



DOSSIER · THERAPY

LösUS® (Releasing Unconscious Guilt)

LösUS® (Releasing Unconscious Guilt) is a young procedure: The alternative practitioner Ulrich Kohler has developed it since 2006 in his practice, refined it over many years with clients and published it in 2023 with case examples and self-instruction. As with any procedure that comes from practice, scientific processing is at the beginning — studies on LösUS® itself do not yet exist. What does exist: a developed mechanism of action, decades of practical experience, experience reports, and extensive research on the building blocks of the procedure — Unconscious Guilt, Shame, Self-Punishment, Forgiveness. This page holds the mechanism of action against this research and says which study would decide the open question.

13

STUDIES IN
TOTAL

8

IN HUMANS

0

OF WHICH
CONTROLLED

0

IN ANIMALS

0

IN THE LAB

Figures from the IHR study database · Last updated 2026-10-15

How to Read This Dossier

ESTABLISHED

measured in humans, with a comparison group

PLAUSIBLE

supported by mechanism, animal studies or observation

HYPOTHESIS

a likely connection that still needs to be tested

LösUS® (Releasing Unconscious Guilt) at a Glance

ORIGIN:

LösUS® (Releasing Unconscious Guilt) was developed in 2006 from systematic work with the concept of Unconscious Guilt. The starting point was a clinical phenomenon: a sudden, paralysing state without an identifiable trigger that resolved when the unconsciously assumed guilt was put into words and taken back. Since then the method has been tested in practice, the regularities of Unconscious Guilt have been described and a working approach for self-application as well as for trained practitioners has been developed. In 2023 the book *Diese Schuld ist nicht meine* (Mankau Verlag) was published with case examples and instructions for the LösUS® technique. LösUS® is an independent method with a protected name, its own methodology and training — not a variant of an existing school of therapy.

RESEARCH STATUS:

- Studies on LösUS® itself: none yet (young method)
- 13 works on the concept of Unconscious Guilt
- 0 controlled studies in humans
- 8 observational studies
- 0 review articles
- 0 animal studies
- 0 cell-culture studies

INDICATIONS FROM RESEARCH:

- Trauma-related disorders: Some of the eight observational studies show Unconscious Guilt as a pathogenic factor in trauma (e.g. loss, transgenerational conflicts). Case reports describe guilt as an organiser of psychic structure, for instance in repetitive self-punishment or negative therapeutic reaction.
- Psychodynamics and neuroses: Theoretical works postulate Unconscious Guilt and masochism as central mechanisms in neuroses. Clinical observations suggest that neurotic patients can work through guilt feelings analytically, whereas this can be counterproductive in structurally disturbed patients.
- Therapy course and interpretive work: Single-case studies describe how poorly timed interpretations in patients with ego-boundary disturbances are experienced as a threat to self-integrity and lead to negative therapeutic reactions that are explained interactionally.
- Trauma versus psychoanalysis: Some of the works distinguish Unconscious Guilt as a consequence of trauma (external real events) from neurotic fantasies. Trauma therefore leads to guilt through identification with fate, which should be analytically workable.

LIMITATIONS:

- Studies on LösUS® itself are not yet available — the method is young and has so far been developed in practice, not in research. The eight observational studies in this database concern the concept of Unconscious Guilt in the psychoanalytic literature, not the LösUS® technique; they are precursors, not a test. The actual question therefore remains open: How large is the effect, in whom, and how long does it last?
- What the experiential evidence supports, but control groups would still have to demonstrate: that the change is due to the method and not to attention, expectation and time.

CLASSIFICATION:

LösUS® is pioneering work — a technique developed from practice that condenses a mechanism described in psychotherapy since Freud (Unconscious Guilt, self-punishment) into a short, repeatable procedure. The logic of action is compatible with research on guilt, shame and forgiveness; related guilt-focused methods show efficacy in studies. Whether LösUS® achieves this effect in the same way remains open and is a well-testable question.

LösUS® (Releasing Unconscious Guilt) is an independent method developed by the alternative practitioner Ulrich Kohler in his practice since 2006. The core: people unconsciously assume guilt for suffering they have experienced themselves, witnessed in others or taken on from the family — and pay for it, without noticing, with persistent suffering, self-punishment, the withholding of their own needs or self-damaging compensation. According to Kohler this Unconscious Guilt does not follow a moral logic but that of the heart, which perceives suffering as connected suffering and assumes responsibility for it even where there is none. LösUS® makes this guilt conscious in conversation or in self-application, clarifies its origin and resolves it through self-forgiveness. Central to this are precisely formulated sentences with which the Unconscious Guilt is named and taken back; the emotions that arise are accepted rather than judged.

Application and Differentiation: LösUS® is practised in individual sessions with trained LösUS® practitioners, in workshops and as self-application according to the book instructions. It differs from cognitive and behavioural approaches by dispensing with rational analysis and moral evaluation; from depth-psychological methods by aiming not at insight but at the immediate resolution of the emotional charge. According to Kohler's description the effect often appears already during the session — as relief, crying, relaxation, reduction of physical tension — and afterwards in changed life patterns. Measurement with standardised scales is still pending; which study could provide it is described in the study call at the end of this page.

LösUS® (Releasing Unconscious Guilt) is a method developed by the alternative practitioner Ulrich Kohler since 2006 that assumes Unconscious Guilt as a central cause of physical and mental symptoms. This guilt — whether real, assumed or imagined — is said to maintain chronic burdens through unconscious self-punishment and self-limitation. The method aims to make the Unconscious Guilt conscious in conversation, to clarify its origin and to resolve it through a structured process (acknowledge, return, let go). It is offered as individual therapy, in workshops or as self-application according to the book instructions, with training to become a LösUS® practitioner.

The procedure follows an eight-stage sequence: recognising distressing emotions or symptoms, tracing them back to their origin (e.g. childhood, transgenerational imprints), formulating a guilt-extraction sentence, emotional activation by repeating the sentence, acceptance of rising emotions, integration of transformed feelings, dissolution of symbiotic bonds and repetition with new burdens. Indications include chronic emotional burdens, physical symptoms without organic cause, recurring life patterns or transgenerational trauma.

No controlled studies exist on the LösUS® method itself. The direct research base comprises 8 works in humans, of which 0 are controlled, as well as 13 materials in total. The evidence is limited to case examples from the founder and experiential reports from forums or blogs (3 reports with a positive tendency).

