

Emotional Group Psychotherapy as a Variant of Bonding Psychotherapy and Personal Well-Being in People with Moderate Intellectual Disabilities



Exploring the application and outcomes of Emotional Group Psychotherapy



ISBP CONFERENCE

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A walk from trauma
to thriving and joy

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Introduction

Definitions and key concepts

Introduction to Emotional Group Psychotherapy (EGP)

- EGP, a variation of Bonding psychotherapy, focuses on **creating emotional bonds in groups**, benefiting vulnerable populations (Neto, 2022; Bonding Psychotherapy, 2024).

Bonding Psychotherapy

- Developed by Casriel, it aims to **meet biopsychosocial needs** through group dynamics to improve mental health (Casriel, 1972; De Andrea et al., 2022).

Intellectual Disability (ID)

- DSM-5: ID includes intellectual and adaptive behavior limitations. Individuals with ID are more prone to mental health problems and can therefore **benefit from this therapy** (APA, 2014;

Schützwohl et al., 2020).



General Objective:

To assess the **efficacy of Emotional Group Psychotherapy (EGP)**, a variant of Bonding Psychotherapy, in individuals with Intellectual Disability (ID), focusing on reducing psychopathology and enhancing personal well-being.

Research Hypotheses



- **H1:** EGP effectively addresses biopsychosocial needs, reducing psychopathology and improving personal well-being in individuals with ID.
- **H2:** EGP session frequency (weekly, biweekly, monthly) significantly influences outcomes, with more frequent sessions yielding better results.
- **H3:** EGP leads to a significant reduction in psychopathological symptoms, measured by the OQ-45, after a 3-month intervention.
- **H4:** Participants in EGP will show significant improvements in personal well-being, measured by the PWI-ID, post-intervention.
- **H5:** Participation in EGP enhances the expression and understanding of emotions among participants.
- **H6:** Participants will perceive an increased sense of group belonging, contributing to social inclusion and overall well-being.

