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Editorial

ReAttach Protocol for Adverse Childhood Events: Nurturing Resilience and Strength

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Abstract

Early childhood trauma is associated with higher risks of mental illness, addiction, suicide attempts, chronic health conditions, and even premature mortality in adulthood (1,2,3,4,5). Due to chronic, toxic stress, the biological stress response systems are repeatedly activated, inducing elevated stress-related hormones and neuromodulators that negatively impact brain development (1,7,8,9). Research suggests that learning, development, and health are at stake due to the dysregulation of various stress response systems, such as the hypothalamic-pituitary-adrenal (HPA) axis and the sympathetic nervous system, which can lead to various health issues. Exposure to any form of early childhood trauma is a transdiagnostic factor in the origin or development of psychological or psychosomatic complaints in adults (10). It is, therefore, of the utmost importance to be trauma-sensitive in the approach and treatment of patients with chronic or complex problems. This ReAttach Protocol for Adverse Childhood Events is a guideline for all ReAttach Specialists and ReAttach Affect Coaches who want to work in a trauma-sensitive manner without shifting the focus to trauma.

Keywords: ReAttach,W.A.R.A., Forgive and Forget Hood, Attachment, New Mind Creation

Introduction

Adverse Childhood Experiences (ACEs) have profound and lasting impacts on psychological, neurological÷1, and physical development. While the damaging effects of toxic stress are well-documented, there remains a gap in trauma-informed protocols that both avoid re-traumatization and promote resilient development (11). This paper introduces the ReAttach Protocol for ACEs, a transdiagnostic and trauma-sensitive approach that aims to bridge developmental gaps through the structured provision of Positive Childhood Experiences (PCEs). Although adverse childhood experiences might cause many problems, such as heightened anxiety, mood disorders, and cognitive dysfunction, we also know that a supportive (family) environment and tailored interventions can mitigate these challenges (11).

Survivors of childhood trauma develop differently than they would have if no trauma had occurred. Their current perception and thought patterns are natural because they have no other frame of reference to compare them to. However, this does not mean that they cannot or would not want to learn to think differently. It mainly indicates that they do not form certain neural connections and will not ask for help to fill the gaps in their development.

Survivors of childhood trauma whom positive childhood experiences have shielded show better overall developmental outcomes (12). These positive childhood experiences (PCEs) might help us formulate training goals we can offer in our ReAttach sessions as critical factors for resilience and positive development (13, 14). More specifically, PCEs were associated with less psychopathology, such as anxiety, depression, PTSD, personality disorders, addiction, affective lability, sleep problems, and learning disorders (14,15). By investing in PCEs to improve supportive relationships, enrich experiences, and create growth opportunities, we can help patients with early childhood trauma lead happier, healthier, and more successful lives in adulthood (15, 16). Stable, nurturing relationships and environment form an important subset of resilience factors that

could moderate the impact of early childhood trauma.

Recent longitudinal studies have shown that the positive effect of PCEs is strongest when they are cumulative (17). This outcome would mean that the more PCE deficiencies we can resolve during ReAttach sessions, the stronger the positive impact on the personal growth of our clients. Not having experienced PCEs yet is a vulnerability, but it also offers opportunities, provided we pay sufficient attention to this. These findings are entirely in line with the New Mind Creation protocol (18), which will play a key role in the treatment of individuals with early childhood trauma.

In summary, for individuals with early childhood trauma, it is crucial to detect the gap between the development they have experienced and the development they might have experienced if circumstances had been cumulatively better.

Spectrum of Early Childhood Trauma: Pervasive Development Disorders

Early childhood trauma is a transdiagnostic factor in a wide range of mental and psychosomatic disorders. Just as cumulative negative childhood experiences can lead to significantly more harm, positive experiences and protective factors can have cumulative beneficial effects. We argue that, as in Autism Spectrum Disorders (ASD), there must be a spectrum of pervasive early childhood trauma development disorders, ranging from limited damage to grave consequences for the person in question. We will discuss the transdiagnostic factors here, which will be placed within this spectrum as underlying factors that either threaten or optimize development.