If there are few or no studies on a method, this says nothing about its efficacy — only about the state of research. We therefore examine what is known about the building blocks of the method: 289 works on related methods and mechanisms, of which 76 are controlled in humans. The references lead to the source list at the end of the page.

PROVEN Guilt- and shame-focused therapies reduce symptoms such as depression, anxiety and post-traumatic stress. A randomised study with 12 incest survivors showed that a forgiveness intervention (focus on self-forgiveness) significantly reduced guilt feelings, anxiety and depression and increased hope and self-esteem ⁵. Another controlled study with 259 adults demonstrated that a 6-week forgiveness intervention markedly reduced negative thoughts and feelings towards a perpetrator and increased positive affects and readiness to forgive in new situations ⁶. In women with fibromyalgia and childhood trauma a forgiveness intervention led to greater improvements in guilt feelings and physical health than standard treatment ⁷.

PROVEN Trauma-Informed Guilt Reduction Therapy (TriGR) — a method for processing guilt and shame after trauma — showed significantly greater reductions in guilt, PTSD and depression in a randomised study with 145 veterans compared with supportive therapy. TriGR, like LösUS®, targets the re-evaluation of one's own role in the trauma and the reactivation of personal values, without moral judgement.

PLAUSIBLE Unconscious Guilt and transgenerational trauma correlate with psychosomatic symptoms. A pilot study on integrative group therapy for therapy-resistant irritable bowel syndrome (IBS) showed that psychoeducational and hypnotherapeutic elements reduced symptom severity. Since IBS is frequently associated with unresolved emotional conflicts, this supports the assumption that Unconscious Guilt can maintain physical symptoms. Studies that test the LösUS®-specific procedure itself are still pending.

PLAUSIBLE Making conscious and integrating split-off emotions are effective elements in therapies. Compassion-Focused Therapy (CFT) reduced symptoms more strongly in the long term than cognitive behavioural therapy in a randomised study in patients with eating disorders and childhood trauma. CFT, like LösUS®, promotes the acceptance of difficult emotions and self-compassion, pointing to a common mechanism of action. Hypnotherapy for IBS also showed sustained improvements in quality of life in a controlled study ⁹.

PLAUSIBLE Self-forgiveness and formulaic interventions can resolve emotional blockages. A randomised study with 41 students showed that a 6-hour self-help workbook for forgiveness (based on the REACH model) significantly reduced guilt feelings and was similarly effective as group therapy ⁸. This supports the assumption that structured self-forgiveness processes — as in LösUS® — can be effective even without therapeutic guidance.

HYPOTHESIS The core assumption of LösUS® that Unconscious Guilt maintains symptoms through self-punishment and self-limitation is consistent with findings on guilt as a transdiagnostic factor. However, proof is still lacking that *Unconscious* Guilt is specifically addressed by the LösUS® technique (e.g. guilt-extraction sentences) — the related evidence refers to conscious guilt.

PLAUSIBLE The stepwise activation and integration of split-off emotions (steps 3–5 in LösUS®) corresponds to mechanisms proven in other therapies. Thus, for example, the assumption that emotions are transformed by conscious acceptance (e.g. a 'yes') is, however, a specific conclusion of Kohler's that is not directly supported by studies. **Hypothesis:** The thesis that Unconscious Guilt acts across generations is compatible with transgenerational trauma transmission, but the postulated mechanism (heart as holistic organ of perception) is a metaphysical assumption without empirical basis.

1. What LösUS® (Releasing Unconscious Guilt) Is

The core assumption is that Unconscious Guilt — whether real, assumed or imagined — maintains symptoms through self-punishment and self-limitation.

The procedure is carried out in eight steps: recognising distressing emotions or symptoms, tracing them back to their origin, formulating a guilt-extraction sentence, emotional utterance of the sentence, acceptance of rising emotions, integration of transformed emotions, dissolution of symbiotic bonds and repetition as needed. Indications include chronic emotional burdens, physical symptoms without organic cause, recurring life patterns, self-damaging behaviour, transgenerational trauma and symbiotic relationships.

2. Research Status on LösUS® Itself

The direct research base comprises eight works in humans, none of them randomised controlled trials (RCTs), as well as 13 materials in total. The evidence is limited to case examples from the founder and experiential reports without systematic testing of efficacy or safety.

3. Related Evidence: What Studies Show in the Same Direction

PLAUSIBLE Guilt and shame as symptom drivers are described in the literature as relevant factors for mental and somatic complaints.

PROVEN Guilt-focused therapeutic approaches such as Trauma-Informed Guilt Reduction Therapy (TriGR) or Forgiveness interventions show significant effects in RCTs on feelings of guilt, PTSD, depressions and anxiety.

PLAUSIBLE Making unconscious conflicts conscious is an established principle in psychodynamic and trauma-focused therapies. Studies on psychodynamic therapy (PDT) prove its efficacy in depressions, anxiety and personality disorders, whereby the integration of split-off affects is a central mechanism of action ¹⁰. Investigations that examine the targeted making conscious and resolving of Unconscious Guilt in the sense of LösUS® are still outstanding.

PLAUSIBLE Transgenerational guilt and trauma transmission are documented in research on epigenetic and family-dynamic processes. Observational studies show that unresolved traumas in families can lead to emotional burdens across generations that manifest in feelings of guilt or identity conflicts. Controlled studies on the targeted resolution of such patterns are still outstanding.

HYPOTHESIS The assumption that resonance phenomena (change of inner reality through emotional transformation) influence external life circumstances is a theoretical conclusion without direct empirical basis. Related concepts such as embodiment or placebo effects do indicate interactions between psyche and environment, however specific studies on LösUS®-specific resonance mechanisms do not exist.

4. Mechanism of Action Step by Step

Each step of the procedure raises a claim. We examine each claim individually against the existing research on precisely this mechanism — not against studies on LösUS® (Resolving Unconscious Guilt) itself, which do not yet exist. This makes visible which steps stand on examined ground, which are plausible and which require their own examination.

Step 1 — Unhealed Suffering as the Origin of Unconscious Guilt

Claim: Own, observed or inherited from parents and ancestors suffering that has not been healed generates Unconscious Guilt — it is passed on across generations as long as no one resolves it.

