

Commentary

Clinical Evidence and Future Perspectives of Generative Reprocessing Therapy (TRG) for Mental Health: A Current Overview

Juliana Bezerra Lima-Verde¹, Annamaria Gomes Pereira¹ and Jair Soares dos Santos^{1*}

¹ Instituto Brasileiro de Formação de Terapeutas (IBFT), Recife, Brasil

* Correspondence: pesquisa@citrg.com

Dear Editor,

We would like to express our interest and enthusiasm regarding the growing evidence on the effectiveness of Generative Reprocessing Therapy (TRG) in the treatment of depression and other emotional disorders and their associations, presenting a reflection that arose from the successful presentation we made at a recent congress in London entitled: "Depression, Neuroplasticity, and Generative Reprocessing Therapy (TRG): A Case Report" [1]. In recent years, research has increasingly focused on seeking effective therapeutic alternatives that guarantee the quality of life of patients, and we have witnessed a series of discoveries highlighting the potential of TRG as a promising alternative for those who do not respond satisfactorily to conventional treatments, such as Cognitive-Behavioral Therapy (CBT) and pharmacotherapy. Depression is one of the leading causes of disability worldwide and is often associated with other conditions such as anxiety and suicidal ideation. This condition continues to challenge health professionals and patients, and despite advances in pharmacotherapy and psychological therapies, many patients fail to achieve symptom remission or experience relapses after treatment, making it difficult to restore their quality of life to a satisfactory level. Moreover, traditional therapies often present limitations, including high costs, limited availability, long time to demonstrate significant improvement, and potential unwanted side effects, particularly regarding the use of drugs. Thus, the association between depression, anxiety, and suicidal ideation reveals the complexity of these disorders and underscores the need for definitive and agile interventions to significantly improve the quality of life of affected patients.

In this context, TRG has aroused interest as an innovative and effective therapeutic approach. Recent studies have shown that TRG can offer rapid and lasting results compared to conventional therapies. This therapy employs reprocessing cycles based on five protocols (chronological, somatic, thematic, future, and enhancement). Reprocessing is elaborated as a technique to revisit and neutralize emotions linked to experienced events, offering an objective perspective, as initial processing involves the primary experience of the facts. The diversity of clinical cases demonstrating the benefits of TRG in treating depression and anxiety is remarkable. For all these cases presented here, patients completed qualitative questionnaires about their lives before and after undergoing TRG, reported their perceptions in these two periods, and, not least, the good results persist even after two years from the end of the project. To begin the explanation, we have the case of a 25-year-old woman who, after 20 sessions of TRG, experienced complete remission of depressive and anxiety symptoms and has been living without medication since then [2]. Similarly, a 40-year-old patient, who suffered from depression, anxiety, and suicidal ideations, reported significant improvement after only 9 sessions of TRG, as well as undergoing gradual withdrawal under medical supervision of the medications used immediately at the end of treatment with this new therapy [3]. These cases highlight the potential of TRG to provide symptomatic relief and improve the quality of life of patients with depression, anxiety, and suicidal ideation. Similarly, a young man aged 22, after 10 sessions of TRG, experienced significant remission of depressive, anxious symptoms, and suicidal ideation, which persisted for several years, even when the patient was under treatment with



Citation: Lima-Verde JB, Santos JS, Pereira AG, Time Is Brain: Clinical Evidence and Future Perspectives of Generative Reprocessing Therapy (TRG) for Mental Health: A Current Overview. *Journal of Neurology & Neuropsychiatry* 2024, 1, 5-7.

Manuscript No. JNNP2024000014

Received: 10 April 2024

Accepted: 25 April 2024

Published: 1 May 2024



Copyright: © 2024 by the authors. Licensee CLS Publication. This article is an open access article distributed under the terms and conditions of the Creative Commons Attribution (CC BY) license

conventional therapies [4]. A study involving four individuals with these three conditions found that all participants achieved complete remission of symptoms after an average of 17.5 sessions of TRG [5]. Another group of four patients with the same complaints was studied before and after TRG treatment, and all experienced complete remission of symptoms after an average of 19.25 sessions [6]. Additionally, a 52-year-old man, who suffered from depression, generalized anxiety, and suicidal ideation, experienced complete remission of symptoms after 30 sessions of TRG, no longer requiring medication for this purpose [7].

In addition to cases of depression, TRG has also shown efficacy in treating patients who somatize emotional issues into physical symptoms, such as fibromyalgia. A 36-year-old patient diagnosed with fibromyalgia and mobility difficulties obtained significant relief from symptoms after 14 sessions of TRG, eliminating the need for medication [8]. Another interesting case involves a 53-year-old woman with fibromyalgia, depression, anxiety, and suicidal ideation, who after 12 sessions of TRG, no longer presented any symptoms and no longer needed medication for this purpose [9]. Last but not least, the case of a 39-year-old woman with fibromyalgia associated with depression, had her symptoms relieved with only 16 sessions of TRG and no longer uses medication for any of these purposes [10].

