

## THE FAIR EXCHANGE® (TROCA JUSTA®): A NEW MODEL OF CLINICAL PRACTICE GUIDELINES.

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### **Abstract**

*The study aims to present the guidelines of the Fair Exchange® (Troca Justa®) intervention, developed in the Institution O Corpo Explica®. The intervention appears as an alternative method for the treatment of emotional and physical symptoms. The proposal consists of investigating phenomena from the individual's past, as it considers that traumatic events consolidate Layered Abyss, which in turn support the Indirect Gains. The intervention is based on concepts known from the scientific literature, such as psychosomatics and synchronicity, in addition to borrowing aspects from the theories of authors such as Wilhelm Reich and Bert Hellinger, in order to build The Logic of Life® (A Lógica da Vida®), a new theoretical framework that governs the Fair Exchange® intervention. As for the applicability, the intervention is carried out 100% online and has 18 stages, considering psychometric questionnaires (which make up the five forms of the intervention process), moments of psychoeducation (through pre-recorded videos) and five synchronous sessions with professionals trained by the Institution. In addition, all the undergo an internal audit process, to maintain the quality of the intervention. The initial results showed that among people who reported suffering from some physical symptom, 66.40% reported improvement in some physical symptom during treatment (before the last session with a trained professional). Among the people who reported emotional symptoms, 82.70% reported some type of improvement up to the same moment of the Fair Exchange process. Finally, these preliminary results showed that the clients who went through the Fair Exchange® intervention showed improvement in emotional and even physical symptoms, showing that the brief therapeutic proposal presents promising results.*

## INTRODUCTION

During life, a human being is crossed by several problems that reverberate on their mental and physical health. In this view, it can be considered that the concept of psychosomatics contemplates precisely the passage from a psychological problem to the physical field<sup>1</sup>. This phenomenon occurs through the vulnerability of the soma, caused by some traumatic life situation, and should be investigated from a biopsychological perspective<sup>2</sup>. Currently, the most indicated treatments for psychosomatic disorders are in emotional/psychological nature<sup>3</sup>.

The choice of a patient's therapeutic process is very important in the health sciences, as it is known, there are several ways to cure the same problem/symptom<sup>4</sup>, therefore, the creation of new therapeutic approaches is advantageous, since each treatment can have an indication and contraindication. For this reason, every new therapeutic proposal must be subject to scientific investigation, in order to attest its effectiveness or not, in clinical practice. Therapeutic processes can have different natures, such as the use of medicines, physical therapy, emotional treatment, etc<sup>5</sup>. In addition, the configuration of therapeutic practice is following the technological innovation, with the application of teleconsultation in various health service<sup>6-7</sup>.

Furthermore, the classical scientific paradigm seeks to understand and explain the difficulties that involve human relationships, in order to solve social, physical and mental problems that occur in life's vicissitudes. In this search, it is necessary to decipher abstract and complex elements, in addition to interpreting variables that influences human's life. Thus, phenomena such as behaviors and their repetitions, and the coincidences of everyday life events are the stage of scientific investigations<sup>8-9</sup>.

Due to the scientific assumption of investigating what fits into the categories that explain the causality paradigm, these events are often explained by an occasional sequence of facts. Therefore, what does not fit these assumptions is often discarded by scientific investigation. However, the quantum paradigm can be adopted for the systematic investigation of non-causal phenomena that are linked by some common meaning. Aligned with the phenomenon of synchronicity, the new paradigm proves to be promising in the study of experimental phenomena within the probabilistic methodology<sup>10-12</sup>.

The construction of the guideline for the clinical practice of the Fair Exchange® intervention (Troca Justa®), created in the *O Corpo Explica*® derives from the need to publicize to the scientific community, a new therapeutic method that confronts emotional problems and physiques of human beings. A broad approach is needed for the scientific investigation of therapeutic interventions in the health area, thus generating innovation and methodological development, with the aim of maximizing the decision-making of professionals who work with this type of intervention<sup>13</sup>.

From this, we sought to build Guidelines for the practicing of the Fair Exchange® intervention. Guidelines are standardized guidelines systematically developed with the purpose of helping professionals and patients make decisions about health care, in different contexts<sup>14</sup>. The construction of a guideline requires rigorous methodologies that delimit its boundaries, as well as tools that assess its consistency. To ensure the reliability of this guideline, in order to have a worldwide contribution to the health area, the AGREE II protocol (Appraisal of Guidelines for Research & Evaluation II) will be used as a methodological strategy for the development of this guideline<sup>15</sup>. An instrument widely used in medicine, especially within the perspective of "Evidence-Based Medicine", but it needs adaptations for interventions at an emotional/behavioral level<sup>16</sup>. In addition, barriers to the dissemination of this paradigm within the health sciences<sup>17</sup>, are found, increasing the need for adaptations, mainly contextualizations<sup>18</sup>.

The paradigm consists of a certain model adopted for the investigation of phenomena<sup>19</sup>. In other words: AGREE II as a widely used tool within Evidence-Based Medicine favors a certain type of casualistic scientific paradigm that does not fully coincide with the quantum scientific paradigm proposed by the therapeutic proposal of the Fair Exchange®. Thus, even though it is possible to use the checklist available by AGREE II as a way of resuming important elements of a guideline, the type of response that the instrument requires to favor this causal paradigm must be transferred to the paradigm proposed by the health intervention proposal of this study. For this reason, all domains were satisfactorily described, with the exception of items 7 and 8 of domain 3.

### **The Logic of Life® (A Lógica da Vida ®) – A new theoretical framework**

The Logic of Life®, understood as a theoretical construction of the Fair Exchange® therapeutic protocol, was created from the union of several different theoretical and scientific references, as well as clinical and ensuring the creation of a new framework in terms of understanding human beings interacting with life (people, things, situations, among others). In this way, this theoretical framework will be presented with more emphasis on the description of the final result of the construction than on the intention of bringing all the scientific and theoretical baggage that supported it. The Logic of Life® understands it's possible to broaden the subject's gaze regarding his traumas that occurred in the past, in order to solve current problems in his life, with the objective of helping him to build his future based on his own choices. Therefore, it is understood in this construction that everything that happens in a subject's life is the result of his previous choices (conscious and/or unconscious), so that this conception makes the subject responsible for the positive and negative events of his daily life, whether these events involving financial problems, affective/sexual problems, physical and mental health problems and also those that occurred with inanimate objects and even events intertwined in temporality that affect the person's life, such as a car accident or an injury through a stray bullet.

From this, it is understood that all the things that happen today in an adult's life are the result of their conscious and unconscious choices. These choices directly influence the professional/financial and loving/sexual aspects of the subject, and their consequences can cause physical and mental illness. It is easy to understand that a person's choice consciously and intentionally makes leads to an expected result. However, how to understand the functioning of the unconscious choices that the individual makes unintentionally, considering the framework of The Logic of Life® ?

There are traumas related to facts that happen in a child's life that generate negative sensations that are repeated throughout his life, creating an emotional abyss of repetition of the same facts or the same sensations. The technical name created to describe this phenomenon was "Layered Abyss", to bring clarity that the traumatic layers come together and form an emotional hole that causes the person to fall into the same type of problem over and over again.