PROVEN The intergenerational transmission of suffering and its effects on mental health are well documented by empirical studies. Unprocessed suffering, particularly in the form of trauma or complicated grief, can lead to long-term mental burdens that extend across generations.¹³ shows that parental adverse childhood experiences (ACEs) increase the risk of similar experiences in the children, with PTSD symptoms acting as a mediator.¹⁴ and ¹⁶ also prove that both maternal and paternal stress experiences (e.g. before conception or during pregnancy) can influence the neuronal development of the offspring. These effects are not limited to genetic inheritance but also include epigenetic mechanisms. The studies thus support the claim that unresolved suffering acts across generations, although without explicitly using the term *Unconscious Guilt*.

PLAUSIBLE The hypothesis that unresolved suffering generates *Unconscious Guilt* is compatible with existing concepts of moral emotions.¹² describes guilt as a self-conscious, morally relevant emotion that arises through the violation of internalised norms. Unprocessed suffering — whether own, observed or inherited — could trigger such norm violations (e.g. “I should have helped” or “I survived while others died”).¹⁷ shows that *combat guilt* in Vietnam veterans with PTSD was a significant predictor of suicidality, pointing to the pathogenic role of unresolved guilt.¹⁵ also documents that cultural or collective mourning (e.g. after migration or stillbirth) is accompanied by feelings of shame and guilt. The transfer of these mechanisms to *Unconscious Guilt* as a transgenerational phenomenon is theoretically consistent, but requires direct empirical examination.

HYPOTHESIS The claim that *Unconscious Guilt* arises specifically through the *non-resolution* of suffering and is only interrupted by active intervention (such as LösUS®) goes beyond current research. Although¹¹ and ¹³ show that targeted therapies (e.g. for complicated grief or ACEs) are effective, studies are lacking that operationalise and measure the postulated mechanism of *Unconscious Guilt* as an independent construct. The assumption that guilt remains *unconscious* and can only be resolved through certain procedures (e.g. focus on transgenerational aspects) is an innovative but not yet validated extension of existing models. A differentiation between *implicit guilt feelings* (e.g. in attachment patterns) and *explicit guilt attributions* would be necessary here.

Testable by: A longitudinal mixed-methods study with three generations (grandparents, parents, children) that combines (1) quantitative scales for recording *Unconscious Guilt* (e.g. projective tests or implicit association tests) with (2) qualitative interviews on transgenerational experiences of suffering. The efficacy of LösUS® could be tested in a randomised controlled study against established procedures (e.g. trauma therapy), measuring reduction of guilt-associated symptoms (e.g. self-punishment tendencies,²) as the primary endpoint.

Step 2 — Reparation Through Suffering, Balancing, Withholding, Self-Punishment

Claim: Unconscious Guilt seeks balance: through persistent suffering, self-harming behaviour, withholding of own needs and self-punishment — unnoticed by the mind.

PROVEN Research shows that self-harming behaviour and self-punishment are associated with Unconscious Guilt. In ²² it is experimentally demonstrated that persons who write about a guilt-inducing event inflict more intense electric shocks on themselves than control groups. In addition, the strength of self-punishment correlates with a reduction in the feeling of guilt.¹⁹ prospectively proves that shame — a construct closely related to guilt — predicts self-injurious behaviour (SII) in borderline patients, especially when expressed non-verbally.¹⁸ describes self-mutilation (e.g. self-removal of the eyes) as an extreme form of self-punishment in psychotic patients, motivated by severe feelings of guilt and self-punishment impulses. These works support the claim that Unconscious Guilt leads to self-harming behaviour, although without explicitly differentiating between conscious and unconscious components.

PLAUSIBLE The mechanism of *withholding own needs* and *persistent suffering* as guilt compensation is supported by indirect evidence.²⁰ shows that social exclusion (a possible trigger for feelings of guilt) leads to self-regulation deficits that can be interpreted as passive suffering. The study suggests that affected persons set aside their needs (e.g. for social acceptance) when they are already “saturated” — a pattern that could be transferred to Unconscious Guilt.²⁴ describes masochistic tendencies in severe personality disorders as an expression of a “death drive” linked to guilt and aggressive affects. Here suffering is described as a stable state, although without direct reference to guilt. The works on *self-handicapping* in animals and primates suggest that the active bringing about of disadvantages (e.g. through loss of control) could be an evolutionarily anchored mechanism — a parallel to the withholding of needs. However, direct proof is lacking that this occurs in humans *unconsciously* and *guilt-specifically*.

HYPOTHESIS The claim that these mechanisms run *unnoticed by the mind* goes beyond current research. None of the studies explicitly examines the unconsciousness of the guilt or the compensation strategies.²³ does describe “malignant introjects” in patients with factitious disorders that lead to self-harming behaviour, but the dynamic remains close to consciousness.²¹ also shows that self-harm is often accompanied by conscious shame or fear of

punishment. The hypothesis that suffering, withholding and self-punishment are controlled *primarily unconsciously* is theoretically consistent (cf. psychoanalytic concepts in ²⁴), but empirically not validated. A differentiation between *implicit* and *explicit* guilt feelings would be necessary here, for example through implicit association tests or neurobiological correlates (e.g. activation of the anterior cingulate cortex in Unconscious Guilt).

Testable by: An experimental study with a *priming paradigm* (e.g. subliminal guilt induction) and subsequent measurement of self-harming behaviour (e.g. choice of painful vs. neutral stimuli), need withholding (e.g. renunciation of rewards) or suffering tolerance (e.g. endurance in aversive tasks) would directly examine the unconscious mechanism. Supplementary qualitative in-depth interviews with patients after guilt induction would be useful to explore unconscious motives.

Step 3 — Tracing Back and Activating the Emotional Charge in the Moment

Claim: The distressing emotion is traced back to its origin and activated in the here and now; only then do split-off feelings become accessible.

Testable by:

Step 4 — Acceptance Without Judgement — the Welcoming Yes

Claim: Rising emotions are accepted instead of judged or suppressed; presence and body perception (pelvic floor) indicate openness.

PROVEN The assumption of ascending emotions without evaluation is a central mechanism of action in mindfulness- and compassion-based interventions. Studies show that programmes such as Mindful Self-Compassion (MSC) have significant effects on self-compassion, mindfulness and well-being (²⁵). Meta-analyses confirm that mindfulness-based therapies (e.g. MBCT, MBSR) promote the acceptance of emotions and reduce psychological distress in chronic pain and depression (^{26, 27}). The effectiveness is mediated by increased mindfulness and self-compassion (^{28, 29}). However, physical markers such as reduced stress reactivity (e.g. cortisol, IL-6) have not been consistently demonstrated in controlled studies (³⁰).

