




SYSTEMIC TRANSPERSONAL THERAPY – A NEW THERAPEUTIC APPROACH: CASE REPORT

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ABSTRACT

Systemic Transpersonal Therapy is characterized by the location of conflicts. This paper reports a clinical case in which the use of Systemic Transpersonal Therapy resulted in rapid and efficient improvement in a patient who complained of her father's absence and low energy and vitality. After the first sessions, the patient felt happier and more energetic and was able to practice Yoga and Meditation, which she said helped her with her ADHD. After applying the Systemic Letter with the Ground Anchor technique, she reported receiving a call from her father. They had not communicated for six months. The patient showed significant improvement in several aspects of her life: her relationship with her father, her emotional relationship, and her enthusiasm for life. Systemic Transpersonal Therapy, when applied systematically and in an organized manner to a patient who is open to the process, works very effectively.

Keywords: Psychotherapy. Systemic Constellation. Mental Health.

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INTRODUCTION

Transpersonal Psychology, founded by Maslow in 1968 and supported by Victor Frankl, Antony Sutich, James Fadiman, and Stanislav Grof, seeks a comprehensive view of the Being, considering all its relationships in the various biopsychosocial and spiritual dimensions and emphasizes the importance of the spirituality inherent to all human beings^{1,2,3,4}.

From the context of Transpersonal Psychology, in 2010 a new therapeutic approach was born, called Systemic Transpersonal Therapy (STT), organized by the Philosopher and Specialist in Clinical Psychotherapy, Jordan Van der Zeijden Campos. He systematized the best scientific, philosophical, and psychological currents, developing a new method of practical and profound action that acts on the three existential levels: body, mind, and spirit⁵.

The method used in STT has as its main characteristic the location of conflicts. It is understood that the conflict can be located in a timeless and multidimensional context and that it can be expressed in the present. In the TTS theory, it is also understood that human illness is associated with an Unassimilated Experience (UNEA). This UNEA may be located in some macro zone that makes up this therapeutic approach. The macro zones are places where some conflict that generated a UNEA may have occurred. There are six macro zones, namely: intrauterine, postpartum, ancestors, multidimensional, invasive, and reconnection with the divine⁵.

The TTS approach uses some tools to assist therapeutic practice. Among them, Neurolinguistic Programming (NLP), Systemic Constellation, Regressive Therapy, Iridology, and Floral Therapy are used. Based on these tools, several techniques can be used by the psychotherapist to assist in their work. This study aimed to report a clinical case in which the use of TTS resulted in the rapid and efficient evolution of a patient who complained of the absence of her father and low energy and vitality.

CASE REPORT – PATIENT DATA

Patient L., a 25-year-old female, single, has completed high school and works as an image consultant. She has a history of therapy for a year after losing her grandmother, with whom she had a strong emotional bond.

The patient complained of a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) and Dyslexia, which was provided by a psychiatrist. She was not taking medication for ADHD. She reported that in the past she had suffered from depression, without diagnosis or treatment. She has a 4-month-old daughter and maintains a relationship with

the child's father with all the characteristics of a family, although they live in individual houses. She complained of low self-esteem, procrastination, lack of energy to carry out projects, and little faith.

On an emotional level, she described the anamnesis form: sadness, anxiety, fear, restlessness, stress, memory loss, and excessive fatigue. In the past, because she felt ugly and stupid, she wanted to commit suicide. On a physical level, she described in her medical history: headaches, low blood pressure, skin problems, low libido, mental confusion, difficulty concentrating, poor digestion, constipation, low creativity, and low vitality. She also reported that her father is very absent and distant from her life and that she would like to change this, as she is not angry or resentful towards him. The therapeutic process was conducted from the first session to the last, using Qualified Therapeutic Listening (ETQ). It is known that in the psychotherapy process, it is important to listen to the patient to analyze the case and subsequently direct the care. It is also understood that the act of expressing oneself in itself is therapeutic. As Freud said, healing happens through speech. ETQ establishes the interaction between therapist and patient in the therapeutic setting. It is important to note that the fact that it is an ETQ changes the entire context of the speech and its results, given that, based on this listening, the therapist will be able to use tools that will guide this process and thus the patient himself can draw his conclusions and generate transformations in his life.