Variables



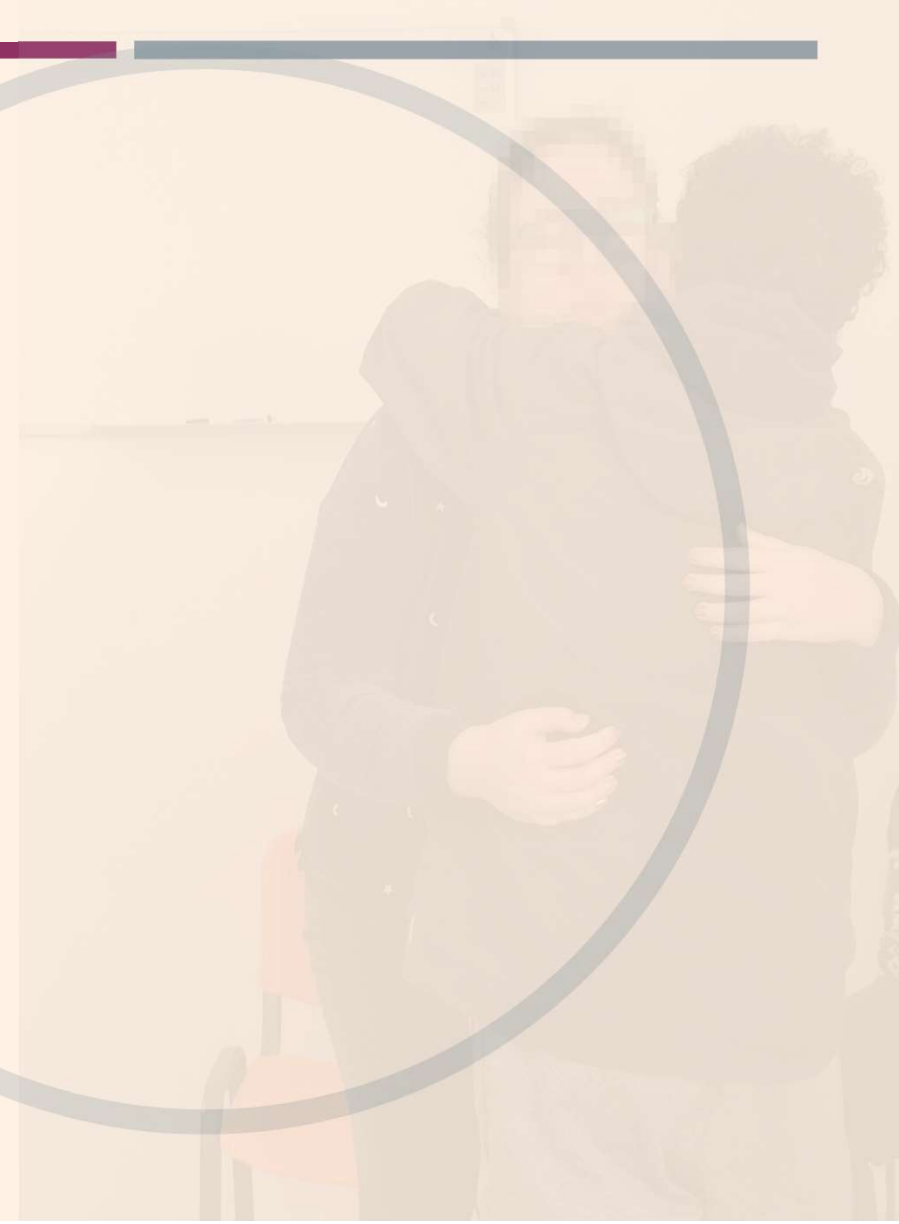
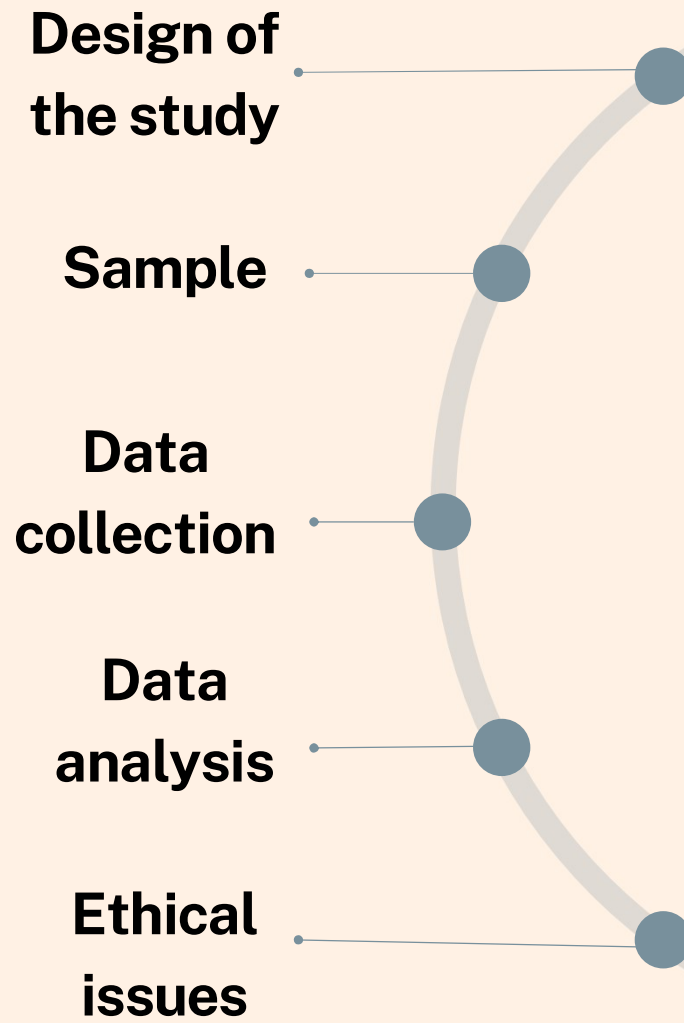
Independent Variables: Frequency of psychotherapy sessions (weekly, biweekly, monthly).



