SO LONG COVID

Episode 6: Status Post

Reading version of the English subtitles

You're listening to the sixth episode of the podcast "SO LONG COVID." The six episodes build on each other. If you haven't listened to the first one yet, it's best to start there.

Hello, Zita. This is a voice message from Jann. From the time he was in rehab. In the spring of 2024. Seriously ill, he spent most of his time in a darkened room because of his light sensitivity. Only after sunset could he open the curtains by the window: Yes, I just wanted to tell you that yesterday evening was another really clear one. You could see the stars. And you can see one star particularly well from my room. It's very bright, the first one you see. It's still low on the horizon. And apparently, it's the brightest star in the northern sky.

The star Jann is talking about is called Arcturus. And because it's so bright and so low on the horizon that you can already see it, it shimmers. I have the feeling that it's vibrating in different colours because of the atmosphere. And because I tremble in the evenings, or even all day long, I felt a strong connection to this star. I've been able to observe it a few times now. I'm always happy when I see it.

It's the brightest star in the northern sky and is located in the line extending from the Big Dipper. That's why it's also called the Bear Guardian.

What are we doing now? We're going to Gais. Gees, I say. Jann and I are going to Gais. Gees in the Sensler dialect. Or: Gääs. That's the correct way to say it in Appenzell.

In the summer of '25, a good year after his stay in the clinic, Jann is healthy again. And we go back together to the place where the turning point happened. We want to observe the starry sky. And above all: to see the star "Arcturus." It's already getting dark. Do I have to go straight ahead now? That's perfect for the stars. Yes, but there are clouds.

There's no chance of seeing Arcturus. It's been raining all day. It's very unlikely that we'll see the stars today. Unless a miracle happens. That would fit. Now I have to go left. Yes. Look, there's Gais. Hello guys. Now in English too. Haha, you were just waiting to say that. Look, now we're here. Wow, is this the first time you've...? I think so.

Pretty crazy. I know. Jann and I keep saying "crazy" in this recording. But it was for us too. Shall we get out? Yes. Crazy, right? Yeah, it is. Yes, and pretty crazy, when you arrived, we just had to go up there and then get the wheelchair. Yeah. You can't even imagine it anymore. I'm Zita Bauer and this is the podcast "SO LONG COVID".

The sixth episode, "Status post". This is the conclusion of this six-part podcast series. We're going back to the stories of Jann, Jasna, Marlen, and Patricia. What remains of their experience of being ill with and recovering from Long Covid? And we're looking ahead. We're exploring the potential of the neuroplastic approach not only for people diagnosed with Long Covid, but also for people with irritable bowel syndrome, headaches, back pain, or other chronic symptoms.

And we're seeking answers to the questions: How can we, as a society, create the conditions that allow people to recover? And what's needed to prevent these symptoms from becoming so severe in the first place? But first, let's go back to Gais. We're in the rehab clinic, reminiscing about Jann's stay there. We're standing behind the building. There's an outdoor area with a terrace, a barefoot path, and a small concrete staircase.

The first staircase I climbed again after months without stairs. Five steps. And then you were standing down there, and it took a huge amount of willpower? Yes, because I simply didn't know what would happen. Would that be too much again, or not? At that point, Jann had actually developed a fair amount of confidence that his symptoms had a neuroplastic origin. You could be happy that things were going well now, but you still weren't sure. Would these symptoms, in typical fashion, reappear with a delay?

And so a certain amount of uncertainty remained. Yes, it's pretty intense. Every time the symptoms aren't as severe as expected, your trust in your own body is strengthened. And when the symptoms do appear, it's

important to know: This is normal. The neural pathways don't disappear immediately. But then it helps to have the confidence that these symptoms don't mean anything serious. The brain wants to protect you, but it's a false alarm.

You're safe. Over time, the nervous system calms down, and there are fewer and fewer symptoms. And you can gradually leave behind the great fragility. Jann ended up staying in the rehab clinic for almost two months. Although he was almost sent home after the first week because he was feeling too unwell. We talked about that in the first episode. And it was during that awful initial period in the rehab clinic that the Guardian article came up.

A whole new world opened up to us with these neurobiological insights. We realised: Jann's body isn't inherently broken, but rather his symptoms are learned. And there are specific treatment techniques for them. And with this knowledge... the therapies at the clinic were actually fantastic. But precisely because I knew I could get better, and also that his body wasn't irreparably damaged, says Jann. With the knowledge and confidence that his symptoms had a neuroplastic origin, the therapies at the clinic would work on a different level.