These results are extremely encouraging and suggest that TRG may be a valuable therapeutic option for a wide range of patients with emotional disorders. However, it is important to recognize that further research is needed to validate and extend these findings. Randomized controlled trials and large-scale clinical trials are essential to evaluate the effectiveness of TRG in different populations and clinical contexts. We look forward to seeing further advances in this area and appreciate the opportunity to share our reflections and clinical experiences. Currently, there is an ethics committee-approved project aimed at treating depression with TRG, which is in full execution by the Brazilian Institute of Therapists Training (IBFT). We hope that by the end of 2024, the results will be concluded. In summary, the clinical cases reported here highlight the potential of TRG as an effective and innovative therapeutic approach in the treatment of depression and other emotional disorders. We hope that this letter contributes to the growing body of evidence supporting the integration of TRG into clinical practice and inspires future research on the topic.

Author Contributions: All the authors conceived and wrote, review and editing this editorial. All authors have read and agreed to the published version of the manuscript.

Funding: The authors gratefully acknowledge the financial support provided by Brazilian Institute of Therapist Training (IBFT).

Conflicts of Interest: The authors declare no conflicts of interest.

References

1. Lima-Verde JB, Santos JS. Depression, Neuroplasticity, and Generative Reprocessing Therapy (TRG): A Case Report. *Proceedings of the 2nd European Congress of Neurology and Neuropsychiatry*, 2024; London, England; p. 25. [Google Scholar] [Pubmed]
2. Santos JS, Lima-Verde JB, Miranda MELC. Generative Reprocessing Therapy (TRG): A Promising Approach in Mental Health. *Proceedings of the 11th European Conference in Mental Health (ECMH)*, 2023; Ljubljana, Slovenia; p. 175. [Google Scholar] [Pubmed]
3. Santos JS, Lima-Verde JB. Psychosocial Transformation: How TRG Rescued a Patient with Depression, Anxiety and Suicidal Ideation. *Proceedings of the I International Congress – Mental Health in Contemporary Times: Dialogues on the Topic of Suicide*, 2023; Belo Horizonte, Minas Gerais. [Google Scholar] [Pubmed]
4. Santos JS, Lima-Verde JB. Depression, Anxiety, and Suicidal Ideation: A Case Resolved by Generative Reprocessing Therapy (TRG). *Proceedings of the 4th International Congress of Integrative Medicine*, 2023; Porto, Portugal. [Google Scholar] [Pubmed]
5. Santos JS, Lima-Verde JB. Repensando a Saúde Mental: O Potencial Transformador da Terapia de Reprocessamento Generativo. *Rev. Psicologia Saúde Doenças*. 2024; 25: 102–103. [Google Scholar] [Pubmed]
6. Pereira AG, Santos JS, Lima-Verde JB. Depressão e Terapia de Reprocessamento Generativo (TRG): Um Novo Caminho. *Rev. Saúde Mental Subjetividade*. 2023; 15(28): 1–18. DOI: <https://doi.org/10.5935/1679-4427.v15n28.0008>. [Google Scholar] [Pubmed]
7. Santos JS, Lima-Verde JB. Application of Generative Reprocessing Therapy (TRG) in a Case of Depression and Generalized Anxiety. *RevSALUS*. 2023; 5(3): 74–85. DOI: <https://doi.org/10.51126/revsalus.v5i3>. [Google Scholar] [Pubmed]
8. Santos JS, Lima-Verde JB. Generative Reprocessing Therapy (TRG): Improving the Quality of Life of Patients with Fibromyalgia. In: *Advances in Clinical Psychology. Proceedings of the 16th International Congress of Clinical Psychology*, 2023; Córdoba, Spain; v. 3, p. 245. [Google Scholar] [Pubmed]

9. Pereira AG, Lima-Verde JB, Santos JS. Exploring Fibromyalgia: Insights from Generative Reprocessing Therapy (TRG) for a Comprehensive Understanding of Treatment and Management. *J. Neurol. Stroke*. 2024; 14(1): 12–15. DOI: <https://10.15406/jnsk.2024.14.00573>. [Google Scholar] [Pubmed]
10. Santos JS, Lima-Verde JB. Generative Reprocessing Therapy (TRG): An Effective Approach to Mental Disorders. *Proceedings of the I International Congress: Good Practices in Mental Health in Primary Care, 2023; Curitiba, Paraná*; p. 41. [Google Scholar] [Pubmed]

Disclaimer/Publisher's Note: The statements, opinions and data contained in all publications are solely those of the individual author(s) and contributor(s) and not of Journal of Neurology and Neuropsychiatry and/or the editor(s). Journal of Neurology and Neuropsychiatry and/or the editor(s) disclaim responsibility for any injury to people or property resulting from any ideas, methods, instructions or products referred to in the content.