Every time the person relives a traumatic layer of this abyss, he has some indirect gain that makes that repetition worthwhile, even if indirectly. For example, a person who, when was a child, had the perception that he did not receive care from his parents, he/she becomes ill and starts to receive that care. He/she develops an indirect gain with the illness (receive care), linked to an unconscious need that arose from a previous trauma (lack of care) that feeds this emotional abyss. That same person as an adult, instead of getting sick, can choose another way to receive care from the family, such as unconsciously choosing to have a financial loss and need the parents' money.

In the same logic described above, there are other types of indirect gains that have already been described so far and that feed indirectly, but decisively, the unconscious choice that a person makes, by replicate problems in the body her life to the present day. It can be thought as: if indirect gains work like emotional addictions that bring something good into the experience, through a problem in your life. The indirect gains described so far were: victim, innocent, not responsible, power, strength, control, revenge, recognition, approval, care, paradise, forgiveness, punishment. These indirect gains were grouped by similarity in order to bring more efficiency in the application of Fair Exchange®, as well as to facilitate research around this intervention. This concept of indirect gains is at the heart of the theory on the claim that there is no such thing as coincidence, but that everything is a choice, including poverty, disease and death. And understanding the reason for these unconscious bad choices (emotional addictions) brings the possibilities of making conscious good choices. Within the framework of The Logic of Life®, there is a type of construction of family dynamics ideal for raising healthy adults, that is, adults who manage to have a positive construction in three major pillars of life: professional/financial, love/sexual and mental/physical health. The person who manages to have a positive experience in these first two areas is able to have more skills to fulfill dreams and desires, as well as ensure mental and physical health, that is, he has more capacity to walk towards life. A sentence that Reich wrote in several of his books was: "Love, work and knowledge are sources of our life. They should also govern it"<sup>20-22</sup>. Unlike this, the family that follows another type of family dynamic tends to generate more trauma and indirect gains through problems in all these pillars of life.

The Logic of Life® describes that, during child development until the end of adolescence, parents have the very important role of caring for, teaching, protecting, providing for and encouraging the child to become a healthy adult in all three pillars, and to be able to fulfill your dreams. When these functions are not exercised or are inverted (the children do it for the parents), the children tend to develop emotional abysses in the repetition of traumas that seek indirect gains through the problems that happen in life. That is, the child loses the ability to walk towards his life and is trapped in problems by unconscious choices to feed these emotional addictions.

Within this framework, in order to generate a healthy child, it is important to find a balance between stimulating this child's autonomy and maintaining the other functions of caring, providing, protecting and teaching according to what is required at each stage of development. A newborn child has a much greater need for a mother figure next to him than a teenager. And for the mother to be able to provide this level of care in a healthy way for herself and the child, there must be a father figure who provides to ensure the proper functioning of this family. Over time, parents become unnecessary in the functions the child is able to perform and encourage the child to depend less and less on them both financially and emotionally, so he becomes able to move on with his own life. It is worth mentioning that when parents discourage their children's autonomy and generate in them the need for financial and/or emotional dependence, they are contributing to blocking the life of the child who cannot walk towards his own life.

Within the scope of family dynamics, there are three points of origin that are important to understand the relationship of an adult with his own history: father, mother and God. And for the person, it doesn't matter what the parents or the divine figure are in fact in their life, but their perception of these figures. The way the individual relates to what he/she calls by father, mother and God directly affects her perception and sensation of the facts that occurred and, consequently, her way of dealing with life.

The adult who didn't experience a healthy family dynamic and generated an emotional abyss with repetitions of varied problems is certainly making bad unconscious choices that attract problems to himself, so he can feed the indirect gains presents in his life since childhood. These people can claim that they have bad luck, karma, the plague or any other excuse to justify the bad coincidences that always occur in their life. However, through The Logic of Life®, it can be stated that there are no coincidences. Everything that happens positively or negatively in a person's life is evidence of an unconscious choice to move forward towards dreams (when the evidence is positive) or an unconscious choice to put a stop to life and continue feeding your indirect gains (when the evidence is negative).

The Fair Exchange® emerges as an emotional intervention that aims to teach the person how is the logic of his life, how to neutralize the Layered Abyss and get rid of the choice of feeding the indirect gains in his life, making the person able to build a healthy adult journey that walks towards their dreams, building a positive life in the three pillars of life, even if they have experienced traumas in childhood that caused emotional damage. The central idea is to bring the person self-responsibility in relation to their conscious and also unconscious choices, in order to understand everything that happens in their life as their own choice (and not a coincidence), and in this way, the person can be guided in a clear way to make the necessary decisions in order to guarantee their health in all aspects, as well as guarantee the fulfillment of their dreams.

### **The Logic of Life® - Theoretical-scientific integration**

The Fair Exchange® protocol is a therapeutic proposal to help people restore health in the 3 pillars presented: 1) professional/financial health; 2) loving/sexual health; 3) mental/physical health. Health, according to the World Health Organization (WHO)<sup>23</sup>, it is characterized not only as the absence of illness, but also the presence of a condition of physical, mental and social well-being. From this, it is possible to find in the literature several studies that associate the influence of financial, sexual and family aspects on health indicators, as will be presented below. As well as it is possible to find in the literature articles and theories that support the concepts presented in the construction The Logic of Life® and that will also be presented below.

First of all, the money plays an influential role in the existence of subjects in the neoliberal economic scenario, with significant weight in social life<sup>24</sup>. The sensation or imagination of having money reduces physical pain and the feeling of social exclusion, besides, it boosts the sense of security, enhancing decision-making to solve problems<sup>25</sup>. Furthermore, money as a promoter of obtaining inner peace, tranquility and inner satisfaction. Therefore, it can be inferred that financial organization and purchasing power are directly linked to states of health, physical and psychological well-being<sup>26</sup>. In addition, job satisfaction appears as a triggering factor for physical and emotional health<sup>27</sup>. The concept of professional satisfaction cannot be reduced to monetary issues<sup>28</sup> and is associated with high levels of emotional health, happiness, and well-being<sup>27</sup>, in addition to reducing aspects such as absenteeism, productivity, etc.

Furthermore, another factor that is very important in adult life is the affective/sexual area. Present from childhood<sup>29</sup> the subject's relationship with his own sexuality largely influences his psychological development. In addition, several factors that make up their psychic life, such as identity, socialization and their group behavior are directly influenced by this relationship<sup>30</sup>. In addition to the emotional aspect, there are physiological changes related to the establishment of love and care in the constitution of loving relationships that enhance healing processes<sup>31</sup>. Through physical contact and presence, these establishments modulate the emotional reaction of the subjects involved in their endocrine-hormonal characteristics in different processes such as the regulation of the circadian cycle and the stabilization of immune functions<sup>32</sup>. On the other hand, difficulties, mainly pathological, that prevent the full exercise of sexuality negatively influence the feeling of well-being, such as infertility, premature ejaculation and menopause<sup>33-36</sup>.