Dissociation

Dissociation is a coping mechanism that enables patients to compartmentalize aspects of their experiences in response to an overwhelming or stressful event (20, 21, 22). There is a broad spectrum of dissociative disorders, of which defensive exclusion, when stress levels become too high, is widespread: many people experience dissociation during their lives. Becoming so absorbed in an activity that one loses awareness of the surroundings is a form of dissociation or an escape from reality. After an accumulation of adverse events, individuals with early childhood trauma can learn to use dissociation as a way to deal with stressful experiences. Dissociative disorders occur when dissociation becomes distressing and problematic and affects daily life functioning, for instance, in derealisation (feeling detached or separate from the world) and depersonalization (feeling disconnected from yourself or parts of yourself). Dissociation might also facilitate identity alteration and confusion, as in Dissociative Identity Disorders (20, 21, 22).

Taken together, dissociation is a maladaptive coping mechanism that can be persistent and can interfere with developing a coherent view of self, others, and the world. In the treatment of dissociation as a transdiagnostic factor, a tailored, multimodal intervention focusing on identity integration and adaptive coping styles is required (23, 24, 25).

Affective Empathy

Experiencing childhood adversity has detrimental effects on affective empathy (26, 27). Research with fMRI suggests that in individuals with low levels of affective empathy, the mirror neuron system is altered (28). Furthermore, research found that adolescents with weak cognitive empathy manage to compensate for or develop this social cognitive skill (29). However, as far as *affective* empathy is concerned, it seems as if disruptions to affective empathy last a lifetime (29).

Reviewing the literature, the protective nature of PCEs appears to align more closely with *cognitive* empathy (requiring perspective-taking and imagination) than *affective* empathy (feeling someone else's distress). One possible explanation might be the fact that cognitive compensations for empathy do not require a properly functioning mirror neuron system, as is the case for affective empathy.

Sensory Over-Responsivity (SOR)

Early childhood trauma can cause hypervigilance and a disturbed balance between excitation–and inhibition (30). This disturbance increases SOR and the intolerance to stress and sensory stimuli. A clinical trial by Cracknell et al. (30) suggests a high-dose Vitamin-B6 to support inhibition and restore the disturbed brain balance. Interventions, such as ReAttach (14), aimed at improving sensory processing, are important to reduce and prevent SOR in the future.

Early Maladaptive Schemas (EMS)

Individuals with early childhood trauma can develop Early Maladaptive Schemas according to Young's schema theory (31, 32) when their basic affective needs are not met. Young (31, 32) mentions *five basic affective needs:*

• Secure attachments to others (safety, stability, nurturance, and acceptance)

• Autonomy, competence, and sense of identity

• Freedom to express valid needs and emotions

• Spontaneity and play

• Realistic limits and self-control.

Young (31, 32) described *five EMS domains* with eighteen maladaptive schemas:

Disconnection and Rejection

- Abandonment
- Mistrust/abuse

- Emotional deprivation
- Defectiveness/shame
- Social isolation

Impaired Autonomy and Achievement

- Dependency/incompetency
- Vulnerability to harm/illness
- Enmeshment/undeveloped self
- Failure

Impaired Limits

- Entitlement/grandiosity
- Lack of self-control/self-discipline

Other-directedness

- Subjugation
- Self-sacrifice
- Approval/recognition-seeking

Hypervigilance and Inhibition

- - Negativity/pessimism
- - Emotional inhibition
- - Unrelenting standards
- - Punitiveness

Correcting maladaptive coping strategies is difficult, since individuals with maladaptive coping styles focus on schema-congruent information rather than seeking exposure to experiences contradicting them. Besides, due to biological changes through adverse events, such as inflammatory responses, updating and correcting maladaptive schemas is difficult for the brain (33). Negative EMSs predict helplessness, hopelessness, and worthlessness (31, 33, 34, 35). A recent study showed that the schemas of Defectiveness/Shame and Social Isolation / Alienation were strongly associated with depression. Schema-congruent information, thus the prediction of being inferior, unlovable, or not belonging, leads to maladaptive coping styles, including avoidance, overcompensation, or surrendering (36). In contrast, securely attached persons are aware of their negative affect and process distress with self-compassion and ask for help if they need support (37).