In TTS, the therapist seeks to locate the origin of the patient's conflicts in the first sessions, these are the so-called Unassimilated Experiences (ENA's). In the case of this patient, the ENAs originate from the Postpartum Zone, everything that occurred from the moment the umbilical cord was cut until her current life. Based on the ETQ, it was observed that the conflicts she was experiencing were due to her ENA's in childhood, such as problems with the separation of her father and mother, the absence of both in her education, prejudice, self-prejudice, and low self-esteem. Also in the first session, in addition to the ETQ, the quadrant was used, a technique from the TTS approach that was created by Jordan Van Der Zeijden Campos and that has proven to be very efficient in establishing Rapport. To perform the technique, the patient is asked to take a sheet of paper and make a cross so that four quadrants can be formed, where the following information will be added: quadrant 1 – I have, I like; quadrant 2 – I have, I don't want; quadrant 3 – I don't have, I want; and quadrant 4 – I don't have, I don't want (Figure 1). With this technique, the patient can clearly and logically see what he has in his life and that for various reasons he may not be valuing (quadrant 1). In addition, he can visualize what he has and doesn't want to have (quadrant 2). The most interesting thing is when he

realizes that to have what he doesn't have (quadrant 3), it is necessary to take away what he has (quadrant 2), that is, it is necessary to empty himself first, to take care of certain wounds or overloads so that the new can enter his life. This technique brings a lot of clarity to the patient and it is possible to establish with the patient the main points to be worked on during the therapy.

Figure 1 - Quadrant Technique

I HAVE, I LIKE	I HAVE, I DON'T WANT
I DON'T HAVE, I WANT	I DON'T HAVE, I DON'T WANT

Source: Authors.

In the second session, the Homing technique (Figure 2) was used to rescue the injured child. Homing means returning to the origin, according to TenDam⁷ (2019, p.123) "It is the re-establishment or reinforcement of the energy bond with our soul origins". This technique was created by TenDam and adapted for the TTS approach by Jordan Van Der Zeijden Campos. It is a regressive therapy technique, in which the therapist will take the patient to a place where they experienced their greatest sadness. In this place, the therapist asks the patient to find a child in that sad environment, and in this way, continues to conduct the process as described in Figure 2. In this technique, dissociation is used when the child is removed from the place of sadness and is taken to take a bath, to remove the dirt that was associated with that sad moment. Another resource used is association, performed at the moment when the child is fed with the food that he or she likes the most. Finally, it is important to use association at the end of the technique, when the therapist asks the adult if he or she can take care of the child. This technique was chosen because the patient had many issues regarding not being seen as a child, low self-esteem, problems with her parents' separation, racial prejudice, and self-prejudice. This technique is important to make the adult aware that their emotional reactions are responses coming from their child. The emotional side of the adult is the child reacting⁸. At the end of the session, it is important to suggest that the person do anchoring exercises with experiences that remind them of their child, such as eating or doing something that their child liked. This step helps to further anchor the exercise performed in therapy. In the third session, the Systemic Chart (Figure 3) was used, a technique from the TTS approach that was created by Jordan Van Der Zeijden Campos and complemented with the Ground Anchor technique, created by Milton Menezes⁹. The letter technique is a Systemic Constellation method in which the patient writes questions on a blank piece of paper directed at a person with whom he or she is facing a problematic situation. In the Ground Anchor method, objects that can symbolize factors are used. For example, in this case, two sheets of paper were used, on which the

patient was instructed to write her name on one piece of paper and her father's name on the other. The patient enters the field (in this case, he or she steps on the sheet of paper with his or her name) and reads the letter, imagining his or her father in front of him or her. The Ground Anchor can be performed with chairs and other objects that allow the patient to change positions for each factor.

Since the beginning of the sessions, the patient complained about the distance between her and her father. She did not explicitly say that this was getting in the way of her life, but it was noticed during the first session that it was something that could be holding her back and her projects. According to Bert Hellinger, within Family Constellations there are the Orders of Love, which are: the need to belong, the balance between giving and receiving, and the hierarchy in the family system. It was identified that the patient had problems with belonging. It is known that when this order is broken, it can generate an Unassimilated Experience. The feeling of being excluded is greater than the fact of exclusion itself. The process of not belonging is a tangle of silence, where people do not talk about the subject.^{10,11}.