When family aspects are investigated, it can be inferred that family relationships have a profound impact on the subject's psychic constitution<sup>37</sup> influencing the motivation, development and achievement of life goals, even if unconsciously. The family is conceived as a set of members in constant interaction, through relational dynamics arising from their own history<sup>38</sup>. In this view, it is possible to state that family relationships fundamentally influence the achievement of health, since the disintegration of family dynamics, which governs the way in which members interact with each other, is also related to the emergence of emotional dysfunctions<sup>39</sup>.

The mother-baby relationship is marked by a symbiosis during pregnancy that extends after childbirth, as the baby requires the extension of the previous state outside the uterus through other means, such as affection. With this involvement, several values are passed on that permeate the subject's identity, including contributing to the construction of character traits that develop in early childhood and affect the person's functioning pattern throughout life<sup>40-41</sup>.

In the course of the subject's development process, autonomy acquires singular importance, especially in adolescence<sup>42</sup>. The construction of autonomy takes place in the gradual process of moving away from reference figures, especially from family figures<sup>43-44</sup>. Even so, even with the development of autonomy, the subject is still influenced by these evaluative discourses propagated in his family, which, from this, will develop his own vocabulary that will give light to his worldview, especially with regard to his responsibilities.

However, in this continuum of a subject's maturation, some social roles are important, especially in the family. In addition, to understand the points of origin used to describe the figure of the father, mother and God, it is worth mentioning the concept of Hierarchy, natural from the theory of the family constellation, that discuss about the importance of respecting the position of each member in the family system, which, in turn, if not obeyed, can have negative consequences for people. In this way, the inversion of roles in which a child takes care of the parents and not the opposite generates, based on this theory, possibilities of problems for all involved<sup>37</sup>. It is noteworthy that according to Hellinger, the divine experience that people have is not related to "The God" itself, but that there is a projection of lived experiences with authority figures in the real world<sup>45</sup>. It should be remembered that this experience with the divine also generates possibilities of emotional and physical illness<sup>21</sup> when the individual remains trapped in what Reich called the emotional plague.

All these constructions about the scope of the concept of health, the importance of the professional/financial and loving/sexual areas for quality of life, interference of family dynamics in the construction of the adult life of a human being, as well as the importance of autonomy combined with family care for the good development of a child are already widely researched all over the world and therefore do not require a greater depth. But, there is a conceptual and scientific sensitivity to the assertion that everything is a choice, including poverty, disease and death. For this reason, it is important to clarify the points of scientific theoretical basis to support this theory of The Logic of Life® and bring clarity to the understanding of the Fair Exchange® protocol.

Considering the non-existence of coincidences in a subject's life, and that everything that happens are choices made by him/herself, it's not possible to forget the concept of freedom. The life of a human being is not destined, neither by a creator, nor by necessitating causes, nor by absolute moral laws<sup>46</sup>. The only need that an individual cannot escape is the need to choose. Apparently, this concept could be seen as antagonistic to the concept of the unconscious, so that this opposition has already been the scene of scientific discussions before<sup>46-47</sup>. However, in the construction of The Logic of Life® these concepts are not opposed, since through it was possible to describe the unconscious choice that people make every day.

A problematic point within these concepts would be to explain an unconscious random choice, which looks like chance or destiny. However, another important scientific concept to be mentioned is the theory of synchronicity, which defines that the relationships established between past and current situations are characterized as significant correlations between a subjective mental state and objective events that occur in the external world, united by a common meaning<sup>48</sup>. This theory has been researched worldwide through the quantum framework in order to suggest that synchronistic events also shape the future of a subject, since they influence decision-making, which in turn, influence all areas of human's life. Therefore, it is possible to establish that these relationships are not eventualities, and can even be predicted by mathematical standards<sup>8</sup>.

Mathematical models can be understood as a simplified representation/interpretation of reality, or fragments of it, demonstrated in an abstract ways<sup>49</sup>. Using these mathematical models to predict events through synchronicity, some studies were carried out with the aim of developing scientific evidence within this configuration. There is the use of the Fibonacci frequency, also called the Golden Ratio, through fractal geometry, with an emphasis on Chaos Theory to relate different events within the clinical context among Canadian Jungian psychologists in psychotherapy<sup>8</sup>. Still dealing with the mathematical area of probability, there are new quantum concepts that go beyond the causal model in the relationship of different events in conditional probability, called Bayesian networks, pointing out that quantum models are more appropriate to encompass synchronistic events with mathematical modeling in probability<sup>11</sup>.

Used as a language by the exact sciences, especially physics, they enable new forms of intervention in nature and new manipulations of reality. Synchronicity as a phenomenon also studied by physics converses with the quantum paradigm, especially in relation to the phenomenon of quantum entanglement<sup>10</sup>. Quantum entanglement indicates that there are elements within a quantum system that connect bodies to the point that one cannot be described without the other, even if significantly separated. The theoretical elaboration of quantum mechanics can relate two distinct mental states through these correlations, from the quantum-classical transition<sup>10</sup>.

The quantum paradigm is more adequate to encompass synchronistic phenomena. The theory of possible states points to the processes of change within discrete and finite systems of the universe, consisting of the interactions between goals in both the past, present and future. By visualizing these events through changes within a system of non-electromagnetic particles from quantum coherence, the conclusion is established that such a theory has new possibilities for exploration through quantum theory<sup>12</sup>.

As a clinical phenomenon, synchronicity is very present in psychotherapy practice<sup>50</sup>, including evidence from the hospital context<sup>51</sup>. The apparently paradoxical discoveries of quantum mechanics and the acausal phenomena of synchronicity are described and related through parallels in relation to personal lives, always reporting in relation to the meanings implied in our existence. The vision of reality arising from the relationship between synchronicity based on quantum mechanics allows a new way of understanding existence, given the possibility of visualizing different events as parts of a connection, helping a new form of free will and individuality<sup>52</sup>. The synchronistic implication in viewing the phenomenology of death and dying impacts the perception of people in these processes as well as the professionals involved<sup>53</sup>. Thus, synchronicity is perceived in the interactive and empathetic aspects developed between patients and professionals in palliative care, highlighting synchronicity as a new form of intuitive observation about the psychic, helping in new forms of meaning that positively influence the experience of death and of dying.

Going deeper into this, it is important to mention the choice of death, even when it happens through an illness or accident not directly provoked, such as suicide, for example. For this contribution, it is worth highlighting the observations reported by Bert Hellinger, who has already published several books in which he makes reference to cases he attended about people who wanted to die unconsciously and thus attracted various physical health problems or even personal accidents<sup>54-56</sup>. In this view, it is possible to reaffirm what has already been mentioned above. The Logic of Life® is a theoretical framework used to support the clinical protocol of the Fair Exchange®, and it was constructed as a new framework based

on different and divergent scientific, theoretical and practical foundations. It is worth remembering that the fact of referencing a concept brought by other authors does not mean that all of his scientific and/or theoretical production was used in the description of The Logic of Life®, and for this reason it must be analyzed as a new reference and not in comparison with possible conceptual divergences with other productions of the aforementioned authors. Next, information describing the Fair Exchange® clinical protocol and some preliminary results that suggest the efficiency of this emotional intervention to improve an individual's emotional and physical problems will be presented.