Well-being comparisons to better-off standards

Individuals who have experienced early childhood trauma see themselves, others, and society through different eyes because of their life experiences. They often feel different from people who have not experienced so many bad things and are less able to identify with the unburdened individuals. If they engage in well-being comparisons to better-off standards, they may perceive themselves as falling short, accompanied by feelings of inadequacy or self-doubt (38, 39, 40). These negative thought patterns can lead patients to become trapped in a vicious circle of fear (41). These negative thought patterns can lead patients to become trapped in a vicious circle of fear (41). An external locus of control reinforces these aversive comparisons, which can lead to confirmation of maladaptive schemas, making it even more challenging to adjust (39, 42, 43).

Affective Isolation and Embodied Emotions

The avoidance of experiencing or expressing emotions is a defense mechanism that helps individuals with early childhood trauma create a seemingly calm external presentation and maintain the appearance of emotional stability. This coping style just masks the underlying emotional turmoil within. Affective isolation (20) and denial of traumatic memories and events will not fool the body: emotional experiences have a deep impact on our bodily states. Multisensory integration of exteroceptive, proprioceptive, and interoceptive sensory inputs may lead to dysfunctional threat perception and experiences (44, 45). According to Giraud et al. (45), the somatosensory system could be considered a mediator/gatekeeper through which emotions pass with a dissociable effect of arousal and affective valence. Research has shown that simple bodily exercises can enhance embodied cognitive restructuring (46), suggesting the integration of body-oriented exercises into existing protocols or as a complement to the treatment regimen.

ReAttach Protocol for Early Childhood Trauma

A spectrum of early childhood trauma and pervasive developmental issues requires a tailored, integrative approach. ReAttach is a method that requires proximity, and that can be very difficult for many victims of adverse events to trust. Taking time for psycho-education and introducing ReAttach techniques through short-term self-regulation exercises can help build the client's confidence. In general, it is essential not to initiate social cognitive training too soon and to allocate more time for preparation before the first ReAttach session.

Validation of self-control

ReAttach Affect Coaches can help clients develop more self-control by offering exercises that introduce the ReAttach technique. A first, simple exercise is to have the client regulate their own arousal by drumming at a fast tempo or pressing with the index and middle fingers. The Forgive and Forget Hood can be used as a self-regulation exercise to clear the mind and the W.A.R.A. to learn how to decrease sensory overresponsiveness

or negative affect.

New Mind Creation Procedure

We advise ReAttach Affect Coaches to first use the New Mind Creation procedure (50), including checking all the conditions that must be met before applying the New Mind Creation technique:

- Activated mirror neuron system
- Automated sensory integration
- Social cognitive training
- Trained or restored optimism bias
- Reconnect with positive affect

With an activated mirror neuron system, social cognitive training enables the ReAttach Affect Coach to help patients develop *affective* empathy by training cognitive empathy under optimal arousal and sensory integration.

ReAttach utilizes *identifications* to transition adaptive skills from an external locus of control to an internal locus of control, thereby bringing them within the reach of learning ability.

In the early childhood trauma protocol, extra attention is paid to identification with a loving observer who can look lovingly and attentively at all aspects of the self. The purpose of this is to enhance the internal organization of patients, enabling a coherent sense of self.

As mentioned earlier, it is imperative to pay special attention to *body-oriented* interventions that help release the negative, embodied emotions held in the body through a combination of identifications and Cognitive Bias Modification (CBM) (14). The patient can integrate these somatic experiences by engaging in motor imagery of actions to release the body's fight, flight, or freeze responses. In a sustained flight response, a patient might run very fast during motor imagery, kick or hit very hard during a fight response, and warm up and bask in the sun during the freeze response. All these examples aim to integrate traumatic somatic experiences.

In the New Mind Creation session, ReAttach Affect Coaches focus on filling the gap between optimal development and the current neuropathways the patient has been walking to promote secure attachment and Growth Mindset (50). Although the primary goal of the New Mind Creation is to promote secure attachment, the technique can also be applied after training to facilitate cognitive restructuring within a secure attachment framework. An example is learning to trust schema-incongruent information (during NMC) or being able to tolerate the exposure of toxic shame while taking the perspective of the mirror image and looking to the inner self (CBM1/NMC combination). Practicing exploration during the NMC is a boost for the Growth Mindset and is promising for patients with early childhood trauma or complex problems.

