings in the literature that CBGT can provide a more effective approach to avoidant personality disorder.

Avoidant Personality Disorder

Avoidant personality disorder was first defined by Millon in 1969 and the term, firstly, entered the DSM-III. DSM-III mentioned the main features of avoidant personality disorder as an intense feeling of shyness, avoidance behavior, inhibition and defined 5 diagnostic criteria (APA 1980). According to the DSM-V diagnostic criteria currently in use, in the diagnosis of avoidant personality disorder, avoidance of professional activities involving interpersonal interaction for fear of criticism or disapproval, reluctance to engage with people for fear of not being loved, restraint in intimate relationships for fear of embarrassment or ridicule, being criticized or

mocked. There are factors such as avoiding activities that require establishing personal relationships due to fear of rejection, limiting new interpersonal situations because they feel inadequate, seeing oneself in a socially inadequate position, and being reluctant to try new activities because it may prove their embarrassment (APA 2013). There are also sources reporting that the probability of avoidant personality disorder being seen in the community is between 0.5% and 1%, while its prevalence is 10% (Köroğlu and Bayraktar 2010). Although individuals with avoidant personality disorder are very eager to establish relationships, they are too afraid to approach others and have difficulty expressing their feelings towards other people. These people display tense behaviors, are generally worried that they will blush or cry, and fantasize about ideal social relationships (Sadock and Sadock 2007). Anxiety and restlessness can be observed in shy people not only in very crowded environments, but even in environments where there is only one person. Instead of confronting their anxieties, individuals constantly show avoidance behavior, and this avoidance creates a suitable environment for the maintenance of their shy personalities, as they create a feeling of relief and reduce anxiety. Their self-confidence is quite low as they constantly avoid environments where they can develop their self-confidence. According to Stone, childhood traumas such as molestation, incest, and physical abuse may underlie shyness and interpersonal shyness (Stone 1993).

Cognitive Behavioral Therapy:

CBT is a structured form of therapy that accentuates that how we feel and how we act are determined by our thoughts. It was originally developed by Aaron Beck in the 1960s to treat depression (Beck 2005). Later, it was also evaluated on other disorders and became a therapy method whose effectiveness was approved. CBT is a psychotherapeutic approach that tries to change short-termed, maladaptive thoughts and behaviors whose foundation lies on the principle called "here and now" (Beck 1970). With this therapy method, the aim is to make the problematic cognitions and accompanying maladaptive behaviors functional. According to the cognitive approach, dysfunctional beliefs cause dysfunctional emotions and behaviors. Therefore, the primary purpose of CBT is to provide awareness of the client's thought processes. For this purpose, the therapist tries to catch the automatic thoughts that go through the mind of the client. It uses behavioral interventions, aiming for the client to test the cognitive distortions in these thoughts and produce alternative thoughts instead (Leahy and Holland 2000). The cognitive theory examines cognition under two main headings: automatic thoughts, verbal and imaginary structures that provide the flow of cognition, and schemas. Automatic thoughts may occur in the mind of the individual as thoughts or images that appear involuntarily and suddenly. In CBT, the focus is on negative automatic thoughts that arise in a stressful moment. Usually, as soon as these thoughts arise, one becomes aware of the accompanying emotion without being aware of the thought. Therefore, in CBT, emotions are handled first and then the underlying thought is tried to be revealed. Schemas can also be divided into two groups intermediate beliefs and core beliefs. Intermediate beliefs; are the rules, attitudes, and assumptions developed by the individual about the core belief to protect him or her from negative core beliefs. In CBT, raising awareness of these strict rules are dysfunctional tried to be made and later, replace them with alternative thoughts, or these strict rules are tried to be made flexible. Core beliefs are the deepest mental building blocks that contain the individual's assumptions about him or herself, others, and the world, and how the individual organizes the information he or she acquires. They are shaped by past experiences. If the cognitive structure is considered as a topographic layer; core beliefs are at the top, deepest, and hardest to reach; Intermediate beliefs are on a lower layer, and automatic thoughts that are the easiest to reach, which are usually short-termed, ephemeral, and implicit. In therapy, it is primarily focused on negative automatic thoughts to ensure that underlying basic belief is not functional.