Dependent Variables: Psychopathological symptoms (measured by OQ-45), personal well-being (measured by PWI-ID), emotional skills, and sense of group belonging.



METHODOLOGY



Study Design:

- **Mixed-methods design** combining quantitative (quasi-experimental) and qualitative (case study) approaches.

Sample:

- **20 participants** with moderate intellectual disabilities from a central Portugal institution for people with disabilities.

Data Collection:

- **Intervention Groups:** Randomly assigned to weekly (n=7), biweekly (n=6), or monthly (n=7) sessions.
- **Quantitative Tools:** OQ©-45.2 (*outcome questionnaire*) (Lambert et al, 1996, 2004; Machado & Fassnacht, 2015) for emotional disturbance; PWI-ID (*Personal Wellbeing Index-Intellectual Disability*) (Cummins & Lao, 2005; 2011) for life satisfaction and personal well-being.
- **Qualitative Data:** Semi-structured interviews exploring emotional changes, group belonging, and therapy perceptions.



Intervention

Bonding-inspired Emotional Group Psychotherapy uses monoidal or surgical phrases, expressing simple ideas, and the repeated exclamation of phrases to achieve meaningful emotional states and conclusions. It's a little more restrained than traditional Bonding Psychotherapy, as it involves less physical contact, being based only on a standing hug while the exclamations are made, and less emotionally intense, as the phrases are exclaimed rather than shouted.

The sessions are structured into five phases and last between 60 to 90 minutes. They are organized as follows:

- 1. Opening:** Participants sit in a circle and engage in a collective vocal exercise to activate emotions, enhance trust and a sense of belonging.
- 2. Sharing:** Participants are encouraged to freely express their concerns and emotions, with the therapist facilitating the discussion

Intervention

3. Contributions: Other group members provide feedback, promoting empathy and mutual support. The psychotherapist encourages dialog between group members.

4. Individual Work: The focus returns to the individual who initially shared, exploring deeper emotions, free association of feelings and thoughts through the repetition of surgical phrases and exclamations without words while hugging another participant in a standing position. The psychotherapist guides the patient triggering and linking more thoughts and feelings, leading to new exclamations and the establishment of organizing associations, and meaningful conclusions for those doing the work.

5. Closing: The session concludes with a collective review of progress and feelings, with a bridge to “the here and now”, reinforcing the connections established and insights gained, positively reinforcing, praising and encouraging the positive results of the sharing and work done, and ends with a thank you and a hug to all the members.

Data Analysis:

- **Quantitative:** Descriptive and inferential statistics using Jamovi software, including regression analysis. Means, standard deviations and medians to describes variables. Linear regression models and hypothesis test (*Spearman's* correlation coeficient test, *Student's t-test* and *Kruskal-Wallis* test to identify differences between the groups). *Cronbach's alpha* to test internal consistency.
- **Qualitative:** Thematic analysis using MAXQDA software.

Literature Review ➡ 3 dimensions (Change in Emotional Skills; Sense of Belonging to the Group;

Perception of Psychotherapy) ➡ 10-question semi-structured script ➡ Interview transcript ➡ Import into MAXQDA

➡ Data coding (Areas; Categories; Subcategories) ➡ Analysis / Outputs

Ethical Considerations:

- Informed consent for legal guardians and participants, confidentiality, voluntary participation, and psychological support ensured.

Results



Quantitative Analysis

Sample Characterization:

- 20 participants, divided into three intervention groups: monthly (35%, n=7), biweekly (30%, n=6), and weekly (35%, n=7).
- Predominantly male (70%, n=14) with ages ranging from 19 to 61 years (M = 36.85).
- All participants diagnosed with moderate intellectual disability (100%) and most had comorbidities (85%).