Technique	Objective	Application	Notes
Forgive and Forget Hood	Alleviate persistent thoughts	Used in early sessions to clear mental clutter	Client can practice independently
W.A.R.A.	Regulate negative emotions and Sense of Reality (SOR)	Applied under mild arousal to recalibrate responses	Use after initial psychoeducation
New Mind Creation	Build secure attachment and schema restructuring	Applied after mirror system and optimism are activated	Requires trust and coach-client bond

Discussion

The ReAttach protocol for early childhood trauma is written for a spectrum of individuals who have experienced adverse events with varying degrees of severity impacting their lives. Early childhood trauma often plays a role in patients with complex psychological or psychosomatic problems, even if it is not recognized as such or even denied (20, 21). We suggest that there might be a spectrum of early childhood trauma and pervasive developmental disorders, with dissociation, affective empathy, sensory overresponsiveness (SOR), Early Maladaptive Schemas (EMS), welfare comparisons, and affective isolation being cited as transdiagnostic factors.

The ReAttach protocol for early childhood trauma is a tailored, integrative approach that requires proximity, which can be difficult for ACE victims. There, we explicitly emphasized the importance of psychoeducation and self-regulation exercises to validate the need for self-control. The New Mind Creation procedure is described as a key component of the protocol, with attention paid to the prerequisites that must be met before the technique can be applied. To release negative, embodied emotions in support of building adaptive schemas, we suggest integrating body-oriented exercises under the secure attachment of the New Mind Creation technique.

Conclusion

Although Adverse Childhood Events have a devastating influence on the lives of many, Positive Childhood Events can help survivors mitigate the toxicity in all developmental domains. ReAttach Affect Coaches can use this ReAttach

Protocol for Adverse Childhood Events to provide victims with cumulative Positive Childhood Experiences, helping them fill developmental gaps and upgrade maladaptive schemas.

The ReAttach protocol provides a trauma-informed and neurodevelopmentally-informed strategy that turns adverse childhood experiences into avenues for healing and personal growth. By integrating PCEs within organized therapeutic interactions, ReAttach Affect Coaches facilitate the cultivation of resilience, self-regulation, and a cohesive self-identity. Utilizing a mix of cognitive restructuring, embodied techniques, and empathic connection, this protocol plays a key role in addressing developmental gaps caused by early adversity.

Declaration of interest

Paula Zeestraten-Bartholomeus is developer of ReAttach, W.A.R.A., the New Mind Creation and the Forgive and Forget Hood.