At the beginning of the therapy process in CBT, individuals are enabled to recognize the cognitive model by realizing that cognitive, somatic, emotional, and behavioral symptoms are related to each other and that a change in one will affect the others. CBT usually consists of three phases. In the initial phase, the problem brought by the patient to therapy is evaluated. Patients are informed through psychoeducation. A treatment plan is created by determining symptoms, factors related to symptoms, cognitive and emotional characteristics. After the evaluation process, a more active phase begins. At this stage, cognitive-behavioral techniques suitable for the patient's basic symptoms are decided and implementation commences. Phase two studies are complete when symptoms have significantly reduced, and in the final phase, patients are ready to prevent relapse by maintaining the gains of treatment. At this stage, the patient is given more responsibility by reducing the intensity of the treatment (Özcan and Çelik 2017). In order to preserve the changes for a long time, sometimes “strengthening sessions” can be applied (Boettcher and Piacentini 2007).

CBT is usually applied once or twice a week on outpatients. An intensive CBT program in the form of daily sessions may be necessary for inpatients. For this reason, it is necessary to decide on the duration of the study,

taking into account factors such as the reason for coming to therapy, the intensity of the symptoms and the way they occur, the accompanying stress factors, the diagnosis, and insight of the individual. The therapists determine the frequency of therapy together with their clients. The duration of the therapy session is 45-50 minutes on average, and the treatment takes about 3-6 months. CBT is used in the treatment of many mental disorders such as panic disorder, generalized anxiety disorder, personality disorders, obsessive-compulsive disorder, and eating disorders (Türkçapar 2015). It is also a method used in adolescents and children. CBT sessions are structured, time-limited, and collaborative with the client, in which the therapist is active and directing.

