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Case Report

From Symbolic Trauma to Psychosomatic Healing: Second Brain Psychology between Neuroscience and Clinical Narrative

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Abstract

Background: Traditional cognitive-behavioral models often fail to address long-term, treatment-resistant psychosomatic disorders rooted in the enteric nervous system. Second Brain Psychology (SBP) proposes a diagnostic and therapeutic framework for addressing these deep-seated blockages by decoding the Innate Emotional Matrix.

Methods: This study presents a clinical case series of nine patients — including military officers, high-level professionals, and entrepreneurs — presenting with treatment- resistant panic disorder, agoraphobia, and chronic anxiety. The operational protocol consists of a five-session diagnostic check-up followed by the ESYDET program, which employs over 100 argumentative modules and 50 adaptive sequences to facilitate the biochemical "digestion" of accumulated life stressors.

Results: Across all cases, patients reported significant functional recovery, with symptom reduction from an initial VAS score of 10/10 to full remission. Among the most notable outcomes were the extinction of avoidance behaviors, sustained for up to 10 years, and the complete restoration of territorial autonomy.

Conclusion: The SBP model and the ESYDET protocol demonstrate significant potential in resolving chronic distress where conventional therapies have failed, by acting on enteric-emotional memory and restoring autonomic homeostasis. Further controlled studies are required for full empirical validation of the method.

Introduction

The question of where the unconscious truly resides, and how we may access the deep roots of psychic and psychosomatic suffering, has long represented a challenge for both psychological theory and clinical practice. While traditional models have focused primarily on cognitive and behavioral approaches, emerging neuroscientific evidence points to a more complex picture of emotional processing and unconscious functioning. Second Brain Psychology (SBP) arises at the intersection of neurogastroenterology, emotional neurobiology, and clinical psychology, proposing that the enteric nervous system — the so-called "second brain" — constitutes the biological and functional seat of the unconscious. The foundations of this model were first explored in prior studies examining the link between psychosomatic responses and environmental triggers, including meteorological conditions [1]. This theoretical-clinical model addresses fundamental questions about the nature of psychosomatic symptoms and the mechanisms underlying rapid therapeutic transformation. It integrates a structural conception of personality (the Innate Emotional Matrix) with a somatic understanding of unconscious memory localized in the enteric nervous system.

Theoretical Framework

The principle of duality

SBP is founded on the principle of duality: Human existence unfolds between two complementary yet distinct processing systems. The first brain represents logical, rational, and conscious thought — the realm of analysis, planning, and explicit memory. The second brain embodies emotional, symbolic, and largely unconscious processing — the domain of implicit memory, visceral responses, and symbolic communication. This duality manifests through the fundamental polarities of life: logic and emotion, light and shadow, conscious and unconscious, control and surrender, fight and flight, blockage and movement. Psychological distress emerges when these polarities fail to integrate — when the dialogue between the first and second brain breaks down or becomes unbalanced.

The emotional matrix

Beyond emotional memory, SBP introduces the concept of the Emotional Matrix: An innate, transcultural, and stable psychological structure representing the deep organizational substrate of personality and relational patterns. This matrix manifests as a psycho-emotional field composed of codes, polarities, archetypes, colors, elements, and functional styles that determine how each individual perceives, processes, and responds to the stimuli of life. The emotional matrix explains why siblings raised in similar environments may develop profoundly different behavioral and reactional patterns. The fundamental difference lies not in external events, but in each individual's innate structural filter: Their unique "source code" through which every experience is perceived and integrated. From this perspective, individual trajectories and adaptive strategies emerge from the interaction between matrix structure and environmental inputs.

Neuroscientific Foundations

Architecture of the enteric nervous system

The Enteric Nervous System (ENS), extensively described by [2] and others, is far more than a simple digestive control center. It comprises approximately 100 million neurons distributed throughout the gastrointestinal tract, forming an autonomous network with notable structural and functional parallels to the central nervous system. It operates independently of central brain control while maintaining bidirectional communication via the vagus nerve, spinal pathways, and hormonal signaling [3,4]. The ENS produces essential neurotransmitters, including approximately 95% of the body's serotonin, as well as dopamine and various neuropeptides that directly influence mood, pain perception, and stress responses. The flow of information is predominantly afferent — from the enteric to the central nervous system — supporting the concept of the second brain as a primary generator of emotional-somatic signals.

Emotional neurobiology and somatic memory

Damasio's [5] work demonstrated that emotions are integral components of the neural processes guiding behavior and consciousness, rather than mere subjective "feelings." Emotions create durable somatic markers — bodily traces that influence future decisions and emotional reactions [6]. Research on neuropeptides indicates that emotions generate specific molecular imprints capable of binding to cellular receptors throughout the body, creating distributed networks of "molecules of emotion." In the SBP model, the enteric nervous system serves as the primary repository for emotional-somatic memory. Unprocessed emotional experiences are encoded in enteric neural networks and dynamic biochemical patterns, manifesting as chronic symptoms, behavioral repetitions, and unconscious responses that shape conscious experience. This aligns with the broader literature linking gut-brain axis dysregulation to anxiety and mood disorders [7].