PLAUSIBLE The specific focus on the pelvic floor as an indicator of openness during emotion acceptance has not been directly investigated in research. However, mindfulness-based body awareness (e.g. interoceptive attention) correlates with emotional regulation (^{27, 28}). The hypothesis that a non-judgemental attitude ("welcoming yes") can be operationalised via presence and body awareness is supported by studies on embodiment in mindfulness practices (²⁵), yet direct studies on this specific step are lacking. Transferability to Unconscious Guilt as a target construct is theoretically plausible but has not yet been empirically validated.

HYPOTHESIS The claim that acceptance of ascending emotions *without* evaluation leads to a measurable change in Unconscious Guilt goes beyond the current state of research. While mindfulness-based approaches generally promote acceptance of emotions (^{25, 29}), direct evidence for Unconscious Guilt as a specific outcome has not been provided. The postulated connection between pelvic floor activity and emotional openness requires experimental verification, e.g. through physiological measurements (EMG, HRV) in combination with validated scales for guilt feelings (e.g. TOSCA).

Testable by: A randomised controlled study with pre-post measurement (e.g. fMRI, psychophysiological markers such as pelvic floor EMG) and validated scales for guilt (e.g. TOSCA-3) as well as mindfulness (FFMQ) would test the step. An active control group (e.g. cognitive restructuring) should test the specificity of the mechanism.

Step 5 — Guilt-Removal Sentences: Self-Forgiveness in Formulaic Language

Claim: A specific, loudly repeated sentence ("I take the guilt ... completely back") dissolves the connection between the originating event and the present emotionally.

PLAUSIBLE The effect of formulaic, repetitive language patterns on emotional and cognitive processes is demonstrated in related therapeutic approaches. Cognitive dissonance reduction through self-affirmative sentences (e.g. in prevention programmes against eating disorders) shows significant effects on risk factors and symptoms, albeit with temporally limited persistence. Similarly, positive affirmations in combination with educative elements lead to measurable improvements in medication adherence and blood pressure control. Both studies demonstrate that linguistic self-instructions – particularly in ritualised form – can induce behavioural change and emotional relief. However, the direct reference to LösUS® or the specific formulation of the LösUS® sentences is missing here.

PLAUSIBLE Neurobiological and metacognitive mechanisms support the assumption that linguistic interventions can emotionally "dissolve" the connection between the originating event and the present. Studies on mindfulness (³¹) and cognitive defusion (³²) show that distancing from internalised evaluations (e.g. guilt feelings) through linguistic or meditative techniques leads to a reduction in amygdalar hyperactivity and a strengthening of prefrontal control mechanisms. The *Decentering* model (³³) explicitly describes how metacognitive processes (e.g. disidentification from thought contents) reduce emotional reactivity – a mechanism compatible with the intended effect of the guilt-removal sentences. However, transferability to Unconscious Guilt and its formulaic resolution has not been directly investigated.

HYPOTHESIS The claim that *specifically* the LösUS® formulation ("I take the guilt completely back") dissolves the emotional connection to the originating event goes beyond current evidence. While studies on Moral Injury (^{34, 35}) demonstrate the relevance of guilt and shame processing in trauma, controlled investigations of *formulaic self-forgiveness sentences* as an isolated factor of effect are lacking. The contextual dimensions of Moral Injury (³⁵) indicate that relief from guilt often requires organisational or social interventions – the effectiveness of a purely linguistic technique remains hypothetical. It is also unclear whether the effects are transferable to Unconscious Guilt (vs. conscious guilt feelings), as existing studies primarily address explicit cognitions (^{32, 33}).

Testable by: A randomised controlled study with three arms (LösUS® sentences vs. unspecific self-affirmation vs. wait-list) would have to measure pre-post changes in (1) subjective guilt intensity (scales such as *Moral Injury Events Scale*), (2) emotional reactivity to triggers (fMRI: amygdala/VPFC activation), and (3) implicit associations (e.g. *Implicit Association Test* for guilt-self linkages) in order to test the specific efficacy of the formulation.

Step 6 — Termination of Reparation — Physical and Mental Relief

Claim: If guilt ceases, the drive for reparation ceases; symptoms that served it subside.

PLAUSIBLE Research shows that self-forgiveness (as a related but not identical mechanism to 'LösUS®') correlates with physical and mental relief. The meta-analysis³⁶ demonstrates significant associations between self-forgiveness and psychological well-being ($r = .45$) as well as physical health ($r = .32$). However, *self-forgiveness* is investigated here as a coping strategy, not the specific claim of LösUS® that with the *cessation of guilt* the drive for reparation and associated symptoms subside. The state of research therefore supports the *direction* of the postulated effect, but not the precise mechanism or causality.

PROVEN Basic research underpins the importance of guilt feelings for psychological symptoms.³⁹ shows that guilt after moral transgressions (e.g. war crimes) is directly associated with depression, suicidality and PTSD symptoms – independent of general trauma exposure. This confirms the assumption that guilt *per se* has pathogenic effects. However, evidence is lacking that the *termination of reparative behaviour* (as a consequence of reduced guilt) alleviates symptoms.³⁸ further suggests that self-forgiveness influences suicidality only *indirectly* via depression, which underscores the complexity of the relationship.

HYPOTHESIS The claim of LösUS® goes beyond current evidence by postulating a *causal sequence*: guilt → drive for reparation → symptoms → relief upon dissolution of guilt. Although the association between guilt and symptoms is demonstrated (³⁹), whether the *reduction of guilt* automatically ends the drive for reparation and thereby *specifically* alleviates symptoms remains hypothetical.³⁷ shows that religious forgiveness is associated with less depressivity, but no study directly tests *step 6* of the procedure. The plausibility of the mechanism is high, yet empirical validation is still outstanding.

Testable by: A longitudinal intervention study with pre-post measurement of guilt feelings (e.g. via the *Guilt Inventory*), reparative behaviour (e.g. *Compulsive Reparative Behavior Scale*) and symptom burden (e.g. *PHQ-9*, *GAD-7*), combined with mediation analyses, would test the causal claim of step 6.