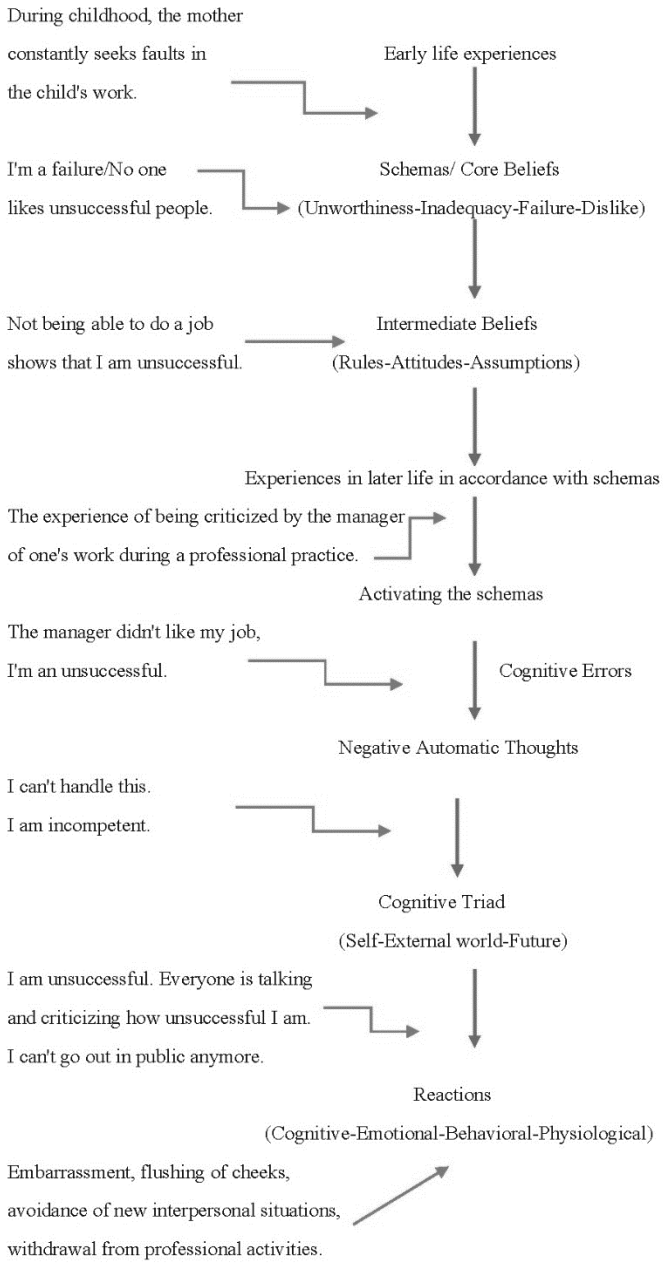

Figure 1. Avoidant personality disorder according to cognitive formulation

The most commonly used techniques in CBT are Socratic questioning and directed exploration (Türkçapar 2015). In the directed discovery technique, which is a form of Socratic questioning used in practice, it is aimed to make the client aware of a knowledge that is not in the awareness area due to the mood at the moment, with many questions coming one after the other. In addition to these, behavioral experiments that enable the individual to understand that dysfunctional beliefs can be changed or stretched by alternative behaviors; a role-playing technique in which the client plays the situations or behaviors that will be useful in his life outside the therapy setting; gradual exposure technique, in which the individual is gradually confronted with the feared situation or

object to prevent the avoidant behavior; Techniques such as modeling, which is used to learn a new behavior or to eliminate a learned behavior, and visualization, in which the client's negative automatic thoughts are tried to be determined by the therapist by imagining a situation that is difficult to cope with, are also frequently used.

Since avoidant personality disorder has many common features with social anxiety disorder and social anxiety disorder is comorbid with avoidant personality disorder. Studies on social anxiety disorder can shed light on the treatment of avoidant personality disorder, and it is crucial to evaluate this situation with the treatment of avoidant personality disorder (Brooks et al. 1989, Turner and Beidel 1989, Widiger 1992). One of the approaches of CBT to explain SAD was used by Clark and Wells (1995) and Clark and McManus (2002) to explain the cognitive cycle that sustains social anxiety. According to this explanation, people with social anxiety may have negative expectations before entering a social environment due to the attributions they make to their negative social life in the past and negative self-evaluation. These expectations lead to negative beliefs that the person cannot represent himself/herself well enough. These beliefs both increase one's attention to oneself and increase one's thoughts about how others perceive and observe him/her. While in this emerging process of self-care, objective information from outside cannot be processed. The person perceives social environments as a threat to oneself. One may show avoidant behavior and safety-aimed behaviors to reduce the threat. Individuals with avoidant personality disorder also have a negative automatic thought that they can be negatively evaluated by others, and the mentioned cognitive cycle approach describes this situation. Accordingly, the cognitive elements involved in the treatment of avoidant personality disorder with CBT include the development of an individualized model of social fear, the identification of dysfunctional core beliefs, the development of more adaptive cognitions and beliefs, and the application of behavioral experiments to challenge safety-aimed behaviors. Literature reviews show that when cognitive restructuring and confrontation techniques are applied together, better results are obtained in CBT applied for SAD and avoidant personality disorder than the confrontation technique applied alone (Heimberg 1993).

Cognitive Behavioral Group Therapy

Group therapy is defined as the form of individual therapy with a group. In group therapy, clients generally work for a common purpose with other clients who have similar problems to their own, moderated by a psychotherapist who has completed their training in the relevant field. Group therapy is the form of an approach used in a particular type of therapy applied to a group of clients rather than individually. CBGT is a group approach that uses behavioral (eg modeling and reinforcement), cognitive (eg cognitive restructuring and problem-solving), relational, and group procedures to improve individuals' coping skills and solve their internal and relational problems. In cognitive behavioral group therapy, CBT techniques are applied to clients based on group therapy principles in line with the purpose of CBT. CBGT differs from individual CBT in two aspects. The first of these is that modeling and operant techniques are used more in group sessions than in individual sessions during therapy. The second is that the interaction rate among group members contributes too much to therapy (Rose 1998). According to Yalom (1985), group therapies have many advantages over individual therapies. The group therapist has the opportunity to observe these communications live, as opposed to second-hand interpersonal communications. The group provides the client with a source of feedback on behaviors and distorted cognitions that are offensive or acceptable to others. Being able to help others is a factor that makes the therapy easier. Individuals have the opportunity to become both a patient and a co-therapist. Clients in a group setting discover that not only they have experienced the problem regardless of its severity, but that others have had similar experiences. Thus, individuals can normalize their problems. The group provides a rich source of ideas for brainstorming, suggestions for using alternative strategies, and models for role-playing, especially in cognitive behavioral group therapy (Yalom 1985). In a group setting, mutual reinforcement of clients' behaviors is more effective than reinforcement provided by the therapist to the client. This is another advantage of the group environment in CBGT.

