ASK Publishers

ISSN: 3029-0708

Review Article

Journal of Clinical Psychology and Neurology

Identity, Stress, And Group Dynamics in Modern Times: A Conceptual Review from A Clinical Psychology Perspective

Marco Calabrese

DIASS, Rome, Italy

Corresponding author

Marco Calabrese, DIASS, Rome, Italy

Received: February 11, 2026; **Accepted:** February 18, 2026; **Published:** February 27, 2026

ABSTRACT

The inputs to which contemporary society is subjected produce increasing levels of psychological stress and consequently profound transformations in identity and group membership [1,2]. These dynamics have significant implications for clinical psychology, particularly in understanding the various emerging forms of psychological distress [3]. We sought to conduct a conceptual review from a clinical psychology perspective, analyzing social relationships and their correlation with stress, identity construction, and the dynamics that occur within groups [4,5]. The article uses psychodynamic, cognitive-behavioral, and systemic approaches, highlighting how chronic stress and the disruption of group membership can contribute to identity fragmentation and the resulting psychological distress [6-9]. This paper examines the clinical relevance of these processes and outlines the implications of assessment and intervention, without underestimating the importance of the elements present in the context of belonging and in the relationship [10,11]. The final section of this article addresses the current limitations of scientific research and outlines future directions. The suggestion is to fill the existing gaps in clinical psychology and related neuroscientific perspectives through integrative models [12,13].

Keywords: Stress; Identity; Group Dynamics; Clinical Psychology; Psychological Distress

Introduction

In the last thirty years, collective life has changed so rapidly that even the minds of those who live in it have had to adapt quickly [1,2]. The race for change, the feeling of not knowing what will happen tomorrow and the loss of old points of reference have increased psychological difficulties - continuous tension, fear, uncertainty about who you are and problems being with others [14]. Faced with this, the clinical psychologist must explain sufferings that do not arise only inside a person's head, but are formed while that person tries to define his or her identity and find a place in the group [10,11].

Stress is nothing new, but today it remains on for a long time and mixes with expectations of success, demands to produce results and roles that are constantly changing [6,12]. It does not occur in spurts- it accumulates day after day, altering the management of emotions, the idea that everyone has of themselves and the way of relating. In the psychologist's room, this stress is never found alone; it is intertwined with attempts to understand who you are and where you belong [15].

Identity is not a business card printed once and for all, but a set of feelings and stories that change every time you meet someone [16,14]. Clinical theories, both old and new, agree that awareness of the "self" takes shape in the relationships, places, and meanings that a given culture transmits [10,17]. When society is unstable, identity can split, roles can blur, and the fine balance supported by personal history can weaken [2]. This often happens to those who have experienced long pressures, have been left out of a group or have found themselves between groups in conflict [4,5].

Groups count because man is made to be with others [4]. A group gives rules, recognition and continuity, but it can also crush, divide or exclude [18,11]. Today, clinical practice receives more and more people whose malaise arises in work environments where demands are high and support absent, in networks of friendships that fray or in communities polarized into factions [19,20].

Stress, identity and group mechanisms occupy a central place in today's psychological distress, but they are treated one by one in research and in the clinic [8,20]. Stress is usually addressed with psychophysiological measures or cognitive tests, identity

Citation: Marco Calabrese. Identity, Stress, And Group Dynamics in Modern Times: A Conceptual Review from A Clinical Psychology Perspective. J Clin Psychol Neurol. 2026. 4(1): 1-3. DOI: doi.org/10.61440/JCPN.2026.v4.76

with developmental or personality models, group processes with social or organizational psychology tools. The separation prevents us from seeing how the three areas affect each other, especially when the symptoms arise from the very point where they meet. Therefore, an approach is needed that keeps them together to understand the current discomfort.

This text reviews, at the level of ideas, the connections between stress, identity and group dynamics according to clinical psychology. It does not propose new data, but combines already known theoretical frameworks and clinical observations to offer a unique model capable of explaining contemporary psychological malaise [8,13].

Stress and Identity: A Clinical Reading

The construct "stress" is fundamental in the clinic - it is the psychophysiological response to environmental demands that exceed the individual's resources of adaptation [15,6]. Early models described acute reactions – current clinical perspectives look instead at the effects of chronic stress, particularly how it alters identity structure and psychological stability [12].

In the clinical field, identity is a dynamic set of self-representations, values, roles and relational expectations that guarantee continuity and consistency over time [14]. Chronic stress disrupts this balance - it reduces emotional resources, hinders psychological integration and promotes maladaptive self-definitions [6].

Psychodynamic theories see stress as an experience filtered by unconscious conflicts and internalized relational models [18,17]. A persistence of stress reactivates vulnerability linked to attachment, generates the spread of identity and increases the use of defenses [10,21]. In the session, the oscillation between idealized and devalued self-representations or a widespread sense of emptiness can emerge [22].

Cognitive behavioral models focus on personal evaluations and maladaptive belief systems [23,24]. Stress, in its most chronic form, leads to a lack of control and reinforces negative personal patterns such as, for example, the perception of being inadequate, which become distinctive and stable traits of one's identity [23,25]. These identity traits, in turn, will guide the individual's emotional responses and future behaviors.

Systemic and relational models see identity as part of social ties and positions [26]. A state of prolonged tension arises when the expectations linked to a role contradict each other and when the group does not restore visibility, producing a deformation of identity and psychological malaise [11]. In any theoretical framework, long-lasting tension erodes the stability of identity, which then becomes dependent on external stimuli [2].