Hypothesis Testing

- **Correlation Effects:**
 - Significant **negative correlations** between OQ-45 and PWI dimensions, indicating that higher emotional disturbance relates to lower well-being.

Spearman's Rho correlation coefficient test (N=40)

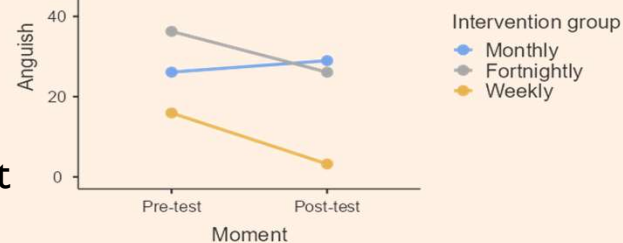
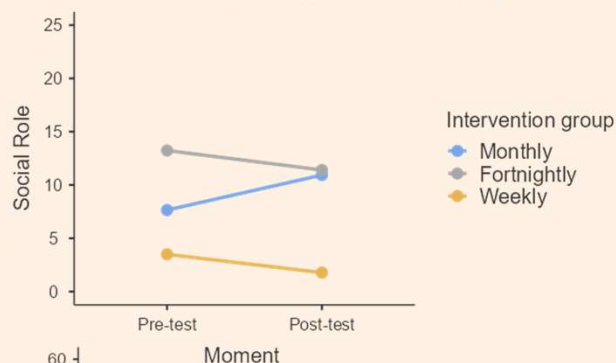
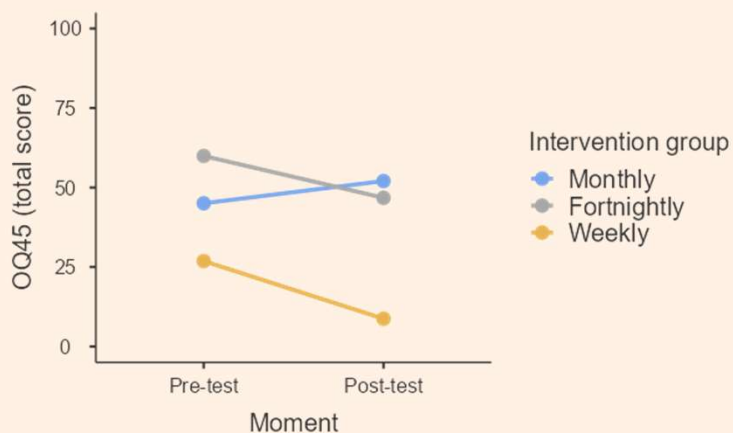
	OQ45	SD	RI	SR	PWI Felicidade	PWI ID
OQ45	—					
SD	0.945***	—				
RI	0.769***	0.611***	—			
SR	0.880***	0.764***	0.649***	—		
PWI Felicidade	-0.409**	-0.402*	-0.351*	-0.296	—	
PWI ID	-0.581***	-0.543***	-0.573***	-0.347*	0.463**	—

Nota. * $p < .05$, ** $p < .01$, *** $p < .001$

- **Gender Differences:**
 - **Females** exhibited significantly higher emotional disturbance across all OQ-45 subscales.

Regression Models

- OQ-45 Total Score:
 - Significant reduction linked to weekly therapy.
- Subscale-Specific Models:
 - Anguish reduced with weekly therapy.
 - Social Role improvement noted, especially post-weekly therapy.