There are a series of activities that should progress gradually and be done by therapists in the CBGT process. It contains pre-group planning, orientation, evaluation, intervention, generalization, termination, and follow-up activities. When planning cognitive-behavioral group therapy, the therapist has responsibilities such as setting the group's goals, assessing membership, involving members in the group, deciding on the social environment or structure of the group, and creating the physical environment of the group. While making this planning, factors such as the theme of the group, the size of the group, the number of therapists, the frequency and length of the sessions, and whether there are enough clients for the group should be considered. In terms of structure, groups can be homogeneous (clients have similar problems) or heterogeneous (clients have different problems). Most CBGT programs have a homogeneous structure. Two types of basic organizations can be identified for the CBGT. The first is open groups, with new group participants arriving at any time and leaving at any time. The

second is closed groups with a fixed start and a fixed end date for all participants. CBGT groups in the literature are generally closed groups. Usually, sessions are held once a week, 1.5-2 hours long, accompanied by a therapist and 8-10 participants. In the first group sessions, group members are informed about the aims of the group, the methods to be used, the planned goals, and the importance of keeping the information shared in the group confidential. The purpose of the evaluation is to establish a specific treatment goal for each client within the framework of the general goals. In the intervention stage, within the course of established goals, various therapy techniques are selected and implemented to facilitate change. Techniques such as problem-solving, modeling, behavior rehearsals, cognitive restructuring, rational-emotional techniques, socio-entertainment, relaxation, and breathing exercises are applied to teach clients some necessary skills. In the generalization phase, homework is given for the patient to transfer what he/she has learned in the group environment to the outside world and to continue what he/she has learned after the therapy process is over. Finally, the termination phase consists of factors such as coping with the feeling of separation, reviewing the group experience, giving and receiving feedback from the clients and the therapist, and transferring what has been learned to the future (Rose 1999).

As with avoidant personality disorder, CBGT provides the opportunity to make observations in a group environment by understanding the nature of the problem in an interpersonal environment, especially in individuals with interpersonal problems. Since CBT is based on an educational approach, clients acquire some skills in a group environment, and the experiences gained in this group environment are easier and more reliable for people with APD than learning through experience in the outside world. In addition, the results of this learning can be relatable to the outside world. Another advantage of group therapy is that clients with similar problems in CBGT, learn through modeling by sharing their experiences and the solutions they use for their problems. Being together with clients who have similar problems in group therapy helps them normalize their problems and receive social support from others. The distorted cognition of the client about his/her problem can also be changed in this way. The core beliefs of individuals with avoidant personality disorder about being criticized and rejected by others can be changed by the exposure provided by the group environment. Clients have the opportunity to learn by experience that such beliefs are not unsupported. In the definition made by Yalom and Greaves (1977) for group therapy, features such as universality, group commitment, and devotion are among the factors that enable progress in treatment in CBGT.