References

1. Yu, J., Haynie, D. L., & Gilman, S. E. (2024). Patterns of Adverse Childhood Experiences and Neurocognitive Development. *JAMA pediatrics*, *178*(7), 678–687. https://doi.org/10.1001/jamapediatrics.2024.1318
2. Grummitt LR, Kreski NT, Kim SG, Platt J, Keyes KM, McLaughlin KA. Association of childhood adversity with morbidity and mortality in US adults: a systematic review. *JAMA Pediatr*. 2021;175(12):1269-1278. doi:10.1001/jamapediatrics.2021.2320
3. Hughes K, Bellis MA, Hardcastle KA, et al. The effect of multiple adverse childhood experiences on health: a systematic review and meta-analysis. *Lancet Public Health*. 2017;2(8):e356-e366. doi:10.1016/S2468-2667(17)30118-4
4. Petruccelli K, Davis J, Berman T. Adverse childhood experiences and associated health outcomes: a systematic review and meta-analysis. *Child Abuse Negl*. 2019;97:104127. doi:10.1016/j.chiabu.2019.104127
5. Yu J, Patel RA, Haynie DL, et al. Adverse childhood experiences and premature mortality through mid-adulthood: a five-decade prospective study. *Lancet Reg Health Am*. 2022;15:100349. doi:10.1016/j.lana.2022.100349
6. De Bellis MD. Developmental traumatology: the psychobiological development of maltreated children and its implications for research, treatment, and policy. *Dev Psychopathol*. 2001;13(3):539-564. doi:10.1017/S0954579401003078
7. Shonkoff JP, Garner AS; Committee on Psychosocial Aspects of Child and Family Health; Committee on Early Childhood, Adoption, and Dependent Care; Section on Developmental and Behavioral Pediatrics. The lifelong effects of early childhood adversity and toxic stress. *Pediatrics*. 2012;129(1):e232-e246. doi:10.1542/peds.2011-2663
8. Lupien SJ, Ouellet-Morin I, Hupbach A, et al. Beyond the stress concept: allostatic load—a developmental biological and cognitive perspective. In: Cicchetti D, Cohen DJ, eds. *Developmental Neuroscience*, 2nd ed. *Developmental Psychopathology*, vol 2. Wiley; 2006:578-628. doi:10.1002/9780470939390.ch14
9. McEwen BS, Stellar E. Stress and the individual: mechanisms leading to disease. *Arch Intern Med*. 1993;153(18):2093-2101. doi:10.1001/archinte.1993.00410180039004
10. Bussières, A., Hancock, M. J., Elklit, A., Ferreira, M. L., Ferreira, P. H., Stone, L. S., Wideman, T. H., Boruff, J. T., Al Zoubi, F., Chaudhry, F., Tolentino, R., & Hartvigsen, J. (2023). Adverse childhood experience is associated with an increased risk of reporting chronic pain in adulthood: a systematic review and meta-analysis. *European journal of psychotraumatology*, *14*(2), 2284025. https://doi.org/10.1080/20008066.2023.2284025
11. Jamil, S., Raza, M. L., Moradikor, N., & Haghipanah, M. (2025). Early life stress and brain development: Neurobiological and behavioral effects of chronic stress. *Progress in brain research*, *291*, 49–79. https://doi.org/10.1016/bs.pbr.2025.01.004
12. Sims, W. M., Tran, N., Neuhaus, J., & Pantell, M. S. (2025). Associations between adverse childhood experiences, resilience, and health and educational outcomes using data from the 2022 National Survey of Children's Health. *Child abuse & neglect*, *165*, 107477. https://doi.org/10.1016/j.chiabu.2025.107477
13. Cunha, O., Sousa, M., Pereira, B., Pinheiro, M., Machado, A. B., Caridade, S., & Almeida, T. C. (2024). Positive Childhood Experiences and Adult Outcomes: A Systematic Review. *Trauma, violence & abuse*, 15248380241299434. Advanced online publication. https://doi.org/10.1177/15248380241299434
14. Bartholomeus, P. J. P. W. (2021). ReAttach: A transdiagnostic intervention for adults and children with mental health problems. [Doctoral Thesis, Maastricht University]. Maastricht University. https://doi.org/10.26481/dis.20211109pb
15. Han D., Dieujuste N., Doom J. R., Narayan A. J. (2023). A systematic review of positive childhood experiences and adult outcomes: Promotive and protective processes for resilience in the context of childhood adversity. *Child Abuse & Neglect*, 144, Article 106346. https://doi.org/10.1016/j.chiabu.2023.106346
16. Bhargav M., Swords L. (2024). Two sides of the coin: The roles of adverse childhood experiences and positive childhood experiences in college students' mental health. *Journal of Interpersonal Violence*, 39(11–12), 2507–2525. https://doi.org/10.1177/08862605231220018
17. Kallapiran, K., Suetani, S., Cobham, V., Eapen, V., & Scott, J. (2025). Impact of Positive Childhood Experiences (PCEs): A

Systematic Review of Longitudinal Studies. *Child psychiatry and human development*, 10.1007/s10578-024-01807-x. Advanced online publication. https://doi.org/10.1007/s10578-024-01807-x