Autogenic training or the physical activation exercises, for example. He then knew: With these therapies, I'm actively rewiring the neural pathways and calming the nervous system. I'm actively contributing to my recovery. And that's how his condition improved. But that was only possible once he turned away from the prevailing narrative about Long Covid. So, away from symptom-based pacing, away from energy management and the idea of an unchangeable, low performance level, and away from the assumption that crashes worsen the condition in the long term and make symptoms irreversibly chronic.

Only then could he truly benefit from the therapies in the rehab clinic. And that meant he had to constantly distance himself from what was being said there - by the medical staff and also by other patients. For Jann, things progressed quickly. After a month and a half, he was already able to walk longer distances again. And after two and a half months, he was hiking up the mountain again.

That was impressive. I witnessed it, too. It was almost like a miracle. But every path is individual. You have to accept that. And that's not easy, because as someone affected, you can hardly expect improvements. Jasna knows that well, too. Trust the process. Talking positively to yourself can help create new neural connections. She almost mantra-like repeated to herself, "Hey, your body is healthy, your body is healthy, your body is healthy."

Even though her body still felt incredibly ill, she set herself a goal to stay motivated. Experts advise against setting goals too rigidly, because otherwise you want them too badly. But my goal was definitely to be able to go on a ski mountaineering course - the kind of course she had to cancel back then. And yes, I think that did help me stick with it.

Probably pushed me a bit too hard, too. But somehow it did: Hey, you can do it! Pushing yourself too hard, trying to force something, can be counterproductive. It's more helpful to approach it with a basic attitude of calm. That's not easy. So many factors play a role in recovery, and we don't yet understand all of them. What is certain is that you depend on support.

When someone contracts Long Covid, it becomes a strain on their entire social circle. It was a tough time, very tough. It's extremely painful, also for children. Patricia has two children. They were 10 and 14 when she got sick. And finding a way to explain it to them was difficult. Luckily, we had a lot of support. Others stepped in, helped out, and supported the family system.

It's incredible how much work and support people in these Long Covid cases have to do. It's impressive, and at the same time, something we should also examine from a systemic perspective. What kind of financial resources or other ways are needed to help people in another way. Patricia, Jann, Jasna, and Marlen have recovered from Long Covid and ME/CFS. And they are not isolated cases.

This was confirmed by the many conversations we had with those affected and experts during our research. Since the podcast was released, even more people have contacted us. Eva, for example. It feels so good to hear that your own recovery path, which you took alone, despite so much resistance from the system, is validated. Or Mona. I'm having very positive experiences with Pain Reprocessing Therapy.

And your podcast gives me courage and confirmation that I'm on the right track. Or people who have already noticed a change in the five weeks since the podcast was released. Tamara, for example, wrote to us a few days ago that she was able to go for a short jog for the first time in ages. Hey Tamara, we're so happy for you! At the same time, we also receive messages that confirm how urgent it is for something to change.

Messages from people affected who spent their savings on therapies that ultimately didn't help. From parents at a loss, who no longer know what to do. And from desperate people affected who write that, through our podcast, for the first time in a long time, they feel a little hope again. The urgency for change is great. That's undeniable. So what's needed to improve the situation for those affected?

More research. All the experts I've spoken to agree on this. Research in all directions. I don't rule out the possibility that a marker will eventually be found for a subgroup, or perhaps even more than one subgroup. That's possible. Katrin Bopp, head of the Post Covid consultation at University Hospital Basel. It is important to continue searching for markers, meaning possible structural damage. At the same time, the neuroplastic approach already offers a plausible model for many sufferers, one that is therapeutically relevant and opens up a perspective for recovery.

She sees no contradiction there. It's not about either/or, about the one truth, but about neurobiological insights whose application has enabled many people to recover. Because they are currently the most promising, we urgently need more studies on treatment methods based on these neurobiological findings. I hope that we will be provided with sufficient resources so that we can further develop these ideas, expand our network, and make these options available to more affected individuals.

We need a broader and more comprehensive range of therapies that incorporates neurobiological insights. The clinical presentations of Long Covid are diverse and complex, as we have heard. Therefore, it is also crucial that we collaborate across departments and disciplines. "That's what Rainer Schäfert, Professor and Head of Psychosomatic Medicine at the University Hospital of Basel, says. As we're currently structured, I see that we're on the right track.