APD is known as the personality disorder that causes the most impairment in functionality among the C cluster personality disorders. These deteriorations in the functionality of individuals can cause them to be unable to do their jobs in their daily lives, to be socially withdrawn, to be deprived of social support, which is a very important factor for our psychological health, to have negative effects on their business life and even to lose their jobs. For these reasons, comorbidity with major depressive disorder is at very high levels and may result in life-threatening behaviors such as suicide. When all these are considered together, it is important to conduct new research and apply an effective treatment method to such an important disorder for which there is still no adequate research. CBT, which has been applied for a long time in individuals with avoidant personality disorder, has been found to be more effective than one-person methods such as behavior therapy and psychodynamic therapy since it focuses on the cognition of the clients causing the problem and the behaviors caused by this cognition (Weinbrecht et al. 2016). In the publications, there are many studies in which CBT was applied on APD and high efficacy rates were reported. For example, in a study by Emmelkamp et al. (2006) in which they compared individual cognitive therapy and brief psychodynamic therapy on 21 randomly assigned individuals with avoidant personality disorder, they reported a high effect and 91% recovery rate in SCID II on self-report measures. Strauss et al. (2006) conducted an uncontrolled individual cognitive therapy practice with 23 individuals diagnosed with avoidant personality disorder, and compared interpersonal therapy and cognitive therapy for social anxiety, it was found that two-thirds of patients with comorbid avoidant personality disorder did not meet the diagnostic criteria for avoidant personality disorder 1 year after treatment, without any change on treatment conditions.

Early CBT sessions were generally conducted in a group format. CBGT techniques applied to clients with avoidant personality disorder include gradational exposure exercises, systematic desensitization, behavioral rehearsals in role-playing experiments, self-image work with video feedback, and social skills training. According to the results obtained from CBGT applied to clients with avoidant personality disorder, moderate to good and permanent improvements were obtained with CBGT (Renneberg et al. 1990, Stravynski et al. 1994).

Because cognitive behavioral group therapy includes individuals in a social group, the client gets the opportunity to meet with people who have similar problems and find the opportunity to see different perspectives on the problem they experience and discover different ways of dealing with their problems. In addition, getting support from other people, being able to support them, and being accepted by other people provide a sense of trust in the person. In addition, seeing that his or her group mates can solve similar problems gives hope to the person,

and a belief is formed that he or she can solve these problems. This can be a useful way to regulate clients' negative core beliefs. For example, Alden (1989), and Stravynski et al. (1982) similarly, regardless of the type of structured skills training, the CBGT method used for personality disorder, which allows patients to give and receive feedback about their interpersonal behaviors in their relationships with other people in the group, diminish their anxiety, depression, and shyness severities. Individuals with avoidant personality disorder have self-confidence problems such as difficulty in establishing interpersonal relationships, avoidance of social communication, embarrassment, inability to express their feelings and thoughts comfortably, fear of being negatively evaluated by others, and feeling worthless. For example, Renneberk et al. (1990) reported that there was a 40% improvement rate in the results of the participants evaluated by the fear of negative evaluation questionnaire after an intense 4-day CBGT program. In addition, according to the reports created by them or their therapists as a result of the follow-up evaluations obtained from these participants, one patient among the participants was able to start looking for a job successfully, and another patient, who always saw himself as incompetent, saw himself as an interpersonally competent person for the first time by observing his video recording and the other patients with severe avoidance reported that they were able to attend classes comfortably and express their opinions freely. In another study, it was observed that individuals use more appropriate coping methods in cognitive-behavioral group therapy, their levels of psychological distress are reduced, and they realize their false cognitions in their core beliefs (Göcek Yorulmaz and Tekinsav Sütçü 2015). These findings also support that cognitive behavioral group therapy can make progress on the main problems of the treatment of avoidant personality disorder. Contrary to the proposition of this study, it was found that the CBGT method applied to clients with avoidant personality disorder and comorbid SAD significantly reduced symptoms in clients with SAD, but it did not have as much effect on reducing the symptoms of clients with avoidant personality disorder as it did on SAD (Brown e et al. 1995, Hope et al. 1995). The possible reason for this difference is thought to be due to the differences in the techniques used to measure the avoidant personality. In fact, disagreements between measures of personality disorders have a bad reputation (Renneberg et al. 1992).

In the literature, there are only a few studies in which CBGT was applied in the treatment of avoidant personality disorder and its effectiveness was reported, and there are relatively old studies in terms of the year in which the studies were conducted. However, there are more studies showing that CBT is applied in the treatment of SAD and is more effective than individual CBT. As stated in the introduction, the suggestion that CBGT application may be more effective on avoidant personality disorder than CBT is worth investigating, since avoidant personality disorder has many common features with SAD, and SAD is comorbid with avoidant personality disorder.

