

ReAttach Forgive and Forget Hood: Clear the Mind, Stop Rumination!

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Abstract

It is understandable that when we are hurt, even when we try to forgive with our hearts, it is far more complicated to forgive and forget. If we retain sensory information excluded from processing, it remains, as it were, "before our retina," and therefore influences our perception and the behavior associated with it. Research links this disturbed perception inextricably to a broad spectrum of psychological and psychosomatic complaints. The ReAttach Forgive and Forget Hood (FFH) is an accessible tool for clearing the mind, helping us to place sensory information behind our eyes [1]. Recently, we published the first pilot studies examining the effectiveness of Forgive and Forget Hood in decreasing total burden and person-intolerance [2]. This paper presents a second effectiveness study on Forgive and Forget Hood, in which we also investigate the impact of the FFH on neuro-markers to help us understand the underlying mechanisms. In the discussion, we discuss the possibilities that this accessible, affordable self-regulation tool can offer as a first-aid psychological intervention.

Keywords: ReAttach, Forgive and Forget Hood (FFH), Rumination, Trauma, Depression

Introduction

Considering the increased burden of stress, letting go is more difficult than expected. Research has shown that holding on to negative thoughts and feelings is not wise [3] and even causes serious problems. The consequences of rumination are overwhelming and impossible for the patient to comprehend: exacerbating psychopathology, prolonged negative mood, weakened executive functioning, and exacerbating and maintaining physiological stress. Not only does rumination act as a transdiagnostic vulnerability towards anxiety, depression, psychosis, insomnia, and impulsive behavior, but it also interferes with psychotherapy, limiting the efficacy of psychological interventions in general [3]. Adaptive traits, such as peacefulness, kindness, love and affection, gratitude, and forgiveness, can help prevent or stop rumination [4,5,6]. Nevertheless, if thoughts and feelings are not properly processed, they will quickly resurface. In today's world, where wars, food shortages, natural disasters, and violence plague us, it takes much effort to stay mentally healthy. For the most vulnerable children and adults who already

suffer from psychological or psychosomatic complaints, it is inevitable to build up stress and intolerance towards others. Rumination is a complex phenomenon that does not have to be problematic when it occurs in a limited form: when we fall in love, prepare a surprise, or feel enthusiasm or passion about someone or something, we do not mind indulging in a preoccupation [7]. The excitement from positive affect makes us happy and boosts our well-being if it remains within certain limits and does not last too long. Healthy mental functioning requires a balance between the activation of the sympathetic and parasympathetic nervous systems. In contrast, over-activation of the sympathetic nervous system to the detriment of the parasympathetic system leads to exhaustion [3,8]. When it is no longer possible to stop the flow of thoughts or shift the focus, psychopathology arises: preoccupations, obsessions, addiction, or manic episodes [9, 10, 11]. Reflecting on oneself and problems that may arise in everyday life is healthy. It helps us find solutions to problems and is adaptive unless we can no longer stop doing it, and it becomes pathological rumination. Research has shown that the prevalence of depression is higher in women than in

men, probably because women are more prone to rumination [12]. While male rumination tends to be a reflection, female depression-related rumination tends to be brooding. In all pathological rumination, there is a personal and interpersonal burden. After all, rumination occupies the patient's mind, which will put pressure on relationships with significant others. The ReAttach Forgive and Forget Hood (FFH) is suitable for children aged nine and up and helps them let go of information that interferes with perception, mood, and daily functioning [1, 2]. Clearing the mind, facilitated by self-regulation instruction, reduces the burden of suffering and shows them the way to clear thinking. Likewise, The *ReAttach Forgive and Forget Hood* is an innovative neuropsychological tool designed to interrupt cycles of negative rumination and promote emotional regulation. Developed within the ReAttach therapeutic framework, this approach utilizes sensory stimulation and cognitive techniques and structures to help individuals or clients "clear the mind" by reducing intrusive thoughts and ideas and enhancing cognitive flexibility. Grounded in attachment theory and neuroscience, ReAttach therapy supports emotional resilience by addressing maladaptive memory processing. The "Forgive and Forget Hood" aims explicitly to facilitate emotional release, cognitive reframing, and forgiveness—key elements in reducing psychological distress and improving mental well-being, as discussed in various studies [22, 23, 24].