But it's also something that ultimately needs support, including from health policy. Because the way services are priced is sometimes structured in such a way that we're constantly being pushed into silos. Focusing entirely on providing isolated services, and then the patient is sent away again. And that doesn't improve anything. Theoretically, there's a consensus in medicine that illnesses must be understood biopsychosocially. In practice, however, this is often not the case.

Partly because the healthcare system isn't designed for it. Ultimately, it's also a political question. We need framework conditions that promote recovery. For example, that those affected have uncomplicated access to financial support. The assessments with the disability insurance (IV) and general financial worries are currently a major additional burden for many and can worsen symptoms. Swiss politicians are also aware that something needs to change.

Last autumn, Parliament tasked the Federal Council with developing a national strategy. To improve the situation of the estimated 300,000 to 450,000 people with ME/CFS and Long Covid. This is about a national direction and coordination. And one goal is appropriate support through social insurance. Preliminary work on this strategy is currently underway. Discussions are being held with a wide range of stakeholders. Furthermore, greater public awareness of this knowledge is needed in society.

And with that, recognition of neuroplastic symptoms. This would also have a preventive effect. When I think about what it could have been like if I had learned about this approach right at the beginning of my illness... If neuroplastic symptoms are recognised early and addressed specifically, patterns can be prevented from becoming entrenched and symptoms from becoming chronic. It can be prevented from lasting so long and being so severe.

That's why I'm no longer afraid of relapses. Now I understand the neuroplastic mechanism and know what I can do if I experience symptoms again in the future. I have complete confidence that I won't fall into such a downward spiral again. In this podcast, we primarily discussed the findings from neurobiology and pain therapy in relation to Long Covid. However, the implications are much broader.

This became increasingly clear to us during our research. Western medicine has made incredible progress over the last two centuries, so much so that we no longer die from diseases that were once fatal. Antibiotics, surgeries, vaccines, and so on. This has drastically increased our life expectancy and is a blessing in many ways. At the same time, there is a growing number of chronic illnesses.

In Switzerland, an estimated 1.5 million people live with chronic pain. Back pain, headaches, migraines, and muscle and joint pain are the most common. One in six people is affected. In addition, there are people with irritable bowel syndrome, tinnitus, sleep disorders, dizziness, functional neurological disorders, and many more. The list is long. Chronic symptoms are ubiquitous and yet somehow invisible. They are sometimes extremely limiting in everyday life, but those affected learn to live with them.

There is also a new perspective on these complaints. I believe that the approaches to neuroplastic symptoms have great potential to bring about innovation and open new avenues. Rainer Schäfert from the University Hospital Basel: And that's a really strong impression. I have the impression that this isn't limited to individual, specific symptoms, but that it can be generalised or that it relates to... Ultimately, this applies to practically every kind of physical ailment.

So it's even more widespread. With every illness or injury - and especially with long-lasting ones - learning processes in the brain can play a role. Even when we have organically caused complaints, such as pain, we see, over the course of the illness, its duration, and its chronicity, a central sensitization of the brain to these complaints. Corresponding neural networks develop there as well which then further intensify these complaints.

This doesn't have to be the sole cause, but it is an intensification and worsening of these complaints that follows similar mechanisms. Even if there is structural or organic damage, the symptoms don't necessarily correspond to the measurable damage. This is actually a well-known phenomenon in medicine. For example, with herniated discs. An MRI might show significant wear and tear, but little pain. Or vice versa.

The symptoms don't necessarily correlate with measurable parameters. This needs to be considered in treatment. With a structural finding, medical care at the physical level is necessary. No question about it. And at the same time, it's also important to treat the neuroplastic component accordingly. This is an untapped potential. A potential that is even greater for all those diseases where no structural damage is found.

It's a shift in perspective. Away from the idea that you need a separate solution for every single symptom. Towards an understanding that similar mechanisms in the nervous system are often at work. Jann, who is a physicist, speaks of a Copernican turn in medicine: Well, yes, I see it a bit like that. where, on a different basis, everything suddenly makes much more sense than before.

Copernicus was the one who realised that planets don't revolve around the Earth, but around the sun. With this shift in perspective, the planetary orbits suddenly made sense. Just as the symptoms of chronic conditions can suddenly be coherently explained with the neuroplastic understanding. Then all those different chronic illnesses that we previously did not understand suddenly start to make sense: why do they behave the way they do? They did not fit into the system.