Figura 2 - Técnica de *Homing*

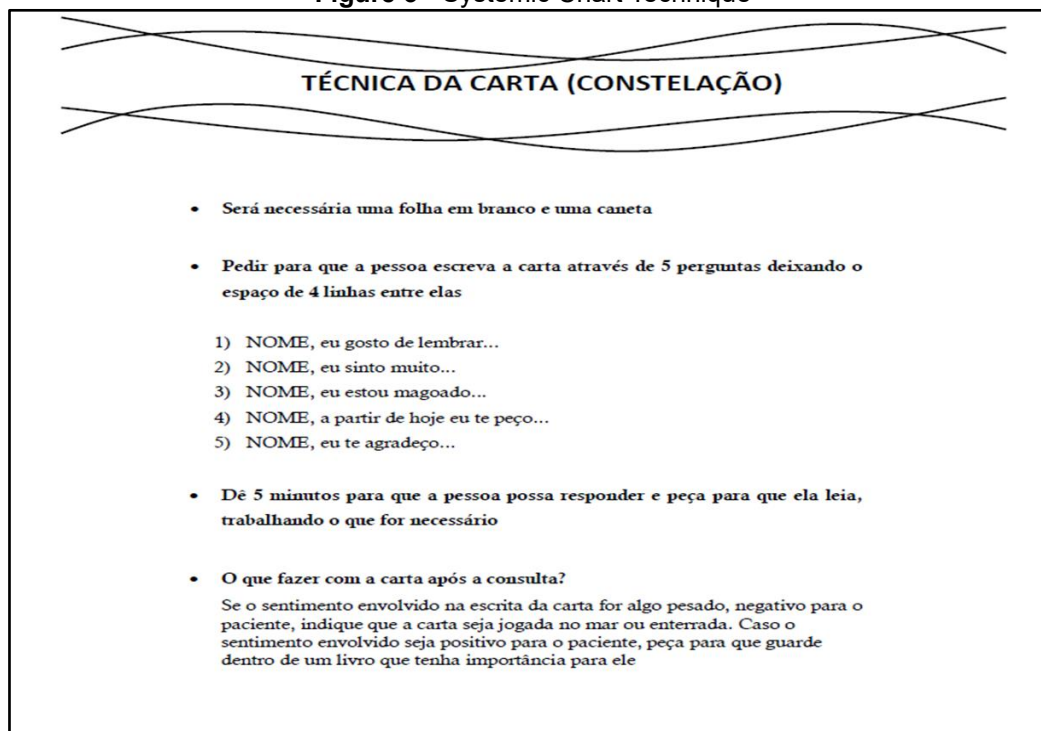
TÉCNICA DE HOMING

- Iniciar com o paciente de olhos fechados e pedindo para que ele imagine o pior lugar que ele conseguiu
Como é o lugar? Aberto ou fechado? Claro ou escuro? Existem pessoas nesse lugar?
- Direcione o paciente dizendo que mais à frente ele enxergará uma criança/mulher/homem no chão, chorando
Pedir para que o paciente descreva essa pessoa, como está vestida, qual a expressão em seus olhos?
- Diga ao paciente que esta pessoa está lhe pedindo ajuda com o olhar, pergunte ao paciente se ele pode ajudar esta pessoa, tentando tirar ela deste lugar horrível
Pedir para o paciente levar a pessoa para a melhor casa que ele já viveu, a mais confortável, a casa em que seu paciente foi mais feliz.
- Na casa, diga ao paciente para ajudar a pessoa a tomar um bom banho
Vá narrando o banho dizendo que no início a água que escorria era suja e cheia de lodo, mas que com o tempo a água começa a escorrer mais limpa, é possível ver melhor seu rosto e o paciente percebe que a pessoa é ele mesmo.
- Pergunte se a comida na casa, o que seu paciente poderia oferecer para essa pessoa comer
Induza a pessoa a imaginar como a pessoa estava faminta, que ela come rápido, que fica feliz com a comida, se sente cheia e saciada como a muito tempo não se sentia.
- Depois de terminar de comer, pergunte ao paciente qual a cama mais confortável da casa para que essa pessoa possa descansar um pouco
Na cama, peça ao paciente para carinhosamente dizer que aquele lugar era horrível, mas que a pessoa não precisa mais voltar para lá, que ela é um pedaço do seu paciente que estava perdido. Pergunte ao paciente se ele está disposto a cuidar desta parte dele e não a deixar ir embora nunca mais. Quando ele concordar, peça para que a pessoa e o paciente se abracem bem forte e que com o abraço, a pessoa vai aos poucos entrando em seu peito e preenchendo um vazio que existia lá há muito tempo e que agora, respirando fundo ele se sente melhor.
- Depois disso será preciso destruir o local horrível. Diga ao paciente que em cada uma das mãos, ele tem uma bola de fogo
Peça para que ele volte para o lugar horrível e jogue as bolas de fogo que estão em suas mãos, destruindo o lugar e vendo ele se desmanchar em cinzas.
- Com o local destruído e a parte do paciente dentro dele novamente, peça para ele respirar fundo, aliviado e se sentido mais completo agora e continuar respirando até que você chegue no 0 e ele abra os olhos
5...4...3...2...1...0