Step 7 — Change of Inner and Outer Reality

Claim: Dissolved guilt changes relationships, behaviour and health — Kohler describes this as resonance between inner and outer world.

PLAUSIBLE The assumption that the dissolution of Unconscious Guilt leads to changes in relationships, behaviour and health finds indirect support in research on emotion regulation and mental health. Studies show that the reappraisal of emotionally distressing content (Reappraisal) – a mechanism similar to LösUS® step 7 – is associated with improved subjective well-being ($SMD=0.34$) and reduced depression ($SMD=0.23$)⁴⁰. In addition, self-compassion (a related construct) correlates strongly negatively with psychopathology ($r=-0.54$) and promotes adaptive social functions⁴¹. These findings suggest that processing internalised guilt (as a specific emotion) could have similar effects – however, direct studies on this concrete mechanism are lacking.

PROVEN Research confirms that shame and guilt – central emotions in the LösUS® procedure – are linked to psychological and social dysfunctions. Meta-analyses show consistent associations between shame and self-harming behaviour (incl. NSSI)⁴³, as well as between shame and PTSD⁴². However, these studies do not refer explicitly to *Unconscious Guilt* or its dissolution, but to conscious emotion regulation. The claim of LösUS® goes beyond the evidence here by postulating a causal resonance between inner guilt dissolution and outer reality – a mechanism that has not yet been specifically investigated.

HYPOTHESIS The hypothesis that dissolved guilt leads to a *systemic* change in outer reality (e.g. through changed behaviour or social resonance) could be supported by neuroscientific findings on social cognition: studies show that social emotions such as guilt are neurobiologically linked to networks of empathy, morality and behavioural adaptation⁴⁴. In addition, intervention studies suggest that psychological trainings (e.g. on compassion) can improve not only individual symptoms but also social interactions. However, longitudinal studies demonstrating the transfer from inner guilt dissolution to measurable changes in relationships or health are lacking. The claim of "resonance" between inner and outer world therefore remains a plausible but empirically unconfirmed hypothesis.

Testable by: Direct testing of step 7 would require a randomised controlled design that (1) operationalises the dissolution of Unconscious Guilt via LösUS® (e.g. through validated scales for guilt feelings or implicit association tests), (2) longitudinally measures changes in relationships (e.g. social support, conflict behaviour), behaviour (e.g. prosocial action) and health (e.g. cortisol levels, depressive symptoms), and (3) captures mediating variables such as emotion regulation or self-compassion in order to test the postulated mechanism.

Step 8 — Dissolving Symbiosis — Autonomy and Boundary-Setting

Claim: Unresolved childhood attachments lead to self-betrayal and guilt; self-forgiveness and autonomy exercises dissolve symbiotic dependence.

PROVEN Research shows that close, symbiotic family structures (e.g. *Enmeshment*) are associated with psychological distress and developmental disorders. In⁴⁵ *Enmeshment* is identified as a central factor in children with reflex neurovascular dystrophy, associated with school problems, learning difficulties and familial conflict burden.⁴⁸ confirms that children in *enmeshed families* (high cohesion with weak boundaries) show increased emotional insecurity and psychological symptoms – both internalising and externalising. Both works demonstrate that symbiotic dependence (here: parent-child dyad) correlates with maladaptive outcomes, yet without clarifying causal mechanisms.

PLAUSIBLE The postulated connection between symbiotic bonding and *Self-Betrayal/Guilt* is theoretically consistent, but not directly empirically proven.⁴⁶ (SDT) shows that autonomy frustration leads to reduced self-regulation and well-being – a mechanism that could be transferred to feelings of guilt.⁴⁷ demonstrates that reciprocal negativity in parent-child relationships (incl. *Enmeshment*) impairs social development in adulthood, which could indirectly favour self-betrayal. The studies support the assumption that strengthening autonomy (e.g. through exercises) promotes psychological relief (, ⁴⁶), however studies are lacking that measure *Self-Forgiveness* as a mediator between autonomy and guilt.

HYPOTHESIS The claim that *specific autonomy exercises* dissolve symbiotic dependency goes beyond current evidence. While and⁴⁶ show that autonomy-promoting interventions (e.g. choices, need support) increase motivation and well-being, studies are lacking that specifically demonstrate this for *Unconscious Guilt* or *childhood attachment patterns*. The hypothesis that self-forgiveness as an active process accelerates the resolution of symbiotic patterns is theoretically plausible (cf.: identity and control conflicts as a coping mechanism), but has not been experimentally tested. There is a need for research on mechanisms of action and long-term effects.

B. *Differentiation of Self Inventory, Guilt Inventory*) and follow-up that tests autonomy exercises + self-forgiveness interventions against an active control group (e.g. psychoeducation) would validate the step.

5. Predecessors: Unconscious Guilt in the Psychotherapeutic Literature

The following studies do not examine LösUS®, but the mechanism on which the procedure is based: Unconscious Guilt as an organiser of self-punishment, repetition patterns and therapeutic standstill. They show that Kohler connects to a long line of clinical observation – and where LösUS® goes further: with a brief, structured approach instead of years of analysis.

Further Studies on Unconscious Guilt and Therapeutic Processing

The study by ¹ (1978) describes a single-case study in which the death of a sibling in childhood functioned as a central organiser of Unconscious Guilt. The patient developed a profound Unconscious Guilt that manifested in a repetitive need for self-punishment and a negative therapeutic reaction during psychoanalytic treatment. The study examines the various meanings of the negative therapeutic reaction and discusses why this event exerted such a pathological influence on the patient's character formation. Concrete details on therapy duration, measurement methods or quantifiable results are still outstanding in the abstract. The limitation lies in the nature of the single-case study, which does not permit generalisability and depends heavily on the analyst's subjective interpretation.

In ² (2000) the difference between psychoanalysis – which deals with unconscious fantasies – and trauma processing, which emphasises the psychological consequences of external real events, is highlighted. The author argues that trauma leads to Unconscious Guilt and a need for relief, as those affected identify with their fate. This guilt can and should be processed analytically. The study is based on clinical observations, without naming a specific population, therapy duration or standardised measurement instruments. As a limitation it is stated that the thesis that a pre-existing “dividedness” mitigates trauma consequences requires further empirical verification. Concrete case examples or quantifiable effects are not reported.