Electromagnetic dimensions: An exploratory perspective

Research by Montagnier et al. [8] has suggested that memory and signaling processes may operate not only through biochemical pathways, but also through electromagnetic communication between cells. It is important to note that this biophysical dimension remains a subject of ongoing debate within the scientific community and requires further experimental validation. It is cited here as an exploratory perspective that opens possible research avenues regarding psychosomatic healing at the molecular and energetic level, consistent with the integrative approach of SBP.

Clinical Methodology

General operational protocol

The SBP clinical methodology is structured and replicable, combining a diagnostic phase with an adaptive reprocessing phase (ESYDET). The therapeutic intervention follows a two- phase protocol, consistent with the CARE guidelines for clinical case reporting [9].

Phase I: Diagnostic check-up (5 sessions)

a) Symptomatic Mapping – Comprehensive collection of psycho-emotional, psychosomatic, and behavioral symptoms via specialized clinical questionnaires.
b) Environmental Analysis – Investigation of the patient's "territory," encompassing family of origin, acquired family, professional context, and personal aspirations.
c) Emotional Memory Surveying – A specific methodology for analyzing the patient's deepest memories and the "emotional load" stored in the enteric system.
d) Symbolic Communication – Decoding of the symbolic language and somatic signals through which the second brain expresses internal conflict.
e) Prognostic Project – Definition of symptom etiology, individualized treatment plan, projected timelines, and recovery objectives.

Phase II: The ESYDET program (adaptive reprocessing)

The ESYDET program selects from over 100 argumentative modules and 50 personalized sequence combinations, tailored to the patient's Innate Emotional Matrix (e.g., Ydor or Pyr type). This adaptive system facilitates the biochemical "digestion" and dissolution of stressful events stored in somatic memory. The protocol can be delivered in person or online, maintaining high standards of clinical quality.

Diagnostic Pillars

The clinical work of Second Brain Psychology (SBP) is organized around two main diagnostic pillars:

a. **Emotional matrix diagnosis:** Systematic identification of the patient's innate psycho-emotional structure, including predominant polarities, archetypal patterns, and organizational codes.
b. **Second brain decoding:** Analysis of unconscious messages stored in the enteric nervous system, interpreting psychosomatic symptoms as symbolic communications requiring translation and integration.

Therapeutic Principles

The SBP therapeutic approach is precise and replicable. Core components include:

a. Integration of internal polarities (control/surrender, fight/flight, blockage/movement).
b. Symbolic translation of symptoms into meaningful messages for the second brain.
c. Emotional "processing" of unintegrated experiences, transforming symptoms into resources.
d. Optimization of the Emotional Matrix, aligning conscious choices with innate structure for lasting well-being.

When polarities fail to integrate, states of blockage may emerge, manifesting as tachycardia, dyspnea, dissociation, gastrointestinal disturbances, and pervasive anxiety. SBP does not regard these as mere malfunctions, but as interrupted narratives that can be decoded and reintegrated.

Case Series

This clinical series comprises nine cases of chronic, treatment-resistant anxiety and psychosomatic disorders treated with the SBP protocol and the ESYDET program. For each case, the following information is reported: Demographic data, diagnosis, number of sessions, duration of treatment, outcome assessment method, and follow-up.

Case 1 (CP): Military officer with acute panic attack and cardiac somatization

A 50-year-old air force colonel presented with acute panic attacks and severe cardiac somatization. Despite a VAS score of 10/10 and multiple emergency room admissions for pseudo-cardiac symptoms, no structural pathology was identified. The patient was not taking psychotropic medication at the time of intake. Following 25 sessions (6 months) of the Hybrid SBP Protocol, he achieved full emotional awareness and complete symptomatic remission (VAS 0/10). A 10-year follow-up confirms stable recovery and preserved functional capacity in high-pressure environments.

Case 2 (GM): Executive blockage and mental fog

A 35-year-old chef presented with severe "mental fog" and total social isolation (home confinement). Assessment identified a Pyr-type matrix and executive blockage. After 20 sessions over 5 months, the patient transitioned from an "automated" state to an active and proactive disposition (VAS 0/10). At a 10-year follow-up, he reports permanent mental clarity and renewed professional success.

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Case 3 (AT): Long-COVID syndrome and cognitive decline

A 50-year-old lawyer developed Long-COVID syndrome with mental fog and cognitive decline. A hybrid protocol of 4 months (15 sessions) produced permanent neural and emotional reorganization, resolving post-viral neuro-emotional interference and enabling a return to high-level legal performance.

