

Improvement of the Capacity to Relate in Patients with Severe Disorders as a Result of Existential Analytical Psychotherapy

Angelika S. Längle¹, Silvia Längle¹, Johannes Rauch^{1,2}, Astrid Görtz¹, Clemens Fartacek¹, Maximilian Hetzel¹, Katharina Haubmann¹, Nora M. Först, Sabine Ludwig^{1,2}, Laura Wolfahrt^{1,2}, Joachim Bitsche^{1,2}, Alfried Längle^{1,3}

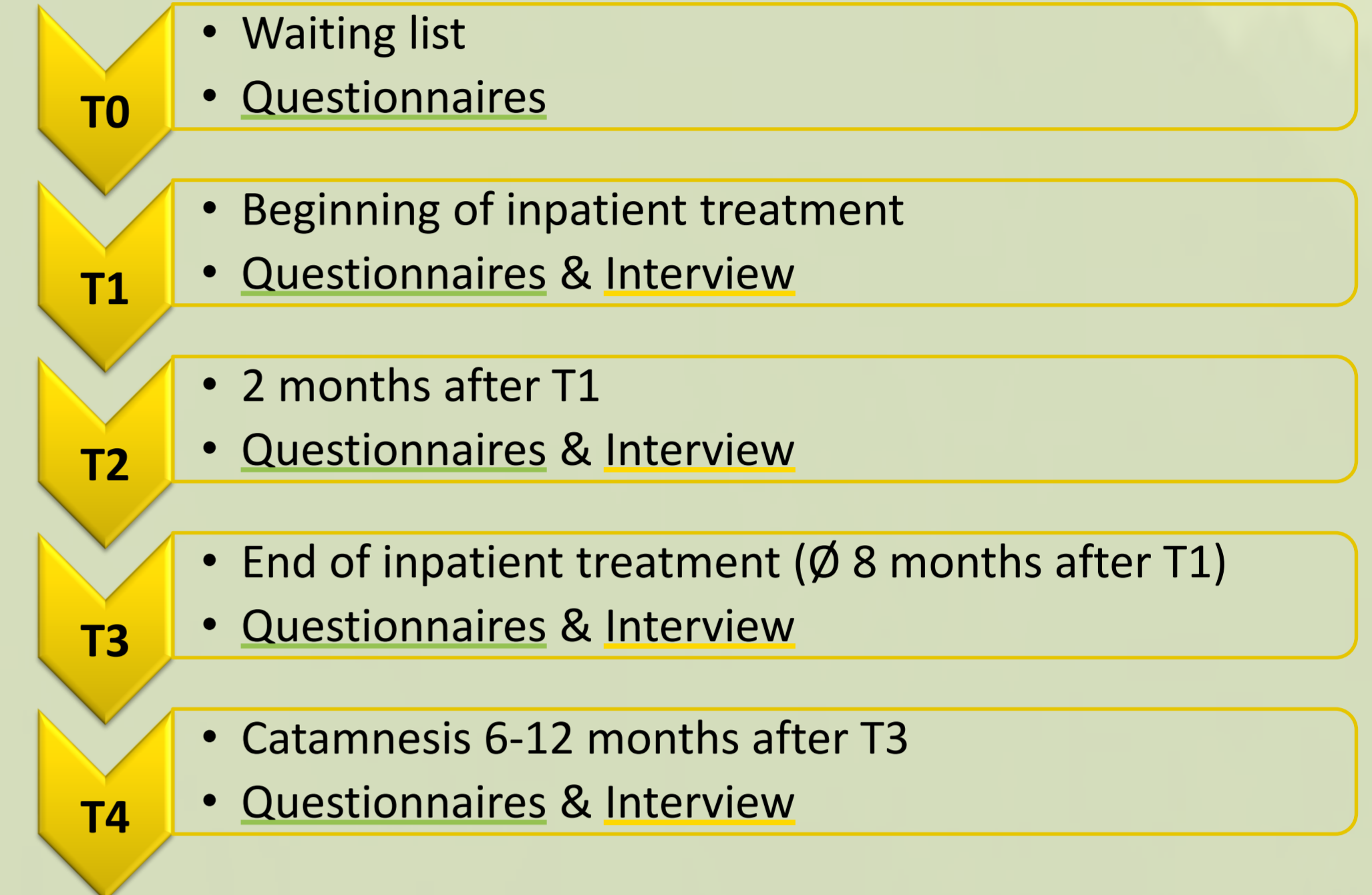
I. INTRODUCTION

Since 2016: **Longitudinal** joint research project of the International Society for Logotherapy and Existential Analysis, Vienna (GLE-I) and the **Carina** Hospital, Feldkirch.



