



Logosynthesis® via Internet

Opportunities and risks of online trauma therapy

Logosynthesis® is a psychotherapeutic concept that is successfully used in trauma treatment. Understanding the neuroscientific and natural scientific basis of experience processing in the brain enables the release of blockages through words. This therapy method can also be used in an internet-based setting close to the patient.

Mith the restrictive measures of the pandemic, we had to find new solutions for outpatient treatment and psychotherapy. Often the clinics were overloaded or the patients had to be discharged early. It was therefore indispensable to continue outpatient therapy. In addition to the telephone, new media are available for this purpose, namely video conferences. This requires a device such as a PC, laptop, tablet or smartphone with an adequate internet connection. The advantage is that there is direct visual contact in addition to the auditory level. The therapist's impression of the patient and vice versa is similar to that in the practice. In the meantime, the programmes have also been improved in terms of data protection. In my practice, I already switched to this internet-based solution in March 2020, as the patients were still dependent on secure therapeutic accompaniment. Since then, I have regularly used this method in psychotherapy for various disorders. For the last 10 years I have been using a new method for the treatment of trauma, namely Logosynthesis®. It is particularly well suited for profound interventions, as it is based on an analytical brief intervention.

Questions

- Is psychotherapy, specifically Logosynthesis®, effective via video conferencing?
- How long are sessions possible?

- How does the patient react to the interventions?
- What are the challenges during the session?
- How high is patient satisfaction?
- How sustainable is the progress made?

Method

Logosynthesis® is a new psychotherapeutic method that includes elements from transactional analysis, hypnotherapy, neuro-linguistic programming and Gestalt therapy. It combines neuroscientific and neuroscientific knowledge by starting from the principle that everything is energy. The information processing of sensory impressions normally takes place in the brain as follows: Experiences of people, situations and places in the outside world are transmitted to the thalamus via the five sense organs: seeing, hearing, feeling (kinaesthetic), tasting and smelling. In the thalamus, they are first passed on to the amygdala for evaluation with regard to threat or attractiveness and then stored in the hippocampus together with the corresponding emotions. Only then does the classification follow in the frontal brain on the basis of previous experiences and patterns.

During a traumatic event, processing from the amygdala to the frontal brain is interrupted. Only the current situation (trigger) together with the associated emotions (reactions) remain accessible in the hipbrain.

KEYPOINTS

- *During the pandemic, adequate solutions for outpatient treatment and psychotherapy must be found.*
- *Internet-based treatment options have since proven to be viable.*
- *Logosynthesis® for coping with trauma was also tested in an online setting during the pandemic.*
- *In Logosynthesis® the trigger of a traumatic experience is analysed and processed through the repeated utterance of defined sentences.*
- *The reaction to the trigger is weakened and finally neutralised in the course of the therapy.*
- *It was shown that Logosynthesis® as online therapy and on-site therapy sessions are equivalent in practice.*

pocampus. When a similar or identical situation is re-experienced, only this stored construct (image, voice, body sensation, taste or smell) is reactivated, with the associated emotions (flashback). In Logosynthesis® the trigger of such a traumatic experience is analysed and worked out as an image of a person, situation or place. This trigger is then worked on with three specific sentences and the energy blockage is dissolved. By means of the Logosynthesis® basic process (Fig. 1), emotional, physical and cognitive

reactions are activated and focused on the corresponding trigger. When the trigger is activated, the trigger is processed and neutralised in the limbic system by saying three sentences (see below). The reactions are weakened or disappear completely. The traumatic experience remains as a neutral memory and no longer burdens the patient. This intervention lasts only a few minutes and can be repeated if the stress is not yet sufficiently reduced.

Application of Logosynthesis® : The old reactions are neutralised by saying these words:

1. Sentence: I take all my energy that is bound back to the right place within myself in "trigger X".
2. I remove all foreign energy related to "X" from all my cells, from my body and from my personal space and send it to where it belongs.
3. I take all my energy that is bound up in all my reactions to "X" back to the right place within myself.

Case study

Since 2012, a 49-year-old woman, A. K. a - demic, employed, single, in psychiatric treatment, initially for bipolar disorder, treated at the time with agomelatine and lamotrigine. In March 2017, she changed to my consultation. New diagnosis: recurrent depression with complex anxiety disorder and posttraumatic stress disorder (early childhood trauma). At the beginning, the focus was on dealing with fearful situations during sporting activities (climbing, windsurfing). In addition, difficult early childhood experiences in the family environment were dealt with. These therapy sessions also took place online. All these issues were dealt with using Logosynthesis® and the stress was significantly reduced. This was shown by the fact that the woman was able to return to her sporting activities. After an inability to work of more than 12 months, she was able to return to her previous job thanks to a reduction in depression and anxiety, and a permanent inability to work was prevented. In occupational rela-