Group Dynamics and Psychological Functioning

Group dynamics, as is well known, is a substantial component of psychological functioning [18,11]. Groups undoubtedly create a meaning, a structure and a sense of belonging but, sometimes, they turn into a permanent cause of tension by generating components that disturb the identity of the person [4,5]. Clinical histories often show severe experiences lived within groups, especially in workplaces and social systems that are unstable and under pressure on performance [19,20].

From the perspective of psychodynamics, groups set in motion unconscious processes that are related to authority, inclusion and exclusion [18]. The individual experience of marginalization, for example, reactivates the first relational wounds and increases the sense of shame, leading to withdrawal or, sometimes, to a hyper identification of an alternative role [10,21].

Cognitive and behavioral orientation highlights how reinforcement patterns and group norms influence self-evaluation and coping strategies [24]. The continuous interaction that develops within an evaluation context, or a competitive group, reinforces maladaptive beliefs and stress-related symptoms [8]. Systemic perspectives interpret these symptoms as the result of an expression of dysfunctional relational patterns and not as individual pathologies [26]. The tension that is generated in one's identity often reflects the assignment of rigid or contradictory roles within the group [11]. Burnout represents the intersection point between stress, identity and group dynamics, eroding the very meaning of belonging to the work context [8,9,20].

Clinical Implications

Linking stress, identity, and group dynamics offers relevant insights for assessment and intervention [8]. Clinical assessment benefits from the analysis of identity coherence, role experiences and, of course, a sense of belonging, together with symptom assessment [3,10].

The patient's medical history shifts from individual pathology to relational and contextual processes, thus favoring the development of collaborative therapeutic alliances [27]. Interventions must integrate psychodynamic exploration, cognitive restructuring and the use of systemic techniques necessary to reconstruct the patient's identity and to restore a relational balance [24,26].

The same framework can guide prevention in organizational contexts, intervening on systemic stress, improving recognition and support structures [19,20].

Limitations And Future Directions

The article limits itself to analyzing the conceptual nature and lack of empirical data. While it offers a certain type of integration, it does not resolve the theoretical tensions that arise between clinical models, nor does it concern itself with making a distinction between the different types of groups. Future research should use longitudinal and mixed designs to empirically study the interactions between stress, identity, and the study group [20].

The acceptance of neuropsychological perspectives can undoubtedly give a further contribution to understanding how chronic stress alters the neural systems related to self-regulation and identity processing, taking care not to reduce psychological phenomena to biological mechanisms alone [12].

Conclusion

Contemporary psychological distress is the result, increasingly, of the interaction between chronic stress, identity processes and group dynamics [6,8,11]. A new integrative clinical model may be useful for a holistic understanding of these phenomena as well as for the assessment and interventions that deal with

both the individual dimension and the contextual dimension of patient suffering. This type of approach responds adequately to the new problems of mental health in contemporary social environments [13].

References

1. Giddens A. Modernity and self-identity. 1991.
2. Bauman Z. Liquid modernity. 2000.
3. American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 2013.
4. Baumeister RF, Leary MR. The need to belong: desire for interpersonal attachments as a fundamental human motivation. Psychol Bull. 1995. 117: 497-529.
5. Cacioppo JT, Patrick W. Loneliness: human nature and the need for social connection. 2008.
6. Hobfoll SE. Conservation of resources: a new attempt at conceptualizing stress. Am Psychol. 1989. 44: 513-524.
7. Siegrist J. Adverse health effects of high-effort/low-reward conditions. J Occup Health Psychol. 1996. 1: 27-41.
8. Maslach C, Schaufeli WB, Leiter MP. Job burnout. Annu Rev Psychol. 2001. 52: 397-422.
9. Schaufeli WB, Taris TW. Critical review of the job demands-resources model. Work Stress. 2014. 28: 43-68.
10. Bowlby J. A secure base: parent-child attachment and healthy human development. 1988.
11. Tajfel H, Turner JC. An integrative theory of intergroup conflict. 1979.
12. McEwen BS. Physiology and neurobiology of stress and adaptation: central role of the brain. Physiol Rev. 2007. 87: 873-904.
13. Haslam SA, Jetten J, Postmes T, Haslam C. Social identity, health and well-being. Appl Psychol. 2009. 58: 1-23.
14. Erikson EH. Identity: youth and crisis. 1968.
15. Folkman S, Lazarus RS. Stress, appraisal, and coping. 1984.
16. Bruner J. Acts of meaning. 1990.
17. Kohut H. The restoration of the self. 1977.
18. Bion WR. Experiences in groups. 1961.
19. Cooper CL, Dewe PJ, O'Driscoll MP. Organizational stress. 2001.
20. Thoits PA. Mechanisms linking social ties and support to physical and mental health. J Health Soc Behav. 2011. 52: 145-161.
21. Winnicott DW. The maturational processes and the facilitating environment. 1965.
22. Van der Kolk BA. The body keeps the score. 2014.
23. Beck AT. Cognitive therapy and the emotional disorders. 1976.
24. Beck JS. Cognitive behavior therapy: basics and beyond. 2011.
25. Seligman MEP. Flourish. 2011.
26. Minuchin S. Families and family therapy. 1974.
27. Rogers CR. Client-centered therapy. 1951.

Copyright: © 2026. Marco Calabrese. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.