II. METHOD

Sample: $N = 86$ adult patients ($M_{age} = 34.6$; 59 male, 27 female) with dual diagnosis of addiction and personality disorder



III. RESULTS & FINDINGS

Quantitative



	M_{T1}	SD_{T1}	M_{T3}	SD_{T3}	M_{diff}	d_{ov}	t -value (paired samples)	Sig. (2-tailed)
SCL	1.077	0.72	0.55	0.45	0.51	0.78	6.28	.000
FEEL-E Adaptive	105.28	21.27	117.19	22.79	-11.91	-0.53	-4.55	.000
FEEL-E Maladaptive	109.20	17.06	101.59	18.73	7.61	0.42	3.42	.000
FERUS	140.53	30.47	162.82	29.26	-22.29	-0.74	-6.02	.000
IIP-D	1.68	0.55	1.23	0.61	0.44	0.75	7.54	.000
TEM	185.97	53.40	246.92	53.10	-60.94	-1.14	-8.66	.000
ESK	169.16	37.67	201.39	39.06	-32.22	-0.83	-7.57	.000

Note. $N = 86$.

Quantitative

Questionnaires*

- SCL-90
- FEEL-E
- IIP-D
- FERUS
- ESK
- TEM

Objectives: measuring changes in emotion-regulation, self-management, and quality of life.

Qualitative

- Semi-structured interview (16 questions)
- **Phenomenological-hermeneutic** research method to evaluate the **dialog with oneself, the Mitwelt, and life**

Phenomenology: specific perception of all information disclosing itself while bracketing external interpretation. Facilitates the distinction of appropriated and internalised experiences versus learned and socially accepted knowledge.

Qualitative

T1

- Options for **free action** very **limited**
- **Little concern** for the Mitwelt
- **Distance** from oneself and the Mitwelt
- **Negative attitudes** towards oneself and the Mitwelt
- Pleasure-oriented **wishful thinking**
- Desire for **change**

Note. $n = 20$.