Source: Authors.

In the fourth session, Homing (Figure 2) was used with the personification of fear. Personification is a resource from regression therapy that was incorporated into the TTS approach, to take what is inside the patient and put it out, to dissociate, dialogue, question and make agreements to broaden the understanding of the problem. Personification can be used for family members, relationships, traumas, illnesses, feelings, or something hidden.

Figure 3 - Systemic Chart Technique



Source: Source: Prepared by the authors.

The patient reported from the first session that she was in a relationship with her daughter's father, but that they had not established a relationship. She seemed insecure about this and was afraid. Therefore, it was decided that it would be interesting to locate this lost part that scared her using Homing to rescue the lost parts. The patient found herself in a relationship in which she had felt humiliated, and her partner had told her that she would never find anyone else. After applying the technique, the patient reported that she had not imagined having this fear and insecurity in a relationship because of what had happened in a previous relationship, but realized with the exercise that this fact had left its mark. She was able to dissociate this traumatic event and talk to herself to promote the clearing of this burden.

In the fifth session, the Systemic Family Constellation technique was used. Family Constellation is a philosophical and therapeutic approach that was organized by the German Bert Hellinger¹¹ and was shaped according to the context of the TTS approach, expanding its use beyond the family system, using a language adapted to the current

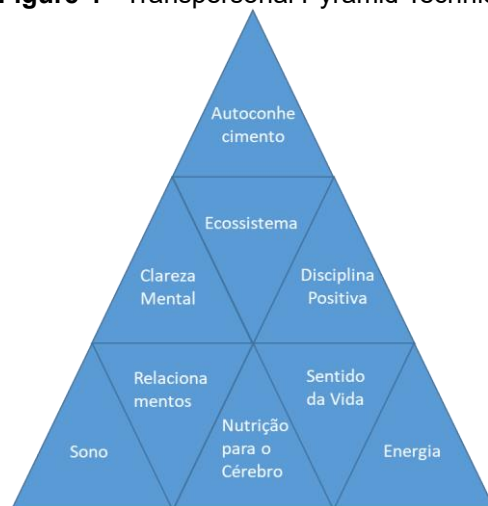
reality. Milton Menezes is one of the references in Systemic Constellations in the TTS approach. According to Menezes⁹, the Constellation can be applied to the family system, organizational system, a problem, something hidden, illnesses, or internal parts of the individual. According to Menezes⁹, the internal parts are psychic constructs that are associated with various levels of consciousness. An example of internal parts is when the patient, for example, brings a structure associated with abandonment, and within his system tends to attract an experience that makes him relive the abandonment. The patient brings to therapy, from his psyche, the content that needs to be addressed. The patient in this case brought up this issue of libido and sexual problems with her partner, and that is why the Systemic Family Constellation method was chosen.

In the previous session, the patient had reported a fear of getting pregnant, since she became pregnant and discovered she was seven months pregnant. She reported that she and her partner had not had sex since their daughter was born. All of these statements explained one of the reasons why her partner might be insecure about having a relationship. So, it was decided to do a Constellation with dolls with her, her partner, the part of her with libido, and the part of her without libido. This technique allows for revealing entanglements that permeate the relationships of the family system. She was able to see that she was connected to the part of her without libido and that both were feeling alone in the relationship. Movements were made with the dolls and when the part with libido appeared she said that a light had turned on. She observed the final configuration of the part of her with libido between her and her partner and reported that she felt better that way. With this, the Constellation fulfilled its role, which is not to create a happy ending, but to make sense to the patient, to reveal what is hidden, enabling the restoration of order in the collective soul¹⁰.