The internal consistency of the instrument was excellent in the post-test ($\alpha=0.939$)

Estimates of regression coefficients, standard error and significance level of mixed regression models (fixed and random effects)

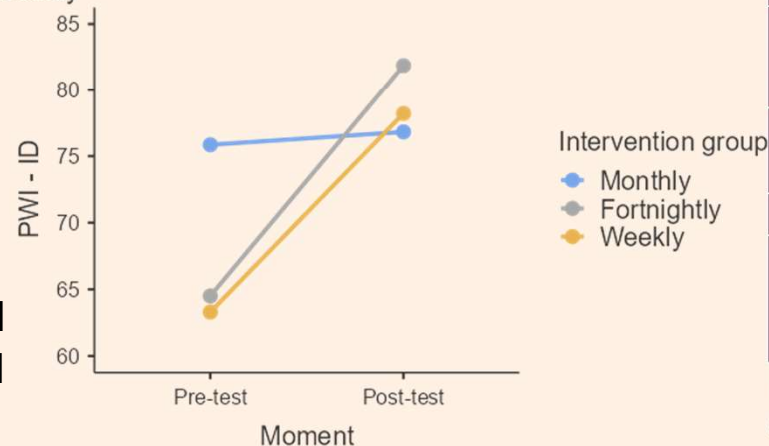
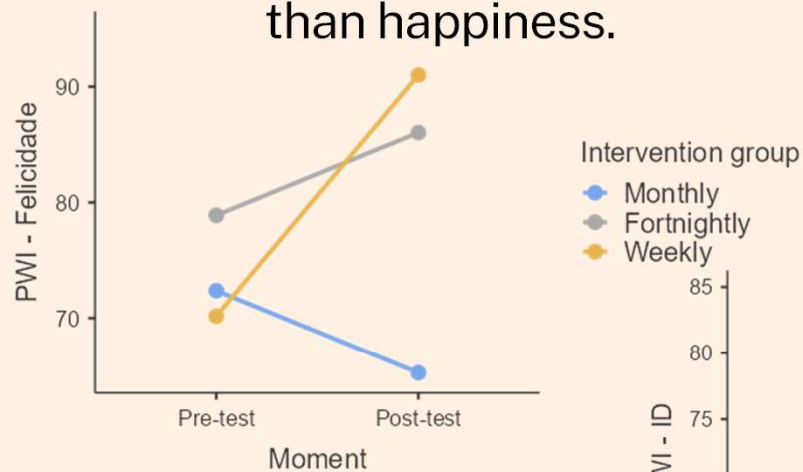
	OQ45 (total score)	Anguish	Interpersonal Relations	Social Role
Intercept	39,89 (3,00)***	22,77 (2,18)***	9,93 (1,43)***	8,08 (0,963)***
Moment (post-test)	-8,10 (2,70)**	-6,68 (1,41)***	-1,34 (1,02)	-0,09 (0,990)
Group (fortnightly)	4,80 (4,48)	3,64 (3,26)	-1,82 (2,09)	3,03 (1,440)***
Group (weekly)	-30,74 (4,49)***	-17,97 (3,26)***	-7,16 (2,06)**	-6,66 (1,443)***
Moment (post-test) * Group (fortnightly)	-20,17 (6,70)**	-13,02 (3,50)**	-2,02 (2,54)	-5,12 (2,456)*
Moment (post-test) * Group (weekly)	-25,14 (6,44)**	-15,57 (3,36)***	-4,57 (2,44)*	-5,00 (2,359)*
LogLikelihood	-114,213	-99,342	-94,690	-83,529
R² Marginal (Fixed effects)	0,839	0,819	0,477	0,697
R² Conditional (Fixed and random effects)	0,860	0,897	0,698	0,697
LRT to Random effects	LRT (1) = 0,242 p = 0,622	LRT (1) = 3,04 p = 0,081	LRT (1) = 3,13 p = 0,077	LRT (1) = -0,000 p = 1,000

Legend: R² – coefficient of determination; LRT – Likelihood Ratio Test; p – probability of significance.

Notes: *Significant at the 5% level; ** Significant at the 1% level; *** Significant at the 0.1% level

Regression Models

- PWI Models:
 - Happiness increased with weekly therapy.
 - PWI-ID scores improved post-intervention, especially in biweekly/weekly groups, but less so than happiness.