### **The Map of Pain® (O Mapa da Dor®)**

Given the above, it can be considered that the Fair Exchange® intervention is based, with the objective of bringing awareness and control to the individual, as it is believed that when the individual gains this awareness and understands the mechanism of unconscious choices in his own life, he/she can repeat to himself what he/she learned in the process and avoid everything that is not good for his life. However, it is from The Map of Pain® that the individual can understand, explain and control their choices and external events, in addition to interrupting the repetition of a problem. The Map of Pain® is made up of six parts: I) Desire; II) Pain; III) Layered Abyss; IV) Indirect gain; V) Involved; VI) Shares.

The first piece is that of Desire, in which it is necessary to investigate ambitions and dreams of how the client would like their life to be, which serve as a boost for new discoveries and conquests related to professional and financial life, to their interpersonal relationships and to sexuality. At this moment, two questions are confronted to the patient, namely:

1. What is your wish? What is the life you most want to have?
2. Why do you want this?

According to clinical observations, desire is clearly described and is associated with the development of the pillars of a healthy adult, pushing them towards their life aspirations. At no point in the investigations should an interpretation of the client's speech be assumed before the speech is finished, in this way, one should be as faithful as possible to what the person said during the collection of information. However, some people may find it difficult to list their desires because they have spent a lot of time living the needs of others, so this piece of The Map of Pain® should be investigated in both direct and indirect ways until you reach an answer that really awakens in the person something that makes you feel joy and satisfaction in doing.

The second piece of The Map of Pain® is precisely the Pain (or pains) the person is experiencing. In this item, the impacts and evidence of the current problem in the client's life are sought, with emphasis on the financial and professional dimensions, relationships and sexuality, physical and mental health of a person. In addition to the observed facts, it is also important to describe how the person feels when he sees himself with those pains, due to the sensations that are very important to link with the repetitions of the problems in his life. In the protocol, what must be collected is:

1. What is this person's current problem(s)? What is the life she no longer wants to have?
2. How does the person feel when they find themselves in this situation?

Pain is usually also clearly described. However, if a client has only physical illnesses or emotional disorders, it is important to investigate evidence of pain in other pillars, as the presence of this condition, that is evidence of problems in other aspects of the subject's life<sup>1</sup>. It is important to emphasize that pain is different from a complaint, as a complaint is superficial, while pain is directly related to the three pillars of an adult's life. Another factor to be considered is that a pain can arise due to a misconfiguration of another pillar of the subject's life, such as the possibility of a "workaholic" person not having enough time to live with the family and ending up affecting the professional area so much how loving.

In addition, one should investigate a person's experience in that "state of pain", such as the feeling of being in this situation, cognitions about events, i.e., what they think when they experience an event like that, and others. The answers usually take the form of emotions (anger, sadness, despair...), perceptions ("I feel that something is always missing in my life") or even metaphors ("I feel like a trapped bird"), but the professional should always use what the client brings in his speech as a starting point, in order to identify the emotional pattern and sensations associated with pain. In this way, the repetition pattern mapping process is more assertive.

The pain piece is very important for the rest of the identification of the subject's state, as it is through this piece that the pattern of repetition of episodes that had disproportionate reaction and repetition will be investigated, in a conscious and structured way.

Already the Layered Abyss appears as the third piece of The Map of Pain®. This stage focuses on the conscious and structured access to the subject's past with the aim of identifying the repetition of facts or sensations similar to those reported in the PAIN piece, that is, investigating the origin of the emotional pattern and sensations associated with the pain that the person feels. The protocol must indicate:

1. What age was the subject when the event occurred?
2. What were the traumatic events that occurred in the subject's life?
3. What was the perceived sensation associated with that event?
4. What was the involvement of the participants in that event?

As this is a stage in which the past will be reported, some subjects may not feel comfortable sharing painful events from their past. That's why it is important that the professional assumes a welcoming posture in relation to the client's suffering and an investigative one in relation to listening to these elements, so the individual feels comfortable and safe. The posture adopted by the professional fundamentally helps in the effectiveness of the process, since as a technique it helps in the annulment of the distortions arising from the distrust of the client in relation to the service<sup>57</sup>.

Through this discomfort, there may be other difficulties. The individual may not remember specific perceptions related to the event in question, where the professional, instead of directing himself to specific questions, can ask them in a broad way. In layered abyss, especially with regard to perceptions and those involved associated with the event in question, we seek to understand and validate the perceptions associated with and the roles of those involved in that event, both in terms of how it occurred and the period in which it occurred. That is, an attempt is made to approximate as much as possible the real perception of how the child felt in the face of the situation and not the sensations of the adults who told that story to him. It is believed that when the adult talks about the event from a point of view anchored in the present, there are possible distortions in the speech, and consequently, the visualization of the associated sensations is lost. In order to carry out this process, the professionals received specific training to know how to deal with each type of challenge, difficulty and resistance of the client in this phase.

The fourth piece of The Map of Pain® is indirect gain, which is based on the layered abyss, characterized by the unhealthy behavior pattern (in the form of pain or problem) adopted by the individual who it has the purpose of reinforcing a pathological relationship with other people, such as emotional addictions that the person maintains in his life even if it feeds problems. At this stage it is important to find:

1. What elements of Indirect Gains can be associated with the layered abyss, at the time of the event?
2. What was missing in the relationship with those Involved, with regard to the Layered Abyss and which provided the basis for the existence of indirect gains throughout life?
3. What does the person seek to obtain through these behaviors, especially in a state of Pain or Problem, in relationships with those Involved, with other people, environments and situations?
4. Why this unhealthy pattern of behavior and not another?

Some elements found in the Layered Abyss are usually connected to Indirect Gains as small events that influenced the initial composition of these dysfunctional behaviors. Such traumatic factors, as well as the relationship with those involved, must be related to the patterns fed by the subject, in order to verify in which ways these patterns intend to compensate and restore the absences of these elements found in the Layered Abyss and in the relationship with those Involved.

When the subject builds his life around these patterns of illness, from the search for indirect gains related to the absence or inversion of parental roles in childhood, he/she ends up not being able to move towards his life desires, that is, he/she chooses in a way unconscious that your life has trouble keeping the indirect gain through them instead of choosing something that is even closer to your dreams and desires. That's why the subject's awareness about how these constructed indirect gains profoundly affect their state of malaise is of fundamental importance, especially in their influence in the elaboration of their future choices. In addition, it should be sought to understand the reason for the repetition of these patterns of pain and problem found, so that it is possible to truly desire a resolution for this situation.

The fifth piece is Involved, and refers to the figure of the mother, the father and what the person calls God. The maternal and paternal figures are not restricted to the biological aspect, representing the people who occupy this role of father and mother, such as adoptive parents, grandparents, uncles, and others relatives. The figure of God, in turn, represents what occupies the role of absolute reference for the subject, corresponding to the version of God in which he learned from maternal and paternal figures and from religion. In this parameter of "figure of God" it has also been observed that there may be a substitution of this figure of absolute reference for "political and ideological causes", such as the fight against sexism, racism and other social problems. Here the idea is not to disqualify these social struggles or their importance, but to highlight the place they occupy in an individual's life, so that sometimes this relationship becomes unhealthy to the point that the subject unconsciously chooses problems that feed his gains. Indirect and feed their relationship with these ideological struggles, such as a woman who may unconsciously choose to attract an abuser to justify the importance of her fight against sexual violence, or a man who may unconsciously choose to have financial difficulties to continue feeling belonging to the "poor" group, despite having the ability and opportunity to have a different life.