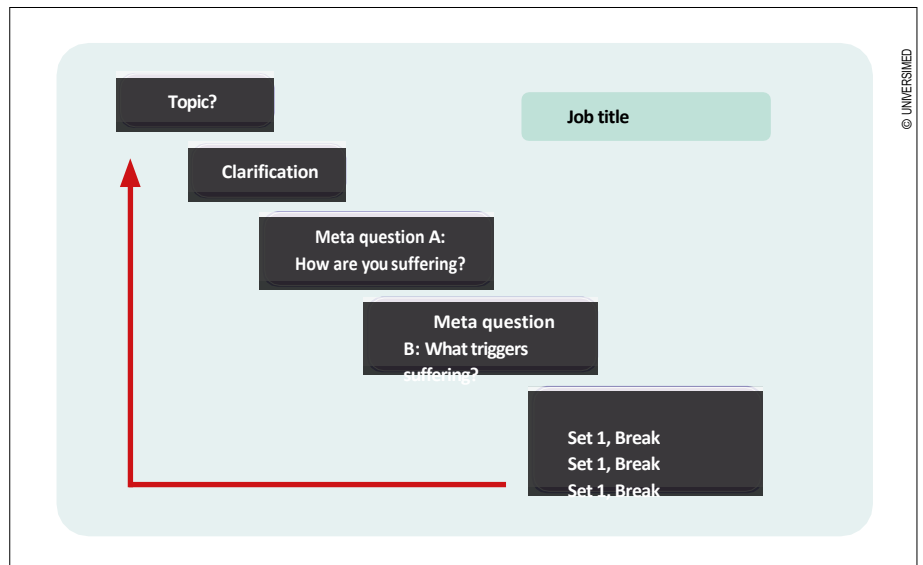


Fig. 1: Basic Logosynthesis® procedure

A specific situation was dealt with in the field, which reactivated old painful experiences. It was about a presentation in front of the management. When she thought about the presentation the next day, her whole body reacted with vegetative complaints (palpitations, pressure on the chest, cramps in the muscles, weak legs) and great fear. She felt reminded of an earlier situation.

"Through Logosynthesis, the traumatic experience remains as a neutral memory and no longer burdens the patient."

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ation when she had suffered a "nervous breakdown". The clarification showed the trigger of the situation: that she would be next and would fail, which was fraught with great shame and guilt. The trigger was a voice that said, "It's my turn now. She heard the voice from the upper right. The stress level with physical reactions and fear was 10 on a subjective stress scale from 0 to 10. I gave her the sentences one by one, with the trigger "the voice that says, "It's my turn now". The stress was reduced immediately - within

After that, the conviction emerged: "I am incapable". Also this "Belief set" was worked on with the 3 Logosyn- these® sets. The stress decreased to less than 2. The intervention again lasted only a few minutes. At the end of the session, the patient was relaxed and tired. The presentation the next day went without any problems, there were no fears or other reactions. This situation was neutralised and no longer a threat.

Results

- The psychotherapeutic interventions are comparable to the on-site session, e.g. the application of the Logosynthesis® sentences with the audition and recitation.
- The pause in action after the Logosynthese® sentences can be followed exactly on the screen.
- The depth of the processing is the same as in the practice. The condition is that the patient is undisturbed, z. e.g. sits in a separate room.
- The processing of traumatic experiences is as efficient with Logosynthesis® as a short intervention method as it is on site in the practice.
- Patient satisfaction is very high.
- The progress of the therapy is clearly visible.
- The session duration can be similarly flexible.



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- Additional preparation for the meeting is necessary: Create and send the login link for the video conference. A stable internet connection on both sides is important. Today's tools (Zoom, Teams, etc.) have a good security standard and are easy to use. It is technically easy to record the sessions.
- **Advantage for the patient:** There is no need for travel time and distance (advantage for long journey times), they can attend therapy from home, from a safe place.
- **Disadvantage for the patient:** He can be disturbed more easily if he does not have a quiet room. It is more difficult to focus on the topic if the patient's ability to concentrate is low or attention is reduced.

Conclusions

Experience to date has shown that psychotherapeutic support and interventions via the Internet are equivalent to on-site treatment in the doctor's office. The disadvantage is the technical conditions (internet and receiving devices). In addition, the place of intervention must be at the patient's home.

be reasonably undisturbed.

The advantages are ecological and economic, especially in the case of long journey times, difficult road conditions (mountain canton) or restrictive conditions such as during the pandemic. Patients with complex anxiety disorders (panic attacks while travelling on the road or train) can be easily and sustainably treated at home without having to undergo the stressful journey. The patient's basic psychotherapeutic care can be provided quickly, without complications and with little effort.

This positive effect of telepsychotherapy was also confirmed in studies during the Covid epidemic (Claudia Höfer et al., 2021). The techniques that perform best are those related to linguistic experience. These include finding terms as sociative, grasping them as personally meaningful and classifying them in an understanding way, and also using linguistically adequate and differentiated experience in inner dialogue or with other people in a way that is appropriate to the situation. The second best effect is scenic experience, which means the actively imagined development and experience of sequences with oneself and important others in the therapeutic situation.

and the activation of life-historical sequences as "scenes" of memory. Psycho-therapeutic work with imaginations is mentioned most often. The third most effective technique mentioned is the one that concerns general self-experience, i.e. a holistic self-perception in their bodily, psychological and social situation and the special ability, called mentalisation ability, to be emotionally and self-reflectively connected with themselves and others and to act. Techniques that relate to the patient's bodily experience are also used, although rarely.

Logosynthesis® uses the techniques described above, which is why Logosynthesis® is particularly suitable for telepsychotherapy. Further studies on this topic would be desirable. ■

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Literature:

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