According to the data obtained from the review study of the articles evaluating the effectiveness of CBTs in adults with SAD published by Yalçın and Sütçü (2016) between 2005 and 2015, the techniques applied in the CBT program generally consist of psychoeducation, cognitive restructuring, in-session exposure studies, social skills training, and awareness training. These effectiveness studies based on the pre-test, post-test, and follow-up interviews, which did not include control groups, showed that CBGT was effective and significantly reduced social anxiety symptoms (Ashbaugh et al. 2007, Chen et al. 2007). When the results of the review were examined in general, it was seen that there were studies focusing on some symptoms of social anxiety such as intolerance to uncertainty, self-attention, dysfunctional thoughts and beliefs about social anxiety, and in these studies, symptoms related to social anxiety generally decreased and quality of life increased (McEvoy and Perini 2009, Mahoney and McEvoy 2012, Koerner et al. 2013). Follow-up evaluations in another study in which SAD was treated with BDGT showed that the gains obtained still exist after the end of the treatment, and some studies even showed that the gains of BDGT persist for a longer period of time compared to other therapy techniques (Herbert et al. 2009). According to these findings, the result that CBGT is quite effective in SAD is thought to be adaptable to avoidant personality disorder due to the reasons mentioned above.

Conclusion

Cognitively oriented group therapies applied on avoidant personality disorder are found to be quite effective in some studies. Group therapies have different features than individually applied therapies, and these features make the group environment more advantageous. To give examples of these advantages, it can be said the fact that group therapies save money and time as they can intervene with more than one client at the same time, normalize the problems by bringing clients with similar problems together, learn different solutions to a problem through modeling, and provide social support to clients in the relationships established in the group environment.

Although individuals with avoidant personality disorder are willing to establish relationships, they lead a socially isolated and distrustful life due to their reservations. Cognitive-behavioral group therapies allow individuals with avoidant personality disorder to establish social bonds in a safe environment and offer clients the opportunity to establish social bonds with each other in a safe environment. In addition, individuals with avoidant personality disorder have negative automatic thoughts such as rejection, disapproval, and dislike by others. Distorted cognitions can be altered by the social exposure that the group environment provides to individuals and the experience that such beliefs are unsupported. It shows that this type of therapy is effective in that group therapies enable patients with APD to cope with the confrontation they are exposed to (Sevinçok et al. 1998).

There are very few studies in the literature on which group therapy should be applied on avoidant personality disorder. There are studies showing that group therapies with a cognitive-behavioral orientation are effective on avoidant personality disorder. However, these studies are old and very few in terms of the year they were conducted (Renneberg et al. 1990, Stravynski et al. 1994). Therefore, in this study, CBGT studies on SAD were also compiled, since avoidant personality disorder and SAD have many common features and comorbidity rates are very high. In order to make clearer inferences, studies comparing the effectiveness rates of CBGT and CBT are needed. At the same time, the prejudice that individuals with avoidant personality disorder have towards group therapy due to their reservations may also make therapists consider combining individual and group therapy sessions.

Although group therapy studies on avoidant personality disorder have gained momentum in recent years, there is very little data on group work with a cognitive-behavioral orientation which offers a very effective approach. Therefore, there is a need for additional studies examining the effectiveness of CBT and CBGT on individuals with APD. This review article aims to draw the attention of researchers to the importance and effectiveness of CBGTs applied on avoidant personality disorder. Considering the lack of studies in the literature on avoidant personality disorder, it is thought that even a small improvement on the symptoms of individuals who are coping with significant difficulties is very important. Among the effective therapies that can be applied to individuals with avoidant personality disorder, the dissemination of CBGTs is recommended due to the advantages of CBGTs such as saving money and time, normalizing the problem, changing distorted cognition, learning through modeling, social support, providing a safe environment, insight, and confrontation. It is considered important that the lack of work in this area should be tackled by the researchers. It is thought that this review will guide practitioners in the preparation of group therapies to be applied on avoidant personality disorder.

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