The internal consistency of the PWI varied between good and very good ($\alpha=0.754$)

Estimates of regression coefficients, standard error and significance level of mixed regression models (fixed and random effects)

	PWI - Happiness	PWI - ID
Intercept	77,28 (3,17)***	73,43 (1,89)***
Moment (pos-test)	6,94 (3,77)*	-3,16 (4,12)
Group (fortnightly)	13,65 (7,32)*	-5,58 (3,99)
Group (weekly)	11,78 (6,56)*	16,39 (6,52)*
Moment (pos-test) * Group (fortnightly)	14,29 (8,99)	13,95 (6,79)*
Moment (pos-test) * Group (weekly)	27,98 (9,35)**	73,43 (1,89)***
LogLikelihood	-129,036	-11,852
R² Marginal (Fixed effects)	0,538	0,620
R² Conditional (Fixed and random effects)	0,659	0,655
LRT to Random effects	LRT(1)=1,07 p-valor=0,301	LRT(1)=0,130 p=0,718

Legend: R² – coefficient of determination; LRT – Likelihood Ratio Test; p – probability of significance.

Qualitative Analysis:

Main Dimensions Identified:

1- Emotional Skills Changes:

- Recognition and Expression:
 - Notable improvement in emotional recognition and expression, especially in weekly sessions.

“It has helped me to know and say what I feel” (C14)

“I felt good after talking and shouting” (C8)

“I tell them how I feel” (B19)

- Emotional Regulation and Empathy:
 - Enhanced emotional regulation and empathy with more frequent sessions.

“When they talk about problems I hug them and support them” (C13)



Code list	Frequency
1 Changes in Emotional Skills	
1.1 Emotional Recognition	
1.1.1 Ability to Identify Own Emotions	
Maintains Ability to Identify their Emotions after the Intervention	4
Improved ability to Identify their Emotions after the Intervention	16
1.1.2 Ability to Identify the Emotions of Others	
Doesn't recognize emotions in others	6
Recognizes Emotions in Others	14
1.1.3 Capacity for Emotional Self-Awareness	
Recognizes Emotional Self-Awareness	13
1.2 Emotional Expression	
1.2.1 Ability to Express Positive Emotions	
Recognizes Difficulty in Expressing Positive Emotions	3
Recognizes Ease in Expressing Positive Emotions	17
1.2.2 Ability to Express Negative Emotions	
Recognizes Difficulty in Expressing Negative Emotions	1
Recognizes Ease of Expressing Negative Emotions	8
1.2.3 Ability to Use Increased Emotional Language	
Uses Augmented Emotional Language	9
1.3 Emotional Regulation	
1.3.1 Strategies for Controlling Emotions	
Refers to Strategies for Controlling Emotions	12
1.3.2 Ability to use Emotional Resilience	
Recognizes Increased Emotional Resilience	11
1.4 Empathy and Emotional Understanding	
1.4.1 Capacity for empathy	
Recognizes Increased Capacity for Empathy	16
1.4.2 Understanding the Emotional Perspectives of Others	
No Improvement in Understanding Others' Emotional Perspectiv	6
Improved Understanding of Others' Emotional Perspectives Afte	14
2 Sense of Belonging to the Group	
2.1 Identification with the Group	
2.1.1 Feeling of inclusion in the group	
Feels integrated into the group	20
2.1.2 Identification with the Group's Objectives	
Recognizes and identifies with the Group's Mission and Objectiv	11
2.2 Interaction, Cohesion and Social Support	
2.2.1 Perceived Support from Other Members	
Acknowledges Group Support	20
2.2.2 Collaboration and Cooperation Between Members	
Collaborates with and Provides Support to Group Members	16
Doesn't know / Doesn't answer whether they Collaborate with G	4
2.2.3 Quality of Social Interactions	
Perceives an Ambivalent Relationship with Group Members	1
Perceives a Good Relationship with Group Members	19
2.3 Active Participation in the Group	
2.3.1 Participation in Sessions	
Attendance at Group Sessions	16
2.3.2 Involvement in Group Activities	
Feels Involved in Group Activities	17
2.3.3 Sharing Experiences	
Available to share Experiences	17
2.3.4 Open Communication Skills	
Refers to Improved Open Communication	11
3 Reflection on the Intervention	
3.1 General Perception of Psychotherapy	
3.1.1 Benefits	
Recognizes Benefits	20
3.1.2 Personal Impact and Meaning of Participation	
Recognizes the Impact and Meaning of Participating in Session:	14
3.1.3 Future Expectations	
Want to continue in Psychotherapy	11
3.1.4 General Satisfaction with Psychotherapy	
Satisfied with Psychotherapy Sessions	19