During this stage, it's necessary to look for insufficiency (when the child suffers some aggression and is not properly cared for and protected), or inversion of roles (when the child assumes a role that doesn't fit him/her in the family), of those Involved in the development of these roles during one's childhood, especially before ten years old. Thus, caring, providing, protecting, teaching and stimulating are the roles that parents must be present in a child's family life. When these roles are not satisfied or inversions occur, a sickening relationship with the Stakeholders is configured, and one of its consequences is the creation of the mechanism of indirect gains. From this, the therapeutic proposal of the Fair Exchange® intervention has as one of its objectives the change of the unhealthy reference of the person so that the individual can return to living around his own objectives and desires, and no longer in function of references lived with the Involved and that make him sick unconsciously.

The last stage is configured as the Action, which works as the materialization of the conscience the subject obtained throughout the process of the Fair Exchange®. This materialization happens as a break with the pattern of Pain previously adopted, giving up the Indirect Gains, so that the subject walks towards his goals and dreams in life. The achievement of health by the adult through this disruption is the objective of this internship. The professional who follows the Fair Exchange® service protocol chooses, through the criteria learned in training, which are the activities that the client needs to carry out to give up indirect gains, make parents unnecessary, reconfigure their relationship sick with those involved and take a step towards their desires.

It is important to emphasize that the choice of actions must be clear and precise, otherwise, its therapeutic capacity will be reduced, and may even be counterproductive. The performance of the activities by the client must also be done exactly with the guidance of the professional, so that they have the desired effect. The lack of clarity in the presentation of actions can make the subject look for the easiest way out when carrying out the task, thinking that he is satisfactorily carrying out the Fair Exchange® process. In contrast, the presence of direction and personalization at this stage is intended to substantially increase the effectiveness of the intervention.

The actions must encourage the individual to experiment with measures that make him move towards health. In certain cases, it may be the first time that the subject is faced with the opportunity to participate in a therapeutic intervention. In this way, it is extremely important to encourage and elucidate on the part of the professional so that the client has the maximum clarity of what is being proposed. The objective of this proposal is to reverse the current direction of the client's life, which was being directed towards problems and indirect gains unconsciously chosen and should be directed towards their dreams and desires. Initially, it is natural for this inversion to cause discomfort, but the professional must intervene in a way that conveys security and lightness in welcoming and elaborating the proposed intervention with the client. Empathy is fundamental at this stage, always bringing to light the person's perception of the sense of responsibility, awareness and control over their own life choices, with the aim of reestablishing a healthier adult life.

#### **Fair Exchange® Intervention Protocol**

The theoretical framework used to support this clinical practice (The Logic of Life®) has already been presented, as well as the structure of The Map of Pain®, which is necessary for the intervention to take place. Several intervention models were tested using The Logic of Life® and The Map of Pain®, both face-to-face in high-impact training named as The Body Explains® Immersion as well as in the application through remote online intervention. All of them presented possibilities of positive results in solving the problems of the clients served. In order to increase the ability to maintain positive results in the long term, it was identified a need to teach people more in-depth details of the framework of The Logic of Life, as well as adverse situations that people could experience in the of transition from the old sick frame of reference to the new life-oriented frame of reference. In this way, an intervention protocol named Fair Exchange® was created online, which will be described below.

The Fair Exchange® consists of the therapeutic protocol developed in the *O Corpo Explica*® which aims to restore the subject's health and well-being in the 3 pillars of health presented. This protocol is carried out 100% online, in order to intersperse psychoeducation in the form of distance education and intervention sessions carried out by a trained professional. Psychoeducation is widely used and disseminated through the cognitive-behavioral approach and aims to provide important information so that the client can be active in their therapeutic process, in order to encourage behavioral, social and emotional changes to then prevent illnesses and promote health. Psychoeducation brings together the multidisciplinary knowledge necessary to expand the client's repertoire and to be able to sustain the behavioral changes acquired in the treatment over time. Thus, it is expected that through psychoeducation, the individual obtains full knowledge and security about their health demand<sup>58</sup>.

The demand for Fair Exchange® arises from the Institution customers and their family and friends. All customers who have not yet signed up are invited to watch an online transmission where the basic concept of The Logic of Life® and how the Fair Exchange® protocol works is explained, before registrations open. It is an interactive event, in which participants attend by sending questions via chat. After registration, individuals are sent to access the institution's scheduling platform. And after contracting the service, the client receives a Fair Exchange® box at home, which contains a welcome kit, as a way of welcoming and improving the intervention. In addition to a notebook, pen and objects to bring the feeling of immersion online, documents are also sent containing process instructions and materials for fixing what was learned.

Upon receipt of the box, customers receive access to the first phase of psychoeducational videos – those with the aim of preparing the person for the services that will take place within the next 20 days. These videos deal with: aspects such as the employment contract (confidentiality of the information and specificities of the intervention), expansion of the concept of The Logic of Life®, and practical exercises for the person to carry out alone in order to induce notes of facts and specific sensations of your life that will facilitate the investigation and creation of The Map of Pain® by the professional in the future. It is worth remembering that at the beginning of these videos, the client is clarified about the details of the intervention, as well as the need not to expose the videos on this platform to other people, so as not to induce emotional processes that will not be properly worked on due to not having contracted the complete process.



Subsequently, the interventional care process begins, Table 1 summarizes the 18 steps of the Fair Exchange® intervention. There are five sessions with varying times, since the first session lasts an average of an hour and a half, the second of two hours, and the others an average of one hour. There are five forms interspersed with the consultations that the client himself answers and that help the professional to know in more depth some information about the case that helps in conducting the process. All the asynchronous contents used in the process are anchored in the institution's platform. Fair Exchange® services are carried out through the Zoom Meeting platform, which allows the recording of meetings for later analysis and internal audit control of professionals and cases in the future.