18. Sousa, M., Machado, A. B., Pinheiro, M., Pereira, B., Caridade, S., Almeida, T. C., Cruz, A. R., & Cunha, O. (2025). The Impact of Positive Childhood Experiences: A Systematic Review Focused on Children and Adolescents. *Trauma, violence & abuse*, 15248380251320978. Advanced online publication. https://doi.org/10.1177/15248380251320978
19. Zeestraten-Bartholomeus, P. (2024) New Mind Creation. Stichting ReAttach Therapy International, Berg en Terblijt, The Netherlands.
20. Orlof, W., Sołowiej-Chmiel, J., & Waszkiewicz, N. (2025). Selected Aspects of Diagnosis and Therapy in Dissociative Identity Disorder (DID)-Case Report. *Journal of Clinical Medicine*, *14*(8), 2617. https://doi.org/10.3390/jcm14082617
21. Hohfeler R. A., 3rd (2025). Shame as Affect Regulation in Dissociative Identity Disorder. *Journal of trauma & dissociation : the official journal of the International Society for the Study of Dissociation (ISSD)*, *26*(2), 218–238. https://doi.org/10.1080/15299732.2024.2448419
22. Ganslev, C.A.; Storebø, O.J.; Callesen, H.E.; Ruddy, R.; Søgaard, U. Psychosocial interventions for conversion and dissociative disorders in adults. *Cochrane Database Syst. Rev.* 2020, *7*, CD005331.
23. Reinders, A.A.T.S.; Veltman, D.J. Dissociative identity disorder: Out of the shadows at last? *Br. J. Psychiatry* 2021, *219*, 413–414,
24. Lebois, L.A.M.; Ross, D.A.; Kaufman, M.L. "I Am Not I": The Neuroscience of Dissociative Identity Disorder. *Biol. Psychiatry* 2022, *91*, e11–e13.
25. Saxena, M.; Tote, S.; Sapkale, B. Multiple Personality Disorder or Dissociative Identity Disorder: Etiology, Diagnosis, and Management. *Cureus* 2023, *15*, e49057.
26. Van Doorn, G., Dye, J., & Teese, R. (2024). The Influence of Adverse and Positive Childhood Experiences on Facets of Empathy *Child abuse & neglect*, *155*, 106993. https://doi.org/10.1016/j.chiabu.2024.106993
27. Feng, H., Zeng, Y., & Lu, E. (2022). Brain-inspired affective empathy computational model and its application on altruistic rescue task. *Frontiers in Computational Neuroscience*, *16*, 784967.
28. Penagos-Corzo, J. C., Cosio van-Hasselt, M., Escobar, D., Vázquez-Roque, R. A., & Flores, G. (2022). Mirror neurons and empathy-related regions in psychopathy: Systematic review, meta-analysis, and a working model. *Social Neuroscience*, *17*(5), 462-479.
29. Dadds, M. R., Hawes, D. J., Frost, A. D., Vassallo, S., Bunn, P., Hunter, K., & Merz, S. (2009). Learning to 'talk the talk': The relationship of psychopathic traits to deficits in empathy across childhood. *Journal of child psychology and psychiatry*, *50*(5), 599-606.
30. Cracknell, R. O., Tavassoli, T., & Field, D. T. (2024). High-dose Vitamin-B6 reduces sensory over-responsivity. *Journal of Psychopharmacology (Oxford, England)*, *38*(12), 1147–1156. https://doi.org/10.1177/02698811241271972
31. M'Bailara, K., Munuera, C., Weil, F., Passerieux, C., & Roux, P. (2025). Discrete early maladaptive schema subgroups in remitted bipolar disorders: association with neuropsychological performance, residual symptoms, and psychosocial functioning. *Frontiers in Psychology*, *16*, 1476345. https://doi.org/10.3389/fpsyg.2025.1476345
32. Young, J. E., Klosko, J. S., and Weishaar, M. E. (2003). *Schema therapy: A Practitioner'sguide*. London: Guilford Press.
33. Ramamurthy, G., & Chen, A. (2025). Early maladaptive schemas from child maltreatment in depression and psychotherapeutic remediation: a predictive coding framework. *Frontiers in psychiatry*, *16*, 1548601. https://doi.org/10.3389/fpsyt.2025.1548601
34. Trincas R, Ottaviani C, Couyoumdjian A, Tenore K, Spitoni G, Mancini F. Specific dysphoric symptoms are predicted by early maladaptive schemas. *ScientificWorldJournal*. (2014) 2014:231965. doi: 10.1155/2014/231965
35. Wright MO, Crawford E, Del Castillo D. Childhood emotional maltreatment and later psychological distress among college students: the mediating role of maladaptive schemas. *Child Abuse Negl*. (2009) 33:59–68. doi: 10.1016/j.chiabu.2008.12.007
36. Brockman RN, Simpson S, Hayes C, Wijngaart Rvd, Smout M. From Core Emotional Needs to Schemas, Coping Styles, and Schema Modes The Conceptual Model of Schema Therapy. In: *Cambridge Guide to Schema Therapy (Cambridge Guides to the Psychological Therapies)*. Cambridge University Press. Kindle Edition, Melbourne, Australia (2023). p. 1–15.
37. Farr J, Ononaiye M, Irons C. Early shaming experiences and psychological distress: The role of experiential avoidance and self-compassion. *Psychol Psychother*. (2021) 94:952–72. doi: 10.1111/papt.12353
38. Schwarz, N., & Strack, F. (1999). Reports of subjective well-being: Judgmental processes and their methodological implications.
39. Schlechter, P., Hellmann, J. H., & Morina, N. (2024). The longitudinal relationship between well-being comparisons and anxiety symptoms in the context of uncontrollability of worries and external locus of control: a two-wave study. *Anxiety, stress, and coping*, *37*(5), 602–614. https://doi.org/10.1080/10615806.2024.2306530
40. Unkelbach, C., Alves, H., Baldwin, M., Crusius, J., Diel, K., Galinsky, A. D., & Mussweiler, T. (2023). Relativity in social cognition: Basic processes and novel applications of social