The study (1991) analyses the biblical Book of Job as a model for adaptation to trauma in difficult patients. The study shows that attempts by therapists to address Unconscious Guilt and its defence mechanisms directly can be counterproductive in such patients – analogous to the misguided attempts at consolation by Job's friends. A case example illustrates this dynamic, without providing details on therapy duration, population or systematic outcome measurement. The limitation is that the transferability of biblical narratives to clinical practice remains speculative and no empirical verification of the hypotheses has taken place.

In (1999) Freud's concept of Unconscious Guilt is critically questioned. Using a clinical case – a young man involved in the suicides of two colleagues – the author shows that the patient suffered less from feelings of guilt than from the failure of a love relationship. The study attributes this to shame, a concept that, in the author's view, Freud understood insufficiently. A more optimistic theory of mature love is formulated that replaces Freud's pessimistic view. The limitation lies in the focus on a single case and the theoretical, not empirical, argumentation.

The review ⁴ (2013) summarises Theodor Reik's contributions to psychoanalysis, in particular his emphasis on Unconscious Guilt and masochism as central factors in neuroses. Reik postulated that all neuroses are based on Unconscious Guilt and punishment needs. He also emphasised the importance of the unconscious interaction between analyst and patient. As a limitation it is noted that Reik's theses, although influential, have not been empirically validated and were strongly shaped by his subjective perspective.

HYPOTHESIS The studies suggest that Unconscious Guilt is a central but elusive factor in the psychodynamics of trauma and neuroses. Processing this guilt, however, requires different approaches: while direct analysis of the guilt appears possible in neurotic patients (², ⁴), it can be counterproductive in traumatised or structurally disturbed patients (³). This points to a necessary differentiation of therapeutic technique according to pathology, which is not systematically examined in the present studies.

The study ³ (2017) examines the negative therapeutic reaction in patients with ego-boundary disorders. In contrast to neurotic patients, in whom Unconscious Guilt blocks progress, or character-disordered patients, who project envy onto the therapist, a different mechanism is proposed here: correct but poorly timed interpretations can be experienced as a threat to self-integrity. A case study of time-limited psychoanalytic psychotherapy illustrates this. The study advocates an interactional rather than intrapsychic explanation of the negative therapeutic reaction. Concrete details on therapy duration or measurement instruments are still outstanding. The limitation lies in the focus on a single case and the lack of empirical verification of the hypothesis.

Safety and Tolerability of Processing Unconscious Guilt

The study ³ (2017) indirectly addresses the “tolerability” of processing Unconscious Guilt by showing that in patients with ego-boundary disorders correct interpretations can be experienced as threatening. The negative therapeutic reaction is not attributed here to Unconscious Guilt, but to the experience of the interpretation as “intrusion” or “engulfment”, which endangers self-coherence. The case study describes a time-limited psychoanalytic psychotherapy that “derailed” after an interpretation perceived as premature. Concrete details on duration, setting or systematic outcome measurements are still outstanding. The limitation is that the study makes no statements on the frequency or predictability of such reactions and is based on a single case.

HYPOTHESIS The study suggests that processing Unconscious Guilt is not per se “tolerable” or “intolerable”, but depends strongly on the patient's structural level and the timing of the intervention. While neurotic patients may be able to integrate interpretations of guilt (², ⁴), patients with structural deficits appear particularly vulnerable here (³). This differentiation is not systematically examined in any of the studies, so no generalisable statements on the “safety” of the method are possible.

Overall Picture

The studies presented show that Unconscious Guilt is a central but heterogeneously effective phenomenon in psychodynamics. It can be organised by early traumatisation (¹), trauma in adulthood (²) or structural vulnerabilities (³) and manifests in repetitive patterns such as self-punishment, negative therapeutic reaction or blocks in therapy. The studies emphasise the necessity of analytically processing Unconscious Guilt (², ⁴), yet simultaneously warn of counterproductive effects in certain patient groups (³). The mechanisms that distinguish constructive from harmful processing, however, remain unclear. In addition, a systematic differentiation according to pathologies, therapy phases or the patient's structural level is still outstanding.

These predecessor studies are single-case studies, theoretical contributions and clinical observations – precisely the form in which psychotherapeutic knowledge has always arisen before being tested in controlled studies. They supply the hypotheses on which LösUS® is based; testing with standardised measurement instruments, control groups and follow-up observation is still outstanding. Precisely this testing is outlined in the study call at the end of this page.

Methodology of the Research Situation

The predecessor studies on the concept of Unconscious Guilt comprise observational studies in humans, including single-case studies (^{1, 3}), as well as theoretical works with clinical examples (^{2, 4}). The duration of the described therapies is not systematically stated; where it is mentioned (³), these are time-limited psychoanalytic psychotherapies without concrete time indications. Endpoints are exclusively qualitative descriptions of therapy courses, negative therapeutic reactions or psychodynamic mechanisms. Standardised measurement instruments, control groups or quantitative outcome measures were not examined in these studies. A systematic empirical verification of the hypotheses, a differentiation according to patient groups and an investigation of long-term effects are still outstanding. In addition, there are no studies that compare the processing of Unconscious Guilt with other therapeutic procedures.

LösUS®: A Concept Without Empirical Testing

The assumption that

RESOLVING UNCONSCIOUS GUILT

is therapeutically effective is based on clinical observations, not on controlled studies. The eight human studies are **case reports or theoretical treatises** that generate plausible hypotheses but do not permit causal conclusions. The most frequently cited study (1985) postulates guilt as a pathomechanism in anorexia – yet even this thesis remains speculative, as it was not experimentally tested.

What a test requires: Kohler's book describes the procedure step by step – thus LösUS® is well

OPERATIONALISABLE

. Success criteria (for example guilt and self-punishment scales), inclusion criteria and a comparison condition that controls for attention and expectation would need to be defined. Solvable tasks, no objections.

6. How Robust the Research Is

The eight studies conducted in humans are exclusively **observational** and originate from the fields of psychotraumatology, psychosomatics and psychoanalytic case research. The most frequently cited studies address **guilt as a pathogenic factor** in eating disorders, trauma, loss and transgenerational conflicts. Foundational works (five in number) discuss theoretical models, for example guilt as an organiser of psychic structure or as a mechanism for the repetition of traumatic patterns. Controlled studies on the efficacy of LösUS® as a targeted intervention are not available; the question of effect size or target group emerged in these works as not yet investigated.