We hypothesize that FFH is an effective transdiagnostic instrument suitable for prevention as well as part of the treatment of psychopathology and psychosomatic care. To gain insight into the underlying mechanisms, we use neuro markers to measure which brain areas are activated and how the brain responds to the FFH intervention.

Study Design

This study aimed to evaluate the effectiveness of the FFH intervention on experienced total burden and neuro-markers, measured through a single rating scale (0-100%) and quantitative electroencephalography (Q-EEG). We used a pre-post design to assess changes in these variables before and after the intervention.

We compared the results of this group of patients with those of a previously published study (N=16) regarding the total burden experienced five minutes after FFH [2]. We hypothesized that these results should be similar. We conducted an a priori power analysis to calculate the study's required sample size [15, 16]. To detect clinically significant differences in decreased total load and person intolerance with 80% power and expected large effect sizes (2) of 0.80 ($\alpha = .05$ two-sided), our study required a minimal sample size of 7 participants. We used SPSS [17] for the descriptive statistics and data analysis.

Participants

We included self-referred participants with a heavy emotional, sensory load, or trauma who provided informed consent for *ReAtt Aff Co 1(2): 40-47 (2025)*

anonymous data processing and publication. A total of 13 participants (n = 13) were included in the study, comprising five women (38.5%) and eight men (61.5%). The age of participants ranged from 7 to 50 years, with a mean age of 34.08 years (SD=12.37).

Participants presented with a variety of *psychological diagnoses*, including:

- Post-Traumatic Stress Disorder (PTSD): 1 participant
- Generalized Anxiety Disorder (GAD): 1 participant
- Major Depressive Disorder (MDD): 2 participants
- Parental/Marital Stress: 2 participants
- MDD with suspected psychosis: 1 participant
- MDD with substance use disorder and intermittent explosive disorder: 1 participant
- Attention-Deficit/Hyperactivity Disorder (ADHD): 3 participants
- Work-related stress: 2 participants

Medication

Out of 13 participants, 11 did not use any medication, 1 participant used anti-depressants and Risperidone, and 1 Quetiapine.

Measures

- 1. Total Burden:** We assessed the experience using the Total Burden Rating scale, which ranges from 0% to 100%. Participants undergoing the FFH intervention reported their perceived burden before and five minutes after the FFH intervention.
- 2. Neuro-markers:** We evaluated neuro-markers using quantitative electroencephalography (Q-EEG). Baseline brain activity was recorded prior to the FFH intervention, and post-intervention measurements were taken five minutes after the FFH to capture its effects.

Forgive and Forget Hood

ReAttach Affect Coaches can perform the FFH intervention face-to-face, applying the technique and facilitating the client's co-regulation of arousal, stimulus processing, and thinking tasks. However, during this study, the client performed the FFH as a self-regulation tool guided by the ReAttach Affect Coach.

As previously described [1], the Forgive and Forget Hood consists of the following steps:

The client starts activating the sympathetic nervous system by tapping on a surface in optimal high arousal [13] and closing the eyes.

Activation of the parasympathetic nervous system by the client by pressing with the middle and index fingers on the surface [1, 13, 14].

Before proceeding with the thinking assignment, the therapist

checks if the client can feel the parasympathetic resting state.

While the client continues activating the parasympathetic nervous system, he starts gathering information that should be transported to the FFH.

Before transporting the heavy load, the therapist checks if the gathering is complete.

While the client continues activating the parasympathetic nervous system, he starts transporting the information by focusing on the charge from the forehead, over the crown of the head, to the back of the head.

While the client continues activating the parasympathetic nervous system, he waits until the heavy load disappears.

The client starts activating the sympathetic nervous system, opens his eyes, and taps until he feels balanced.