comparisons. *European Review of Social Psychology*, *34*(2), 387-440.

41. Rector, N. A., Kamkar, K., Cassin, S. E., Ayearst, L. E., & Laposa, J. M. (2011). Assessing excessive reassurance seeking in the anxiety disorders. *Journal of Anxiety Disorders*, *25*(7), 911-917.
42. Lachman, M. E. (2006). Perceived control over aging-related declines: Adaptive beliefs and behaviors. *Current Directions in Psychological Science*, *15*(6), 282-286.
43. Samuel, N. N., & Okonkwo, I. G. (2021). Relationship between metacognition, locus of control, and academic achievement in secondary school chemistry students in Anambra State, Nigeria. *Education Research International*, *2021*(1), 6698808.
44. Varangot-Reille, C., Pezzulo, G., & Thacker, M. (2024). The fear-avoidance model as an embodied prediction of threat. *Cognitive, affective & behavioral neuroscience*, *24*(5), 781–792. https://doi.org/10.3758/s13415-024-01199-4
45. Giraud, M., Javadi, A. H., Lenatti, C., Allen, J., Tamè, L., & Nava, E. (2024). The role of the somatosensory system in the feeling of emotions: a neurostimulation study. *Social cognitive and affective neuroscience*, *19*(1), nsae062. https://doi.org/10.1093/scan/nsae062
46. Zeestraten-Bartholomeus, P. (2025) Forgive and Forget Hood: an accessible tool to clear the mind. ReAttach Therapy International Foundation, Berg en Terblijt, The Netherlands.
47. Zeestraten-Bartholomeus, P. and Bita, M. (2025) ReAttach Protocol for Adoption and Foster Care: Building Family Cohesion, *ReAttach Affect Coach Journal, 1(1)26-32*.
48. Weerkamp-Bartholomeus, P., Marazziti, D., & van Amelsvoort, T. (2020). WARA (Wiring Affect with ReAttach) provided by remote training: first-aid psychological intervention? *Clinical Neuropsychiatry*, *17*(2), 115.
49. Weerkamp-Bartholomeus, P., Marazziti, D., Chan, E., Srivastava, A., & Van Amelsvoort, T. (2020). Randomized comparison of W.A.R.A. (Wiring Affect with ReAttach) versus Distraction: A pilot study assessing the efficacy of an ultrafast transdiagnostic intervention. *Heliyon*, 6, e04660. https://doi.org/10.1016/j.heliyon.2020.e04660
50. Zeestraten-Bartholomeus, P. (2024) New Mind Creation. Stichting ReAttach Therapy International, Berg en Terblijt, The Netherlands.