The **transferability** of the precursor studies to LösUS® is limited: they comprise observational and theoretical works; LösUS® operates briefly and in a structured manner. What they support is the mechanism; what they cannot support is the question of effect size, duration and target group of the LösUS® technique. This is not a finding against the procedure, but the description of an open research task.

Distribution of the **observational studies in humans** by field of application — the figures are not additive, as one study may be assigned to several fields:

7. What Is Frequently Claimed — and What the Data Provide

STATEMENT	STUDY SITUATION
LösUS® helps with trauma sequelae disorders	The data are limited to case reports on guilt as a trauma sequela. Controlled studies on the efficacy of LösUS® in PTSD or complex trauma are lacking.
LösUS® is a standalone therapy method	LösUS® is described exclusively as part of psychodynamic therapies. There are no studies that examine it as an isolated intervention.
Unconscious Guilt is measurable	There are no validated instruments for recording Unconscious Guilt. All statements are based on clinical interpretation.
LösUS® works in eating disorders	The only work on anorexia (1985) is a theoretical treatise without empirical testing of efficacy.

Experience reports, not studies: 3 experience reports from 1 public source, evaluated by occasion, result, duration and side effects. Result according to report: 3× better. Experience reports are not controlled, not representative and subject to the selection of those who write — they show what people experience, not what the procedure achieves.

Three experience reports from blogs describe positive effects of LösUS® on Unconscious Guilt, emotional blockages and recurring relationship patterns. The duration of application varied: a self-application course, live sessions or a practitioner training led to profound changes in self-image and a liberation described as 'healing'. Another report describes how therapeutic support enabled confrontation with distressing content and reduced avoidance tendencies. A third user felt permanently relieved after three sessions 12 years ago. Side effects were not mentioned.

The reports show a pattern: users describe LösUS® as particularly helpful when seeking intuitive 'truth' or emotional relief. The time to noticeable change was short (a few sessions), which provides an indication that the technique could make Unconscious Guilt accessible rapidly. Contradictions or negative experiences were not reported, which could however point to a selection bias (only positive reports published). The experience base therefore remains to be systematically examined to verify the described liberation experiences.

Evaluated sources: www.loesus.com

DIMENSION	POINTS	RATIONALE
Direct studies on the procedure	○○○ 0/3	There are no controlled studies on the procedure itself, only case examples and experience reports.
Related evidence	●○○ 2/3	Controlled studies on related procedures (guilt therapies, self-forgiveness, emotion integration) show efficacy for similar symptoms, but no direct tra
Mechanism of action against known studies	●○○ 1/3	Individual building blocks (guilt resolution, emotion integration) are plausible, but the specific mechanism of action (e.g. guilt-removal sentences, hea
Experience of those treated	●○○ 1/3	Experience reports show consistent positive effects, but the data basis is narrow and selective (no systematic survey).
Safety and tolerability	●●○ 2/3	No known risks, but missing studies on side effects or contraindications (e.g. in psychoses or acute traumas).

A randomised controlled trial with three arms (LösUS® vs. established guilt therapy such as TrIGR vs. wait-list) could examine efficacy. Primary outcome measures would be standardised scales for guilt feelings (e.g. Trauma-Related Guilt Inventory), depression (PHQ-9) and psychosomatic symptoms (e.g. IBS-SSS). Secondary measures would include quality of life (WHOQOL) and transgenerational burdens (e.g. via genogram analysis). The duration should be at least 6 months, with follow-up after 12 months, to evaluate long-term effects and relapse rates.

Innovation rarely has studies — the prevailing view then says “that does not work”. We say: this is an open question, and here is how to answer it. Universities, training institutes and practices that have investigated or are investigating this procedure can submit their work via info@ih-research.com; we will include it in the evidence base and update the profile.

8. Experience of Those Treated (Forums and Blogs)

The experience reports on LösUS® describe consistent positive changes in chronic emotional burdens, Unconscious Guilt and recurring life patterns. Users report profound effects after self-application courses, live sessions or practitioner training, often lasting several weeks to years. Typical patterns include liberation from long-standing burdens, improved self-perception and resolution of symbiotic bonds. Some users describe noticeable relief after just a few sessions, while others required a longer process until mid-life. Side effects are not mentioned in the reports, yet a systematic recording is still outstanding.

The reports show contradictions in duration and intensity of application: while some users experienced lasting improvement after three sessions, others needed several years for full integration. Confrontation with difficult feelings is described as challenging, yet portrayed as manageable with therapeutic support. Critical voices or failures are not documented in the available reports, which may indicate selection bias.

Evaluated sources: www.loesus.com · www.nwzonline.de

9. Plausibility Profile (FAIR)

Plausibility: low — 6 out of 15 points

The profile is not proof of efficacy. It answers a different question:
COULD THE PROCEDURE BE EFFECTIVE, EVEN IF STUDIES ON IT ARE STILL OUTSTANDING?

Five dimensions, each 0 to 3 points, each with justification. It is recalculated as soon as new studies or reports are added.

Status: 12.09.2026 · direct studies in humans: 8 · related studies: 289 · experience reports: 4

DIMENSION	POINTS	JUSTIFICATION
Direct studies on the procedure	○○○ 0/3	There are no controlled studies or systematic efficacy proofs for the LösUS® procedure.
Related evidence	●○○ 2/3	Related strands such as guilt-focused therapies or affect regulation are substantiated in controlled studies, but not specifically for LösUS®.
Mechanism of Action Compared to Known Studies	●○○ 1/3	The assumptions about the mechanism of action are theoretically plausible, but specific mechanisms (e.g. guilt-removal sentences) have not been e
Experiences of Treated Patients	●●○ 2/3	Case reports show consistent positive patterns, but no systematic recording or critical reflection.
Safety and Tolerability	●○○ 1/3	There are no indications of risks, but also no systematic recording of side effects or contraindications.

10. Call for Research: Who Will Examine This?

waiting list) could examine the efficacy and specificity of the procedure. e.g. Trauma Related Guilt Inventory), psychological distress (e.g. SCL-90) and quality of life, with follow-up after 6 and 12 months. Secondary outcomes should include psychosomatic symptoms, self-punishing behaviour and resonance phenomena (e.g. subjective life changes). The study duration should be at least 12 months to evaluate long-term effects.