Results

Total Burden

We used a Wilcoxon Signed-Rank Test to assess the difference in total burden experienced by participants before and after the intervention (N = 13). All participants reported a decrease in total burden. Before the FFH, the mean total burden was 72 (SD 22.64), which decreased to 19.08 (SD 22.08) after the self-regulation exercise. The result was statistically significant, $Z = -3.184$, $p = .001$, indicating that participants experienced a significant decrease in total burden from pre-test to post-test. The effect size was calculated using Cohen's d , which was 3.764, indicating a substantial effect.

We compared the results of this group of participants with those of the previously published FFH study [2]. We used an independent sample Mann-Whitney U test to assess the hypothesis that there are similar, significant decreases in total burden in both studies after the FFH. Based on the results of the Mann-Whitney U test, we conclude that there is no statistically significant difference in the decrease of the experienced total burden. In both groups, all participants reported a reduction of

total burden, with no increase noted. In both groups, the effect sizes, as measured by Cohen's d , were large: 3.692 in the first study (N = 16) and 3.764 in our group of 13 patients.

Neuro-markers

We evaluated neuro-markers using quantitative electroencephalography (Q-EEG). (Q- EEG) biomarkers provide a precise method for better diagnosis, treatment, and monitoring of treatment responses [18]. Table 1. presents the clinical normative and remarkable values for Clinical Q-EEG used to evaluate the results of our participants.

Pre-test

Baseline brain activity was recorded prior to the FFH intervention, and post-intervention measurements were taken five minutes after the FFH to capture its effects. Our research process involved a comprehensive comparison of the left and right hemispheres of the brain, focusing on the first three data points: theta, alpha, and beta. The data revealed that when these frequencies are plus/minus 15 % stronger than the left, individuals experience heightened emotions, impulsivity, dysregulation, and depression.

At T0, before the FFH, we observed in our participants some dysregulation and impulsivity, such as: "When you will trigger me, I will get so angry, I will yell at you, I will throw things, I will lose control." That is what it means when there is a high theta frequency, greater than 30%. If alpha is greater than 30%, "When I get dysregulated, I will cry a lot, and I will just be so frustrated." When beta is greater than 30 %, it will be a depression marker: "I will feel so sad."

As presented in table 2, after FFH, we found that the data in the frontal lobe of the right brain decreased, indicating that participants are returning to normative standards. The participants felt more regulated; they can manage challenges and frustrations cognitively without being dysregulated.

Table 3 shows the Cz and O1 neuro-markers measured at the different time points. Cz less than 30 is an indicator of current stress. An O1 measurement of less than 50 is an indicator of

Clinical Q Probe Location	Normative value	Remarkable value	Clinical Implication if at Remarkable ranges
Cz-Alpha Response	Above 30	Less than 30	Exposure to severe emotional stressor
O1-Alpha Response	Above 50	Less than 50	Traumatic stress
F4-Theta	+ - 15	Above 15	Emotional Volatility
F4-Alpha	+ - 15	Above 15	Emotional dysregulation
F4-Beta	+ - 15	Above 15	Predisposition to depressed mood states

Table 1: Clinical Q Normative and Remarkable Values Summary Guideline

trauma. Measurement of Cz before and five minutes after FFH showed increased activation, which is a normal reaction expected to normalize within a few hours, as observed in our previous study, where a further decrease in the experienced total burden was noted (2). Contacting the participants taught us that a few days later, they were still feeling better. One of the subjects, after a week, could no longer get angry at all. Instead, she felt so calm and happy. We did not assess follow-up neuro-marker measurements in this study.

Descriptive results of the Q-EEG measurements:

A forty-year-old male participant had a history of drug

overdose. His total burden decreased from 40% to zero. Neuromarker assessment revealed a decrease in Theta from 72 to 28, in Alpha from 18 to 16, and in Beta from 68 to 20, indicating less emotional dysregulation after FFH. Furthermore, CZ increased from 5 to 15 and O1 from 50 to 100, indicating that the right frontal lobe is functioning better.