With a neuroplastic understanding, all these chronic illnesses suddenly make much more sense and, so to speak, have their place in the solar system. A Copernican turn. A shift in perspective brings many different symptoms into a logical relationship. So the symptoms then revolve around the sun. Exactly. In beautiful orbits, where you can explain why... In neural pathways. A small revolution in medicine. The goal with chronic illnesses has mostly been symptom relief so far.

Learning to live with it. The findings from neurobiology and pain therapy fundamentally challenge this. They assume that recovery is possible and realistic. That's the revolution that's already in full swing. At the University Hospital Basel, they started with fatigue and long-COVID patients. Now they're increasingly applying this knowledge to all kinds of chronic physical ailments. That's what Jann did, too. For years I suffered from chronic neck pain, where...

...where he'd already been to countless physiotherapists and osteopaths, but it never really got better. And also restless legs syndrome. It's a really strange and unpleasant feeling in the legs, but it can also be in the arms,

or practically all over the body. For years, Jann, who is now 33, heard that no one knew what the cause was. Unfortunately, nothing could be done.

And it tends to get worse with age. And I was able to combat and unlearn these exact symptoms using the same methods. Today, Jann only very rarely has neck pain and symptoms of restless legs syndrome. Jann's story then triggered a thought in Jasna, who knew Jann from before, that doesn't really have a place in the classic understanding of a chronic illness. During my conversation with Jann, when we met again for the first time and talked, I had a kind of vision. Back then, I wasn't doing so well; I was still at the very beginning.

But I could already see the goal a little bit. And then I told him: yes, I simply want to one day - and it doesn't have to be in a month, maybe it will be in two years, you shouldn't commit to anything too specific - but I want to go to my family doctor and tell her to write "status post" before my diagnosis.

That's how it's done in medicine; when something is over, you write "status post." And for me, that's a bit of a contradiction. If you have a diagnosis of post-viral chronic fatigue, then it's essentially a lifetime diagnosis. And when you can write "status post" in front of it, it is a contradiction, a little bit. But a beautiful one. Jasna resisted the diagnosis of Post Covid and chronic fatigue syndrome in her file for a long time.

As a doctor, she knew exactly what it meant. Chronic means long-lasting. Often without a foreseeable end. Until she came across the neuroplastic understanding of disease. In this podcast, we were able to accompany Jasna for a while on her journey back to life. From the vision she had a little over a year ago, from her great and then illusory wish to go ski touring again.

Up until the summer of 2025, when I conducted the interviews with her and she was already feeling much better. And then a few weeks ago, in February 2026, I received this voice message: Hey Zita, I just wanted to check in with you. I'm doing well. And I was just on a summit. I climbed 1,400 metres of elevation without any trouble. I was totally fit.

And I have so many positive thoughts about my body. I can tell that things really are different, and that I truly trust my body again. It's truly fantastic. Yes, I can still see the summit. Unfortunately, I couldn't record it from the top. Because it was a bit stressful and the weather wasn't so nice. But it's great. It's great. Especially for Jasna, who can now actually experience ski mountaineering again.

But such news is also emotional for me. On the one hand, because I followed Jasna's journey closely and I'm so happy for her. And on the other hand, because it reminds me of the difficult time I went through with Jann. And it simply makes me so happy that he's healthy again today. The two of them, Marlen and Patricia, can now do everything they did before their illness.

Recovery stories like theirs can show possible paths for other sufferers. And also that you're not helplessly at the mercy of these symptoms. Thankfully. Because those affected are sick now and can't wait until the findings have sunk in and politics and medicine have undergone a revolution. It's truly a return of agency. Because I felt so powerless. Because I simply couldn't do virtually anything anymore that I usually took for granted and that defined me.

And the experience of truly not knowing, including cutting-edge medicine, which also doesn't really know what the future holds. That was very difficult. And then to realise: new possibilities for action arise from this extremely unusual path, which I also had to discover myself. Recovery paths are unique. And yet, Patricia, Jann, Jasna, and Marlen have all gone through similar steps. They learned from others who had recovered using the neuroplastic approach.