2- Group Belonging:

- **Group Identification:**

- Participants felt included, with the weekly group showing stronger identification with group goals and perceived social support.
- Active Participation:
- Frequent and active involvement in group activities correlated with improved communication and support dynamics.

3- Intervention Reflection:

- **Overall Satisfaction:**
 - High satisfaction across all groups, with the weekly group noting significant personal impact and a desire to continue therapy.

Lista de Códigos	Weekly Group	Biweekly Group	Monthly Group	SOMA
● Maintains Ability to Identify their Emotions after the Intervention		■	■	4
● Improved ability to Identify their Emotions after the Intervention	■	■	■	16
● Doesn't recognize emotions in others		■	■	6
● Recognizes Emotions in Others	■	■	■	14
● Recognizes Emotional Self-Awareness	■	■	■	13
● Recognizes Difficulty in Expressing Positive Emotions		■	■	3
● Recognizes Ease in Expressing Positive Emotions	■	■	■	17
● Recognizes Difficulty in Expressing Negative Emotions		■	■	1
● Recognizes Ease of Expressing Negative Emotions	■	■	■	8
● Uses Augmented Emotional Language	■	■	■	9
● Refers to Strategies for Controlling Emotions	■	■	■	12
● Recognizes Increased Emotional Resilience	■	■	■	11
● Recognizes Increased Capacity for Empathy	■	■	■	16
● No Improvement in Understanding Others' Emotional Perspectives After the Intervention		■	■	6
● Improved Understanding of Others' Emotional Perspectives After the Intervention	■	■	■	14
● Feels integrated into the group	■	■	■	20
● Recognizes and identifies with the Group's Mission and Objectives	■	■	■	11
● Acknowledges Group Support	■	■	■	20
● Collaborates with and Provides Support to Group Members	■	■	■	16
● Doesn't know / Doesn't answer whether they Collaborate with Group Members			■	4
● Perceives an Ambivalent Relationship with Group Members			■	1
● Perceives a Good Relationship with Group Members	■	■	■	19
● Attendance at Group Sessions	■	■	■	16
● Feels Involved in Group Activities	■	■	■	17
● Available to share Experiences	■	■	■	17
● Refers to Improved Open Communication	■	■	■	11
● Recognizes Benefits	■	■	■	20
● Recognizes the Impact and Meaning of Participating in Sessions	■	■	■	14
● Want to continue in Psychotherapy	■	■	■	11
● Satisfied with Psychotherapy Sessions	■	■	■	19
Σ SOMA	155	108	103	366

Code Cloud Insights:

- Positive perceptions of group therapy; key themes included integration, emotional identification, improved communication, and satisfaction.
- Participants recognized benefits, group support and the development of positive interpersonal relationships.

“It has given me the strength to be stronger and to overcome the struggles” (A2)

“I think I help when I give hugs and advice to colleagues” (A6)

“I can talk, I can hug and shout” (B15)

“Yes. Because I go there and I'm part of it” (A7)



Discussion

- **Efficacy of EGP (H1):**

EGP effectively meets biopsychosocial needs, reducing psychopathology, and improving well-being, consistent with previous research on group therapy for vulnerable populations

(Blakeley-Smith et al., 2021).