Case 4 (CB): Chronic panic disorder and territorial restriction

A 40-year-old entrepreneur, with a 20-year history of panic disorder and multiple failed conventional treatments, suffered severe territorial limitations, avoiding aircraft, highways, and trains. After 30 sessions (7 months) of the Online Hybrid Protocol, he regained full territorial autonomy and now travels regularly by air for work.

Case 5 (FF): Chronic panic disorder and severe insomnia

A 33-year-old beautician presented with 18 years of chronic panic attacks and severe insomnia. Through 35 sessions over 9 months, targeting the elimination of accumulated emotional "weight," she achieved complete extinction of baseline anxiety and the restoration of natural sleep-wake cycles. These results have remained stable over several years.

Case 6 (MF): Internal withering and reactive depression

A 49-year-old restaurant owner reported a subjective sense of "internal withering" and reactive depression, with suicidal ideation at baseline (VAS 10/10). After 20 sessions (5 months), she recovered her leadership capacity and professional enthusiasm. A one-year follow-up confirms the stability of clinical benefits.

Case 7 (MP): Generalized anxiety disorder and eating disorders

A 40-year-old professional and single mother had suffered from generalized anxiety and eating disorders for over 20 years. The SBP protocol focused on deep-seated emotional blockages originating in her family of origin and re-enacted in current relationships. After 25 sessions (6 months), she reported embarking on a "new journey of self-discovery," with the complete disappearance of nocturnal panic attacks and obsessive calorie counting.

Case 8 (FC): Severe anxiety and social withdrawal in a young professional

A 24-year-old digital content creator suffered from severe anxiety and total social withdrawal, with severe agoraphobia and inability to leave the domestic environment. The intervention (40 sessions over 8 months) resolved deep existential "knots" and repetition compulsions linked to somatized professional stress. The patient regained extra-urban mobility and participates in crowded environments without avoidance behaviors.

Case 9 (PM): Territorial restriction and social withdrawal

A 33-year-old patient presented with severe territorial restriction and marked social isolation, avoiding public and medical environments (agoraphobia: mobility radius limited to 50 meters from home). Following the SBP protocol, she achieved functional resolution, restoring extra- urban mobility and the ability to attend crowded events and medical facilities without requiring "escape-route" seating. Positive results were maintained at the 7-month follow-up.

Discussion

The nine cases highlight several distinctive features of SBP and the ESYDET protocol in the treatment of chronic, treatment-resistant psychosomatic conditions and anxiety spectrum disorders. First, the observed data support the central hypothesis that intervening on enteric emotional memory can unblock long-standing states of blockage and restore flexible autonomic response regulation. Second, they illustrate how decoding the Innate Emotional Matrix enables a highly personalized therapeutic sequence, which may contribute to the rapid and stable changes observed. From a theoretical standpoint, SBP integrates biological and psychological domains, positioning the enteric nervous system as a key site of unconscious functioning. Clinically, the cases suggest that precise, matrix-based interventions can lead to substantial symptom remission and the restoration of territorial autonomy, even after decades of ineffective treatment. However, these outcomes derive from an observational clinical series rather than from randomized controlled trials, and should be interpreted as exploratory evidence in support of further systematic research. The findings are consistent with the growing literature on the gut-brain axis as a mediating pathway in anxiety and psychosomatic disorders [3,4-7], and align with the somatic memory models proposed by [5,6-11]. The role of the vagus nerve as a key conduit of enteric-emotional communication [3] provides a plausible neurobiological substrate for the mechanisms of change proposed in the SBP model. Future studies should include controlled experimental designs, standardized outcome measures, and neurobiological correlates (e.g., fMRI, autonomic markers) to validate the proposed mechanisms of change and to quantify effect sizes across larger samples.

Conclusion

Clinical evidence from these nine cases suggests that Second Brain Psychology and the ESYDET protocol hold significant potential for the treatment of chronic, therapy-resistant psychosomatic disorders and anxiety-related conditions. By acting on emotional memory stored in the enteric nervous system, the method appears to facilitate a biochemical and structural "digestion" of accumulated trauma, with positive patient-reported outcomes observed up to 10 years in some cases. These findings support the view that targeted intervention on the "second brain" offers a promising avenue for contemporary clinical psychology, particularly in cases where top- down cognitive approaches have proven insufficient. Further empirical validation is necessary to consolidate SBP's position within evidence-based practice, while preserving its integrative and symbolic strengths.

Ethical Statement

All patients provided informed consent for the anonymous use of their clinical data for research and educational purposes. Patient identifiers have been replaced with initials to ensure confidentiality. No ethics committee approval was required for this observational case series; however, the study was conducted in accordance with the ethical principles of the Declaration of Helsinki.

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Conflict of Interest Statement

The author declares that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest. The author is the founder and developer of the Second Brain Psychology (SBP) method described in this article.

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