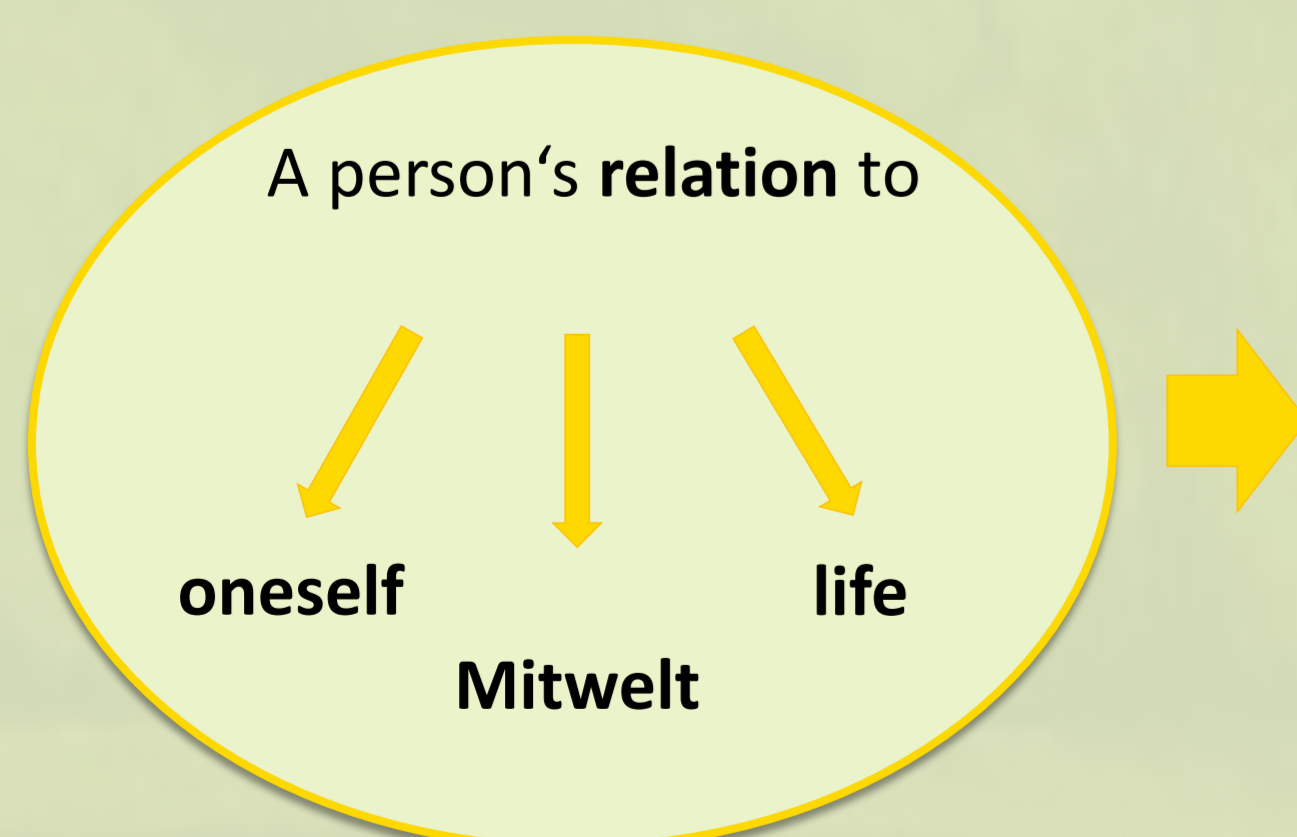
T3

- Increase of **self-management, self-**, and **emotional awareness**
- Incipient **openness** towards oneself, the Mitwelt and otherness, interest for **community** inside the institution
- Self-care, becoming **active** for oneself in a **realistic** way
- **Acceptance** of reality, awareness of (**self**)-**responsibility**
- **Demarcation** from the Mitwelt
- Trusting oneself, being worthy of oneself, **relying** on oneself
- **Contentment** with oneself

T4

- **Engaging** with the Mitwelt
- **Relationship** building
- **Personal** rather than functional relationships
- Awareness that relationships substantially depend on **one's own contributions**
- Attitude towards **value of otherness**

IV. DISCUSSION



In accordance with the **Existential Analytical theory**, these relations are considered as

- essential **prerequisites** for **mental health**
- the fundament of **intrinsic motivation** for outpatient treatment, increasing the **sustainability** of inpatient **treatment**

- Existential analytical **psychotherapy** can **successfully** initiate the process of forming these relations – even in patients with a **dual diagnosis** and the **limited time frame** of eight months
 - In order to map the sustainability of the effects of inpatient treatment, the next step would be to continue the evaluation in the outpatient setting
- **Phenomenological-hermeneutic** research proves apt and sensitive to **map** this **complex individual process** that serves as an indicator for the hospital's **treatment success** as well as the prerequisite for a patient's positive **development beyond** their **hospitalization**
 - Investigating the method's replicability with, and added value compared to, other qualitative methods

LITERATURE

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¹ GLE-International, ² Carina Hospital, ³ University of Klagenfurt

* Symptom-Checklist-90 (SCL-90-S), Fragebogen zur Erhebung der Emotionsregulation bei Erwachsenen (FEEL-E), Inventar zur Erfassung interpersonaler Probleme – Deutsche Version (IIP-D), Fragebogen zur Erfassung von Ressourcen und Selbstmanagementfähigkeiten (FERUS), Existenzskala (ESK), Test zur existenziellen Motivation (TEM)

CONTACT

angelika.laengle@existenzanalyse.at
 forschung@existenzanalyse.org
 www.existenzanalyse.org