- **Session Frequency Impact (H2):**

Weekly sessions showed the most significant improvements, supporting literature that emphasizes the importance of consistent therapeutic interventions for individuals with ID

(Bakken, 2021).

- **Reduction in Psychopathological Symptoms (H3):**

Significant reduction in symptoms like anxiety and social role distress, aligning with studies on the effectiveness of group therapies in cognitive challenges (Severo et al., 2021).



- **Improvement in Well-Being (H4):**

PWI-ID results show enhanced personal well-being, particularly in groups with frequent sessions, underscoring the value of emotional support groups in boosting life satisfaction

(Breitbart et al., 2015).

- **Development of Emotional Skills (H5):**

Participants reported better emotion recognition and understanding, though progress varied; reflects the importance of group emotional therapy in developing these skills (Worrall et al., 2018).

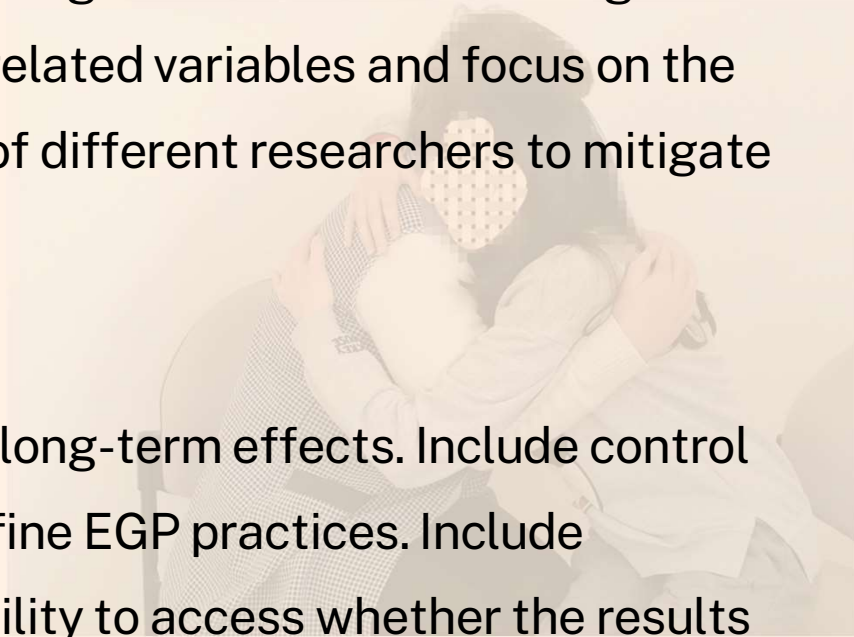
- **Group Belonging (H6):**

Stronger group belonging and social support were reported, crucial for enhancing the therapeutic process and overall well-being (Malhotra & Baker, 2022).

Limitations:

- Small sample size and limited follow-up duration may restrict result generalization. Absence of a control group and participant variability might also influence findings. Lack of multiple therapists to better control for therapist-related variables and focus on the effectiveness of the therapeutic method itself. Lack of different researchers to mitigate bias and generalization of results.

Future Research Suggestions:

- Increase sample size and extend follow-up to access long-term effects. Include control groups and explore various session frequencies to refine EGP practices. Include participants with different levels of intellectual disability to access whether the results are consistent across different subgroups. Expand the intervention to groups guided by different psychotherapists and different researchers to mitigate bias and generalization of results.
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Conclusion

- **Effectiveness of EGP:** Demonstrated significant improvement in well-being and reduction in psychopathological symptoms for individuals with intellectual disabilities (ID).
- **Impact of Session Frequency:** Weekly sessions were most effective, highlighting the importance of regular intervention.
- **Promotion of Emotional Skills:** EGP effectively enhances emotional skills and fosters a strong sense of belonging among participants.
- **Clinical Application:** The study supports the use of EGP as a valuable approach for vulnerable populations, contributing to improved quality of life and mental health.



Thank you very much!

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