**Table 1.** Stages of the Fair Exchange® intervention process.

	Phases of the intervention	Objectives	Time
1	Live presentation of the proposal.	Customer screening.	4:00:00
2	Hiring the service.	Bond establishment.	0:30:00
3	Scheduling and sending the box.	Organization of items needed for the intervention.	0:30:00
4	Form 1 (self-application).	Current assessment of the client's moment before the start of the intervention.	0:30:00
5	Psychoeducation: preparation.	Preparation on how the process works, care and initial exercises conducted online.	12:28:00
6	Attendance 1: discovery.	Completing the Character Map and Starting The Map of Pain.	1:30:00
7	Form 2 (self-application).	Investigation of life problems and childhood traumas.	0:30:00
8	Attendance 2: discovery.	Completion of the complete The Map of Pain, except for the Actions part.	2:00:00
9	Pain Map Review: discovery.	Professional writes the client's Fair Exchange® Actions and passes the case on to another professional to ensure the efficiency of the process.	1:00:00
10	Attendance 3: discovery.	Clarify for the customer which Actions should be performed.	1:00:00
11	Psychoeducation: action.	Clarify possible challenges that may arise in this new phase of applying everything you have learned so far.	1:07:00
12	Attendance 4: action.	Receive and clarify the client's doubts and challenges in the application of concepts and actions and evaluate possible improvements for the client.	1:00:00
13	Form 3 (self-application).	Process, institution and professional satisfaction survey.	0:15:00
14	Form 4 (self-application).	List of illnesses and mental health disorders that the client has had, and appraisal of the improvement of physical and/or emotional symptoms since the beginning of the process.	0:30:00
15	Attendance 5: action.	Welcoming and clarifying the client's doubts and challenges since the last service, evaluating possible improvements and preparing for the next phase without assistance.	1:00:00
16	Form 5 (self-application).	Current evaluation of the moment of the client after the end of the consultations, to compare with form 1.	0:30:00
17	Psychoeducation: concept review.	Review of concepts and new alignments and care for the application of what was learned in the process.	2:00:00
18	Psychoeducation: maintenance.	Videos to assist in the application of concepts in the new challenges that may arise in life.	20:34:00

With the scheduling of appointments, the period of intervention is delimited, from that, the client has contact with the first form of the process, which aims to gather information to build the “Photograph of the moment”. In this form, the personal information collected and their respective purposes are:

1. Full Name: data used to allow the identification of the customer in the service channels;
2. Individual Registration: in addition to using this data to identify the customer in the service channels, it is used as an authentication key when accessing the restricted areas of our digital channels and as a reference for enriching and updating your registration;
3. E-mail: data used to allow your identification in service channels, as an authentication key when accessing restricted areas of digital channels and as a reference for enriching and updating your registration. As well as for publicizing and inviting free events and means of communication for customer service;
4. Date of Birth: data used to confirm your identity and to guarantee the age of majority, in accordance with the legislation;
5. Telephone: data used for information confirmation actions, dissemination of invitations to watch free content, to respond to requests made on our channels or to inform the customer of any issues, such as change of service hours or an event, for example;
6. Location information (Postal Address Code, Federative Unit, city, neighborhood and address): data used to send material of the purchased product (the box from the Fair Exchange®);
7. Socio-demographic questionnaire: includes attributes such as sex, height and weight, ethnicity, level of education, religion, income, marital status, with the purpose of composing the client's record, allowing for personalization of the service;
8. If the person has children and their respective age groups: data used to allow personalized service;
9. Use of the WHOQOL-bref instrument, initially developed by the World Health Organization (WHO), it is an 11-point Likert scale (0 to 10), which had been adapted to Brazil<sup>59</sup> and later reduced to 26 items<sup>60</sup>. The objective of this instrument is to measure the client's perceived quality of life. The Fair Exchange® uses the questionnaire in two moments, in order to verify the change in the subject's score due to the intervention.

10. Use of the Major Depression Inventory<sup>61</sup> (MDI), developed by the World Health Organization (WHO) and adapted to the Brazilian context<sup>61</sup>, contains 12 questions with a 6-point Likert scale (0 to 5). It was used to measure the depression index and check for improvement after the last consultation with the professionals;
11. Questionnaire adapted from Sex Quotient, female version<sup>62</sup> (QSF) and the masculine version<sup>63</sup> (QSM). These are instruments with 10 items each, with a response scale from 0 to 5 (6-point Likert) that were adapted to a response scale from 0 to 10 (11-point Likert).
12. Aspects related to financial life: used with the aim of contextualizing the patient's life;
13. Active sexual life: used with the aim of contextualizing the patient's life;
14. Investigation of diseases: used with the objective of understanding the medical history of the client, in addition to verifying if there has been an improvement after the consultation with the specialists.

From there, the client receives access to the psychoeducational videos of the preparation phase and then goes to Attendance 1 to start the discovery phase, with the objective of carrying out the Body Analysis of the subject (completion of the Character Map)<sup>40</sup>, if necessary, or the person has not done yet. It is a technique also created in the Institution *O Corpo Explica*® that evaluates the shape of a person's body and links aspects of the subject's personality. Then, in the first Attendance, the investigation of the pieces of Pain and Desire from The Map of Pain® is carried out with suggestion of tasks for the client in case he needs to improve clarity about these factors in his life. In the case of the client who already has the Character Map, Attendance 1 goes directly to the investigation of Pain and Desire of The Map of Pain®, which may lead to a shortened session time.

Between the first two reunions, Form 2 is sent. It contains information about the subject's past, especially about his childhood traumas, here the financial and sexual aspects are investigated, in addition to the subject's previous and current family dynamics. This form was created at Institution with the aim of facilitating the categorization of traumatic situations that normally occur to people, from a list in which the person can fill in all the options they have already experienced. In addition, there is a list of questions that indicate possible difficulties and facilities that arise due to the problems that the person is currently experiencing, to be answered using a Likert scale of 11 points (0 to 10) in relation to agreement with the objective of identifying possible gains indirect and facilitate the conduction of care<sup>2</sup>, in more complex cases.

Attendance 2 is carried out from the information collected in the first forms, from the information brought in Attendance 1, as well as from new information collected in Attendance 2, all with the aim of properly filling out The Map of Pain® of the client. At this stage of the process, all parts of the map are addressed, with the exception of Actions, so it is the Attendance that lasts the longest, and can last between two and three uninterrupted hours. The professional conducts this filling based on previous training received for this purpose.

In the interval between the second Attendance and Attendance 3, the Review phase takes place, in which the professional responsible for the case discusses the case with other professionals working at Fair Exchange®, if deemed necessary, with the aim of validating the necessary actions for the subject to resolve his life conflicts. For the delimitation of Actions for the specific case, some domains must be considered, such as:

1. What are your Indirect Gains that need to be eliminated?
2. How is the customer's relationship with the Involved?
3. How can that person walk back towards their dreams and desires?

In this way, the Actions protocol is delimited and follows the parameters of The Logic of Life®. These actions are presented and discussed with the client in Attendance 3, with the aim of confirming the pertinence of the actions in the subject's life and clarifying possible doubts, since they must be done exactly as presented. It is important to emphasize that it's in this Attendance that many people show resistance, since the Actions have as their main objective the resolution of the illness process in which the subject finds himself, with the objective of eliminating indirect gains and unhealthy relationships with those involved, the which corroborates Reich's suggestion that the individual with the emotional plague wants to remain a prisoner rather than solving the problem and getting out of prison<sup>21</sup>.

After the presentation of the Actions, the intervention moves towards its end. Therefore, it is important that the actions are presented and clarified with the client, in order to encourage their implementation and reduce possible resistance, increasing the possibility of effectiveness of the intervention. To ensure that the client knows exactly how each proposed action should be carried out, he receives written material in a PDF file to use as support for his activities. This material is developed by the professional responsible for your case and improved by the professional responsible for the review, when necessary.