In the last session, it is important to summarize all the sessions, bringing logic and reviewing everything that was resolved during that period. The Transpersonal Pyramid technique was applied for this session (Figure 4). This technique was created by Jordan Van Der Zeijden Campos. It can be used both at the beginning of sessions, to identify possible imbalances, and at the end of the process, to check the points that were worked on in therapy, emphasizing the gains and pointing out issues that still need attention. When used at the end of the therapeutic process, it is important to compare the complaints from the first session with the patient's progress up until the last session. It is a very efficient technique to end the sessions, as it allows a comparison between the beginning of the sessions and the end.

The patient was asked to give a score from 0 to 10 in each aspect of the Transpersonal Pyramid. In addition, she received guidance on how to use the Transpersonal Pyramid in her daily life. The suggestion was to evaluate those points that go from the base to the top. So that she would always be attentive to the base of the pyramid, observing its basic aspects such as sleep, nutrition, and energy. The importance of each item in reaching the top of the pyramid, which is self-knowledge, was explained to her.

Figure 4 - Transpersonal Pyramid Technique



The Transpersonal Pyramid was created by Jordan Van Der Zeijden Campos.

DISCUSSION

The patient progressed very well with the psychotherapy sessions, and from the third session onwards, there was a visible improvement in her complaints of low energy and vitality. She felt happier and more energetic and said that she was able to do Yoga and Meditation, which she said helped her with her ADHD. She attributed the fact that she was able to do her activities to the psychotherapeutic process. She said that the therapy has helped a lot. She was able to make an appointment with a psychiatrist to request treatment for ADHD and reported that she has been thinking about starting a family with her daughter's father.

After applying the Systemic Chart with the Ground Anchor technique, she reported that she received a pleasant surprise when her father called her. They had not communicated since her daughter was born, 6 months ago. She could not believe it and was very happy because her father said he wanted to see her. She also reported that she had an appointment with a psychiatrist who confirmed the diagnosis of ADHD and Dyslexia and prescribed medication.

In the fifth session, the patient said that she had had a peaceful week and that she, her 6-month-old daughter, her partner, and her partner's mother had gone to the theater. In the sixth session, she reported that she had visited her father. She said that her father and her partner got along very well and that her father was very happy with their presence. She also said that she and her partner are cuddling more and that they are talking about other things, such as going out to have fun together. The patient showed significant improvement in several aspects of her life: her relationship with her father, her emotional relationship, and her enthusiasm for life, and she was visibly happier. At the end of the therapeutic process, she said that she was ready to put her projects into practice. In psychotherapy, the patient must be open and willing to look at their issues, and in this sense, the patient in this case showed herself to be completely open to the process. The first contact via WhatsApp was easy and she showed enthusiasm and availability. The rapport necessary for the therapist/patient bond was established from the first meeting. She seemed comfortable and was able to express her ideas calmly. She always tried to make the recommendations given to her at the end of the sessions.

In the last session, the Transpersonal Pyramid technique was applied. This technique showed significant progress in all aspects highlighted in the first session. At the end of the sixth session, she was putting her project into practice, spoke about her life purpose, and that she had taken a giant step about her father. About her emotional relationship, she was visibly happier, as she had already managed to express to her partner the need for them to look at their relationship as a couple.

CONCLUSION

TTS is a therapeutic approach that aims to offer logic to the patient based on Qualified Therapeutic Listening and its tools. When the individual can reason about their issues and bring their greatest fears and challenges from the unconscious to the conscious, everything becomes clearer and more resolute.

The TTS therapist aims to bring this logic to the patient so that he or she can escape from his or her prisons, thoughts, beliefs, prejudices, and what he or she once took as truth. In this sense, this report fulfilled its objective by showing the effectiveness of a therapeutic approach that made sense to the patient. Following an organized and systematized protocol, issues related to rejection, self-confidence, self-esteem, and relationships were worked on with the patient, and efficient and resolute results were obtained in just six sessions, as the patient herself reported. TTS proved to be an excellent therapeutic approach for resolving conflicts and unassimilated experiences in childhood and



adolescence. However, more studies are needed to prove the effectiveness of the method applied, since each individual is unique and may have different responses to the techniques used.

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