They found hope and experienced "aha" moments. They acquired knowledge through online resources and books. And they essentially trained with available therapies, calming their nervous system and reinterpreting their symptoms. Body scans, yoga nidra, journaling, hypnotherapy, physiotherapy, and so on. You have to find out what suits you best. So it was very moving and touching to realise how quickly I got out of the worst states and was able to walk again, and all those things came back.

I quickly felt the need to share that. and all those things came back. I've also noticed time and again that those affected say, with good reason, that they've already received countless pieces of advice, and then it's not so easy

when you've been struggling with it for a long time and then someone comes along and says, "I'm doing so much better." So these are all very, very difficult starting points for any exchange.

Neuroplastic syndrome is something that happens to you - like other illnesses. You can't help it. Many factors come into play, which we don't yet fully understand. From personal history and life circumstances to physical and genetic predispositions, pre-existing conditions, and societal factors. And that's why the neuroplastic approach might not be the right path for everyone. Long Covid is a terrible illness that many people are suffering from.

Not taking the symptoms seriously, stigmatisation, or additional burdens like financial worries can only make everything worse as we discussed in the last episode. But the stories we heard in this podcast show: there is a possible way out. It was a tough time that these four people and their families went through. But it was also an instructive one. To realise that this is now a shared experience we've all had together.

You can be terribly ill, and you can get well again. There's also a kind of happiness here that we share in retrospect. Sometimes we talk about it. And say: remember, you came to visit me in the hospital back then. And it was so sad. And now we're going swimming in the Aare again, I don't know. The cyclist Marlen Reusser also takes her realization with her onto her racing bike.

Many people have this belief, or at least say: the mind is everything. You hear that a lot in elite sports. But I don't think many people actually believe it. Or understand that they are their mind and that they have it in their own hands. And I think it gave me an extreme sense of self-efficacy that I didn't have before. The experience provides a different level of understanding.

I don't know how I would have understood or grasped all of this if it hadn't been so urgent and I hadn't simply gone along with it because I thought, yes, I want my life back. If someone had told me, "Here's a pill for Long Covid, or you have to go through this whole path, I mean, I would have taken the pill. I can tell you quite honestly.

It's just easier. Would you take it now, in retrospect? Good question. No. When I look back on my journey now... Sure, I could have spared myself suffering, and I did suffer. I'm just saying that. But I've gained so many insights. It's truly enriching. And now I have tools. I have tools for dealing with things, for approaching things, for feeling emotions, or for seeing what's going on inside me.

It's insane. And I think, somehow, I wouldn't want to miss it. Do you see that star? Or is that not a star? Isn't that the light on the Säntis...? We're back in Gais in Appenzell. Jann and I wanted to observe the starry sky. You remember. It rained all day. But now it's stopped. We're not giving up hope. We'll just wait until we see it.

Arcturus, the brightest star in the northern sky. The one that flickered and shimmered, like Jann... I was able to console myself a little that I wasn't alone in my restlessness. Honestly, it's not even that important whether we actually see it, Arcturus. If there is one thing we have learned during this intense time over the past few years, it is that miracles are hidden in the little things.

For example, in the ability to enjoy even a rainy day. Is it? I don't think so. But they really do emerge... right? Oh, but now you have to hurry. Jann has an app on his phone to identify stars. Oh... It could actually be it! Is that Arcturus? Yes, it is. So cool. It's simply the only star you can see. That's crazy. Luckily, you chose such a bright one.

That was the podcast "SO LONG COVID", "Status post", the sixth and final episode. That's it - thanks for listening and for your messages, which mean so much to us. SO LONG COVID is an independent podcast series. By Jann Zosso and me, Zita Bauer. We would be very happy if you recommended the podcast. You can also support us with a financial contribution via our website.

You can find all information about the podcast at solongcovid.ch. By the way, Jann went back to the rehab clinic once more - not as a patient, but as a speaker. So, now I am making another voice message. That was three weeks ago, at the end of March 2026. I'm in Gais right now. I was just at the rehab clinic... Oh, it's a bit much with this rooster.

I'm in Gais right now, I was in the rehab clinic and took part in a so-called resilience group, that is, a group therapy session at the rehab clinic, where all Long Covid patients come together, once or twice a week... And I

was part of this resilience group and talked about my journey - how I recovered. And then they could ask questions. And somehow it was very nice.

They also asked three more times, what that means now, whether I can do everything again and no longer need to take breaks. And whether I'm no longer afraid that it will come back. Yes, voilà. That was the short report. Bye.