Right after Attendance 3, the client receives another phase of psychoeducational videos with the aim of clarifying doubts about the action process, encouraging the client to take these actions and foreseen possible challenges that may occur in this phase of applying these concepts in their lives. The objective is to bring the maximum support to the beginning of the action phase and the normal difficulty that people may have to start acting differently from the automatic way they lived before.

Attendance 4 takes place approximately 15 days after Attendance 3, with the aim of welcoming and clarifying possible doubts and challenges of the subject who is in the phase of applying everything he learned during the process. At this time, they are evaluated whether the actions were carried out properly (and a possible need to adapt the Actions), whether doubts arose during the two weeks that passed in the application of the concepts, the need to define new Actions (when the person tells a new material fact that had been omitted throughout the process) and even the handling of possible resistance that the client maintains to remain in the Indirect Gains, from this, it's possible to observe their presence even during the therapeutic relationship with the specialist professional for the case. At the end, the person's The Map of Pain® is recalled and encouragement is offered for the person to perform all actions as presented.

Soon after the fourth Attendance, Form 3 is sent. This is a customer satisfaction survey, in which the patient reports on how his experience with institution has been, how his relationship with each phase of the Fair Exchange® and with the professional who is following the case. The objective of this research in this phase of the process is to perceive difficulties and dissatisfactions that the person may be having in relation to the process and this information will be taken into account when the fifth and last Attendance takes place (after approximately 30 days) so that the professional can focus on filling out the possible existing gaps, and in this way, seek a better result for the client.

After approximately 30 days of Form 3, just before the fifth and last Attendance, Form 4 is sent, in which the subject answers questions related to symptoms in his life, whether physical or emotional. Factors such as previous diagnoses (psychiatric or physical) and body pain are investigated, in addition to their improvement or worsening during the intervention. This is a very important questionnaire, as it brings to light a series of relevant information that shows the real effectiveness of the intervention in the subject's long-lasting illness processes. It is here in this form that many people already report improvements in physical and emotional symptoms, even before the end of the intervention.

Then, Attendance 5 happens. This is the last follow up, therefore, it has the same objective as Attendance 4, however, it is possible to observe significant improvements at this time, due to the period of 45 days after the delimitation of the Actions. In the last Attendance, in addition to the same objectives as in Attendance 4, as explained above, it is necessary to prepare the person to proceed with the application of the concepts and practices learned autonomously, without depending on a professional to monitor their progress. It is at this moment that some limitations linked to the realization of the Actions are also recognized, and the therapist points the patient in a way that he can overcome these limitations and move forward, towards his dreams and desires.

Before sending access to the final part of the psychoeducational videos, a new form is sent to the person, Form 5, which is similar to Form 1 and also has the objective of building a "Photograph of the moment", with the addition of questions on Fair Exchange® actions, to identify whether the person carried out the actions partially, fully or not. The purpose of these questions is to be able to identify whether there is a difference in the result between the group of people according to the status of the Fair Exchange® actions. In this way, it is possible to longitudinally assess the patient's evolution, based on valid and relevant measurement instruments. It is worth remembering that all customer information is stored in a confidential database and stored in a protected system, following the General Data Protection Law<sup>64</sup>. As it is a final form, it is common that not all customers respond, so that there is a greater number of responses in the first form than in the latter. All analyzes of the data obtained in this process are carried out in a grouped manner and without identifying the participants who receive a code to facilitate data protection, with the aim of evaluating the efficiency of the intervention and designing possible improvements in the process.

At any time during or after the intervention, customers can send e-mails with questions, requests for clarification or even requests for help. There is an area within Institution that takes care of these calls and customer support and categorizes the types of difficulties that people have especially after the process. The purpose of these categorizations is to identify more sensitive and challenging topics so that new content is produced to help customers as a whole and not just individually. In addition to this customer support, this internal audit team randomly evaluates Attendances that were carried out with the objective of finding possible aspects of improvement in the application of the methodology by the professionals, with feedback for those who in some way may have improvements in relation to the conduction of the method. The internal audit professional also received specific training to perform this function.

Access to the final psychoeducational videos is sent to clients and they are divided into two types: the first for reviewing concepts, new alignments and care for applying what was learned in the process and the second for maintenance through thematic live meetings (Healthy Talks) which are carried out within what we call the "Healthy Adult Community" and which are recorded and included on the platform for the person to watch whenever they want and as many times as they want. The objective of these "Healthy Talks" is to bring more challenging and sensitive topics for people to receive help along their journey, promoting the client's autonomy, by offering the knowledge so that he can solve that challenge himself, without needing more sessions of Attendances every time something new comes into your life.

#### **The Creation of intervention and conflict of interests**

The researcher responsible for creating the Fair Exchange® was Vanessa M. Cesnik, PhD in psychology, author of this clinical practice guideline article. This researcher is also a founding partner of the Institution *O Corpo Explica*®, located in Brazil, and aimed to ensure that this clinical practice protocol was created with a focus on the best results for the end

client, even if that had to create some extra strategy to amplify these results. The creation of psychoeducational videos in all phases, especially in the action and maintenance phase, were included later in order to maintain the focus on the client's result.

So that there was no conflict of interest in conducting research in relation to possible commercial interests, some care was taken throughout the creation of the Fair Exchange® protocol. The first point was the structuring of the before-and-after evaluation research based on validated measurement instruments widely used in the scientific literature on health. In this way, the use of instruments such as WHOQOL-bref<sup>59-60</sup>, MDI<sup>61</sup>, Sex Quotient Questionnaires<sup>62-63</sup> bring greater methodological robustness avoiding a possible bias.

Other questions were created with the aim of verifying important parameters for the adopted theoretical framework (The Logic of Life®) and these were created in order to obtain simple and categorizable answers to facilitate follow-up. In addition, some open questions were created to allow the person to express themselves freely, as is the case with the question about the symptoms that have improved since the beginning of the intervention. The objective was to understand how the person would express themselves naturally without inducing any kind of specific response or creating a bias for the analysis.

All questions on the forms (as well as on the medical records that the trained professionals fill in during the course of the Attendances) are answered without any interference from the researcher in charge, that is, after the system has been created and validated and the training given to fill it out, people are free to choose what to answer in these fields. The purpose of this care was to maintain neutrality during the process in order to achieve an adequate distance to analyze the data as they appear.

The data storage system for the forms and medical records was created to be automatic and send the link to the client to access the form and respond to it. All data is stored in a confidential and protected manner, respecting the Brazilian LGPD<sup>64</sup> (A Lei Geral de Proteção de Dados Pessoais, Lei nº 13.709/2018, the Brazilian legislation that regulates the processing of personal data), so that when the data are accessed for analysis, they are accessed in a confidential manner without the name of the participants, just a code generated automatically by the system, guaranteeing ethics in the treatment and use of the data, either for intervention improvement research or for scientific research, such as this one.

The professionals who serve with this methodology are clients who have already gone through the Fair Exchange® process and were trained to work in the internal services of Institution. At the time of writing this article, no professional is qualified to apply this technique outside this institution. A total of 72 professionals received training to work internally with the Fair Exchange methodology.