11. The Most Robust Studies

Ordered by strength of evidence, not by prominence. The complete evaluation includes significantly more studies; the most robust ones are listed here.

Observational Studies in Humans

- ¹ Sibling loss as an organizer of Unconscious Guilt: a case study (1978)
- ² The unsolved puzzle of trauma (2000)
- The Biblical Book of Job: advice to clinicians (1991)
- A psychoanalysis of love: the patient with deadly longing (1999)
- ³ Ego Boundary Deficits and the Negative Therapeutic Inter-Action: A Tale of a Whale, a Whale of a Tale (2017)
- ⁴ Theodor Reik: architect of the subjective approach to psychoanalytic treatment (2013)
- Depressive rumination in an analysand after a traumatic treatment (2011)

The eight human studies available on the concept of Unconscious Guilt are exclusively observational and focus on psychodynamic processes in trauma sequelae, neuroses and transgenerational conflicts. They show that Unconscious Guilt is described as a central factor in psychodynamics, for example as an organiser of repetitive patterns such as self-punishment or negative therapeutic reaction. The studies also show that addressing Unconscious Guilt in psychodynamic therapy can have varying effects: while it may act integratively in neurotic patients, it can be counterproductive in traumatised or structurally disturbed patients. However, quantitative data, standardised measurement instruments or control groups are still lacking, so no causal conclusions can be drawn. The findings are based on subjective interpretations of case reports and theoretical treatises, which generate plausible hypotheses but do not permit empirical validation.

HYPOTHESIS The studies on the concept of Unconscious Guilt provide indications that it could be a relevant but elusive mechanism in the development and maintenance of mental disorders. It could follow that therapeutic approaches must be differentiated according to the patient's structural level and the type of pathology – for example through cautious interpretive work in cases of structural deficits or direct analysis in neurotic conflicts. It also suggests that the timing of the intervention could be decisive in avoiding negative therapeutic reactions. However, these assumptions remain speculative, as none of the studies systematically differentiate between patient groups, therapy phases or structural levels. The lack of operationalisation of LösUS® also makes it difficult to distinguish specific effects from general therapy elements such as supportive conversation.

A robust study on LösUS® would first need to provide a clear operationalisation of the procedure, for example by defining criteria for the identification and "resolution" of Unconscious Guilt. Controlled, randomised studies with standardised measurement instruments (e.g. validated scales for guilt feelings or psychological distress) would be necessary to examine efficacy and safety. Differentiation should be made between different patient groups (e.g. neurotic vs. structurally disturbed) and pathologies (e.g. trauma sequelae, eating disorders). Long-term observations could clarify whether effects are sustainable or only occur temporarily. A comparison with other therapeutic procedures would also be useful to investigate the specificity of LösUS®. Finally, biomarkers or objective parameters would need to be developed to supplement subjective interpretations and increase the validity of the findings.

12. Summary

What is shown: LösUS® is a young procedure developed from practice; there are no studies on LösUS® itself yet. The eight observational studies on humans in this database concern the concept of Unconscious Guilt in the psychotherapeutic literature, not the procedure. Related guilt- and shame-focused procedures, such as Trauma-Informed Guilt Reduction Therapy (TriGR), show reductions in feelings of guilt, depressive and anxiety symptoms as well as improvements in PTSD-associated stress values in randomised studies. These procedures, like LösUS®, aim at the re-evaluation of one's own role and the integration of repressed emotions. This makes the mechanism of action of LösUS® connectable to tested research.

What is plausible: Unconscious Guilt and transgenerational traumas are linked in the literature with psychosomatic symptoms, as a pilot study on therapy-resistant irritable bowel syndrome suggests. The assumption that Unconscious Guilt maintains physical and mental symptoms is supported by clinical observations, for example in repetitive self-punishment or negative therapeutic reactions. The gradual activation and integration of split-off emotions – a central element of LösUS® – corresponds to mechanisms that are proven in other therapies (e.g. hypnotherapy, CFT). The thesis that Unconscious Guilt acts across generations is compatible with transgenerational trauma transmission, but the postulated mechanism remains speculative.

What a study would need to clarify: A controlled, randomised study with standardised measurement instruments would need to examine the efficacy of LösUS® as a targeted intervention, particularly in comparison with established procedures such as TriGR or guilt- and shame-focused therapies. Differentiation should be made between neurotic and structurally disturbed patients to test whether addressing Unconscious Guilt is counterproductive in certain pathologies. It would also need to be clarified whether the specific techniques of LösUS® (e.g. guilt-extraction sentences, emotional activation) actually address Unconscious Guilt or merely influence conscious feelings of guilt. Long-term studies could additionally evaluate the sustainability of the effects and possible risks (e.g. negative therapeutic reactions). Finally, a systematic operationalisation of the procedure would be necessary to enable replications and comparisons between studies.

13. What Remains Open

- **Causal relationship:** Whether resolving Unconscious Guilt actually improves mental symptoms or whether it is a concomitant phenomenon of other therapy processes is unresolved.
- **Target group:** It is unclear in which patient groups LösUS® is particularly relevant – for example in trauma, depression or psychosomatic disorders.
- **Long-term effects:** There are no studies that examine the sustainability of LösUS® effects beyond the therapy period.

Frequently Asked Questions

Can LösUS® Be Used in Short-Term Therapy?

The existing works describe LösUS® exclusively in the context of **long-term psychodynamic therapies**. Whether the procedure is applicable in short-term therapies has not been investigated. The case reports suggest that processing Unconscious Guilt requires time, yet systematic studies are lacking.

Are There Risks or Side Effects of LösUS®?

The body of research contains no indications of systematically recorded risks. Theoretically, confrontation with Unconscious Guilt could trigger **temporary worsening**, such as increased anxiety or depressive mood. As controlled studies are lacking, statements on safety remain speculative.

How Does LösUS® Differ from Other Psychodynamic Approaches?

LösUS® is not a standalone procedure but a **focus within psychodynamic therapies**. In contrast to classical approaches such as psychoanalysis, the emphasis lies not on drive conflicts but on **guilt as a central pathogenic factor**. The demarcation from other concepts (e.g. grief work) remains imprecise, as no operational criteria exist.

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Research, put in context. Every statement leads to the original paper; the decision in the individual case rests with the treating professional.
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