

THE EFFECTIVENESS OF LOGOSYNTHESIS – A PILOT EFFECTIVENESS STUDY ON NEW METHODS IN INTEGRATIVE PSYCHOTHERAPY

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1. Background

Integrative treatments are carried out in inpatient psychotherapy. In addition to multimodal treatment concepts, multiprofessional teams and the design of the ward environment, the implementation of modern methods and concepts play an important role in psychotherapy. For example, the effectiveness of Emotion Freedom Techniques (EFT) and Eye Movement Desensitisation and Reprocessing (EMDR) has been proven in various studies for post-traumatic stress disorders and depression by releasing the blockages in information processing. (Fig.1).

A new method is Logosynthesis, which has been established and further developed since 2005. The mechanism of action is based on neutralising subjectively stressful representations in the limbic system by saying certain sentences. By using a clear protocol, the stored perceptions are activated and neutralised by means of words. The processing takes place immediately.

2. Objective

Is Logosynthesis effective in psychotherapeutic treatment?

- Outcome measurement of psychopathological symptom expression.
- Compared to a treatment control

Hypothesis: Logosynthesis

- improves the level of functioning of the affected person
- leads to a reduction of depressive symptoms
- reduces the general symptom burden

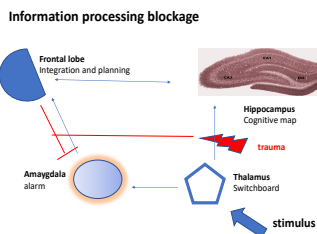


Fig.1: Schematic representation of the blockage of information processing in fear or trauma (after Ellert Nijenhuis 2007): the incoming stimuli are transmitted from the thalamus (switching point for sensory information) to the amygdala and hippocampus. In the amygdala, the assignment of significance takes place: alarm. It interrupts integration and planning in the frontal cortex. The incoming sensory stimuli are stored in the hippocampus on a cognitive map with the associated responses and are not processed further.

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3. Method

- Retrospective study of the patient population (N=93) at the Mentalva Private Clinic, Cazis, 2015, (Tab.1).
- Control group (n=80): established psychiatric and psychotherapeutic treatment methods.
- Intervention group (with Logosynthesis) (n=13) additionally one hour of logosynthesis twice a week.
- Measurement instruments: HoNOS (= Health of the Nation Outcome Scales), BDI (= Beck Depression Inventory), and BSCL (= Brief Symptoms Checklist).

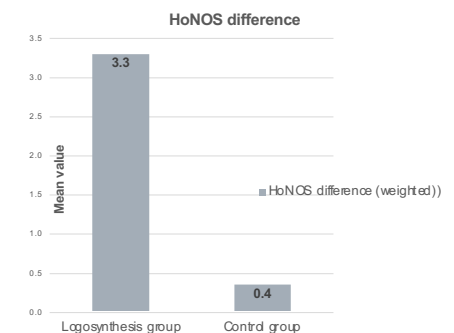
Table 1: Socio-demographic information

	Women (n=57)	Men (n=36)	Total population (N=93)	p-value
Age (SD)	55.8 (13.7)	52.0 (11.1)	54.3 (12.8)	0.168
Marital status				0.504
single	10 (17.5%)	6 (16.7%)	16(17.2%)	
married	24 (42.1%)	14 (38.9%)	38(40.9%)	
separated	1 (1.8%)	3 (8.3%)	4 (4.3%)	
divorced	13 (22.8%)	7 (19.4%)	20(21.5%)	
widowed	8 (14%)	1 (2.8%)	9 (9.7%)	
unknown	1 (1.8%)	5 (13.9%)	6 (6.5%)	
Nationality				0.043
Switzerland	52 (91.2%)	27 (75.0%)	79 (85.0%)	
Principality of Liechtenstein	1 (1.8%)	0 (0.0%)	1 (1.1%)	
Europe	3 (5.3%)	6 (16.7%)	9 (9.7%)	
Other foreign	1 (1.8%)	2 (5.6%)	3 (3.1%)	
unknown	0 (0.0%)	1 (2.8%)	1 (1.1%)	
Education				0.084
University/College	9 (17.0%)	10 (28.6%)	19(21.6%)	
Higher technical/vocational college	11 (20.8%)	16 (45.7%)	27(30.7%)	
Vocational training/Full-time vocational college	26 (49.1%)	8 (22.9%)	34(38.6%)	
Upper secondary education	1 (1.9%)	1 (2.9%)	2 (2.3%)	
Compulsory education	3 (5.7%)	0 (0.0%)	3 (3.4%)	
No completed education	3 (5.7%)	0 (0.0%)	3 (3.4%)	

Note: SD=Standard deviation

4. Results

- Main diagnosis shows strong dominance of affective disorders F3.x.x: 72.9% (n=62).
- Outcome representation in terms of **psychosocial functioning level (HoNOS)**: (Fig.2): **significant difference p = .049** with respect to the difference value HoNOS between admission and discharge.
- Outcome representation with respect to **depressive symptomatology (BDI)**: no significant difference p = .335 regarding the difference value BDI between admission and discharge
- Outcome representation in terms of **overall symptom burden (BSCL)**: No significant difference p = .106 of difference score BSCL between admission and discharge



Discussion

The study of psychotherapeutic methods is difficult due to complex interactions between independent and dependent variables under investigation. This study cannot provide definitive proof of the effectiveness of Logosynthesis, but it gives an impression of how Logosynthesis can have an impact on the recovery of people with psychiatric disorders. In the results, there is a significant group difference between Logosynthesis and the control group, which was operationalized using the HoNOS. Thus, Logosynthesis shows a positive influence on the treatment of mentally ill people, which produced a significant improvement in mental functioning compared to the treatment control group. The first hypothesis can thus be confirmed. The results of the present pilot study on the effectiveness of Logosynthesis point to a possible potential in clinical application.

References

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Tab.1: Socio - demographic information
Study population: 57 women, 36 men, N=93
Main diagnosis (ICD 10): F3x.x 72.9%
F4x.x 7.1%
Treatment duration: Total 27.6 days