Another care that was taken to exclude possible conflicts of interest is the hiring of an external researcher specialized in data analysis to validate the analyzes that were carried out and thus guarantee the partiality and audit of all results. It is worth remembering that there is an internal customer support audit team to ensure the application of the method by the professionals in action and to answer all questions from customers who send e-mails, with the sole purpose of resolving the customer's problem.

In this way, it is possible to say that although the author of this article is also a researcher responsible for the creation of the Fair Exchange® intervention method and founding partner of the institution, all methodological precautions were taken to ensure that there is no conflict of interest in the presentation of the results that will be presented below.

### **Results of the last interventions**

At the time of writing this article, the Fair Exchange® intervention in the online format presented in this clinical practice protocol has already been completed by 2677 people, and there is relevant information that should be mentioned and which encouraged the writing of this protocol. For all the participants until the moment, it was asked if the person felt any improvement in physical or emotional symptoms after starting the intervention. In cases where the person does not have any physical or emotional symptoms, he should choose the "not applicable" option. Afterwards, they were asked openly which symptoms the person had noticed improvement since the beginning of the intervention.

Only 19.61% (525) of people chose the "does not apply" option for physical symptoms, that is, 80.39% (2152) of people reported suffering from some physical symptom at the beginning of the intervention. Among those people who had some physical symptom, 66.40% (1429) reported improvement in some physical symptom while only 33.60% (723) reported not having had any improvement in physical symptoms until the time of Form 4. That is, less than 2 months after the beginning of the Fair Exchange® intervention and even before the end of the intervention process, practically two thirds of people reported improvement in some physical symptom. Among the symptoms mentioned by people, we can mention: candidiasis, endometriosis, bronchitis, fibromyalgia and pain in various parts of the body in general.

As for emotional symptoms, 2225 (83.12%) people reported suffering from emotional symptoms before the intervention. Of these, 385 people reported no improvement (17.30%), and 1840 (82.70%) people reported having improved some emotional symptom by the time of form 4. Of the symptoms that could be observed in the intervention process, here are

some that obtained a positive outcome after the intervention: anxiety, depression, suicidal ideation and mood swings. Additionally, patients reported increased levels of happiness, hope, self-confidence and focus.

New analyzes of these data will be carried out in the future to measure the results presented here in a more robust and detailed way. The idea of bringing this preliminary descriptive analysis was just a way to bring relevance to the importance of this clinical practice protocol, bringing the relevance and need to expand scientific research from the intervention of the Fair Exchange®.

Given the above, it can be inferred that the Fair Exchange® intervention is based on a theoretical framework created in the Institution *O Corpo Explica*®. But it's based on internationally consolidated benchmarks, with clear objective and directed to the history of the individual and its consequences in the present time. In this view, it was possible to observe a decrease in emotional and physical symptoms during the intervention in people who participated in the online process to date. These preliminary results corroborate the theory of psychosomatics<sup>1</sup> which indicates that emotional interventions can directly influence physical and emotional aspects of the subject<sup>65-66</sup>, since the intervention used is based on the subject's emotional aspects, but obtained a positive and satisfactory outcome in terms of physical complaints in approximately two thirds of the cases (66.40%).

Furthermore, it is important to emphasize that the results of the Fair Exchange® intervention seeks not only the remission of physical and psychological symptoms, but also the increase in quality-of-life indicators, an important factor in the treatment of psychosomatic symptoms. In this way, the subject's well-being influences the ability to deal with stressful situations (coping), positively impacting the confrontation with psychosomatic symptoms<sup>67</sup>.

Based on these results, it can be seen that the theoretical framework of The Logic of Life® applied from the online Fair Exchange® protocol has the potential to help people improve emotional and physical symptoms, but a limitation of this study is the lack of detail regarding the intensity of improvement, as well as the analysis of quality of life and depression parameters, which are important ways of measuring the effectiveness of emotional interventions worldwide. Thus, it is important to expand research in order to better understand the psychosomatic phenomenon that exists both in relation to illness and resolution of health problems, as well as in health promotion and quality of life.

In this article, there was no specific type of sampling, so all people who went through the online intervention and answered form 4 at the time of writing this article were added without any other exclusion criteria. However, as it is a clinical practice protocol in need of new scientific research to expand the construction of knowledge, it is important to emphasize that in future research the samples must be made in a judicious, clear way and respecting the objective of the phenomenon to be investigated, prioritizing the scientific construction of the research and not the possible commercial interests that Institution may have. In addition, the practice of continuing to hire external professionals to audit the data analysis will be carried out, together with the appropriate sampling criteria for future surveys, which are considered important procedures to ensure that there is no conflict of interest in the results presented.

Furthermore, it can be inferred that the Fair Exchange® intervention works from the clarity about the repetition of the traumatic emotional abyss (Layered Abyss), as well as the clarity about the Indirect Gains that function as emotional addictions created since childhood and that are carried throughout life and that cause the problems that the person carries in life. In this way, further research should also be carried out to analyze whether there are specific traumas that bring more tendency to create one or another Indirect Gain, as well as other emotional risk factors.

Finally, it is emphasized that the intention of the therapeutic intervention is not the client's satisfaction with the process itself, but with the results. So much so that a phrase said throughout the process is: "You will hate the process, but you will love the result". As the client's way of leading life up to the moment the intervention began led him to develop Indirect Gains and, consequently, the problems that exist, the entire method of Fair Exchange® consists of removing the subject from the vicious illness that affects him/her, to lead him/her to a state of improved quality of life and health in all aspects, using as a basis all the information described in this article.

## Conclusions

This article aimed to introduce the Fair Exchange® intervention as an effective therapeutic proposal for subjects to control their own lives, with the aim of restoring the patient's health. The clinical practice of Fair Exchange® has extensive documentation of clinical cases of the effectiveness of the process at different levels perceived by the person, especially in the professional/financial, love/sexual and physical/mental aspects and its protocol was presented in an objective and methodical so that it is possible to replicate and test future adjustments of the methodology to further improve the efficiency of the method.

However, since this study aimed to present the guidelines of the Fair Exchange® intervention, it is not possible to contemplate all the results obtained so far with the application of the method. Therefore, future studies will be carried out by Institution and the researcher responsible for creating the Vanessa M. Cesnik technique. In these future studies, longitudinal designs will be considered, with pre-intervention results (Form 1), during the intervention (Form 4), post-intervention (Form 5) and a follow-up stage, which will be built to monitor the customers. Furthermore, from the WHOQOL-bref<sup>59-60</sup> and MDI<sup>61</sup>, it will be possible to investigate the fluctuation of the subjects' scores from the collection

time, with the objective of investigating whether the intervention influences the subject's levels of quality of life and depression. Finally, the construction of clinical cases is considered important, in order to understand how the intervention process works in specific situations, such as patients who reported physical improvement in diseases that the scientific literature indicates as complex to be resolved, such as fibromyalgia, endometriosis, among others<sup>68-69</sup>.

In this way, it is expected that studies about Fair Exchange® contribute not only to the design of a new clinical practice of brief therapy and focused on the historical-family perspective of the subject, but also to the field of health sciences in the investigation of risk and protective factors in relation to various types of existing mental and physical health problems.

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