A forty-nine-year-old male participant diagnosed with MDD reported a decrease in total burden from 70% to 10%. Q-EEG assessment revealed significant drops in Theta from 37 to 18, in Alpha from 24 to 1.4, and in Beta from 75 to 31, indicating less emotional dysregulation and depression after FFH. We found no significant change in Cz, but O1 increased from 0 to 61,

F4-Theta T0	F4-Alpha T0	F4-Beta T0	F4-Theta T1	F4-Alpha T1	F4-Beta T1	Burden T0-T1
72	38	68	28	16	20	-40%
37	24	75	18	1.4	31	-60%
30	31	48	23	27	23	-100%
-19	-31	-230	-2	-12	-100	-32%
-47	-59	-41	-4	-11	-28	-30%
-7	0	3	12	11	3	-100%
30	17	33	28	-25	-15	-26%
16	25	-10	19	30	15	-80%
25	28	20	12	12	1	-80%
18	12	17	3	6	15	-25%
155	57	54	100	35	40	-40%
-12	-20	24	15	15	20	-45%
16	13	5	15	13	20	-30%

Table 2: Neuro-Markers F4 right brain measurements before and after FFH, and decrease in total burden.

Cz-T0	Cz-T1	O1-T0	O1-T2	Burden T0-T1
5	15	50	100	-40%
12	10	0	61	-60%
20	10	21	19	-100%
-3	13	-13	2	-32%
-5	20	13	0	-30%
-20	0	30	34	-100%
-18	10	26	29	-26%
20	25	95	80	-80%
22	18	108	100	-80%
78	101	100	98	-25%
28	20	25	29	-40%
46	30	12	39	-45%
16	60	20	15	-30%

Table 3: Cz and O1 neuro-markers measured at the different time points, and the decrease in total burden.

indicating an improvement in the occipital lobe.

A twenty-year-old male diagnosed with ADHD reported that his total load decreased from 100 % to zero. Besides a slight improvement in the frontal lobe, we found no changes in Q-EEG five minutes after FFH. Therefore, we suspected him to be still processing.

A thirty-six-year-old female working in a high-stress environment reported a decrease in total burden from 75% to 43%. Too high frequencies on the Q-EEG suggested that she has an Autism Spectrum Disorder. Nevertheless, the data improved slightly: Theta went from minus 19 to minus 2, Alpha from minus 31 to minus 12, Beta from minus 230 to minus 100, Cz from minus 3 to 13, and O1 from minus 13 to 2.

A forty-nine-year-old male with work-related stress reported a decrease in total burden from 30% to zero. Neuromarker assessment revealed an increase in Theta from -47 to 4, in Alpha from -59 to 11, and in Beta from -41 to 28. Furthermore, CZ increased from -5 to 20, and O1 decreased from 13 to 0. We suspect that this participant was still processing the FFH and requires additional sensory integration training, such as ReAttach.

A twenty-nine-year-old male with MDD and suspected psychosis, on Quetiapine medication, reported a decrease in total burden from 100% to zero. Although we did not find a significant change in the frontal lobes, the stress marker Cz improved from a value of minus 20 to zero. He reported that his mind was clear.

An eighteen-year-old female, the only child of divorced parents, reported a decrease in total burden from 86% to 60%. She performed the FFH in the midst of exams. Before the FFH, Beta indicated a marker for depression. Five minutes after the FFH, the Beta neuromarker shifted from a depressed marker (33) to a more normal range (minus 15). Even though she was in her exam time, Cz and O1 improved: CZ shifted from minus 18 to minus 10 and O1 from 26 to 29.

A seven-year-old female, the only child of divorced parents, diagnosed with ADHD, reported a decrease in total burden from 100% to 20%. We found no significant changes in the frontal lobes; however, the stress neuro marker improved by five points (Cz decreased from 20 to 25). The child reported that she was very happy.

A thirty-two-year-old female with suspected chronic PTSD reported a decrease in total burden from 80% to zero. She mentioned that she threw all her worries into the FFH. A significant change occurred in the frontal cortex, where all values returned to the normal range: Theta decreased from 25 to 12, Alpha decreased from 28 to 12, and Beta decreased from 20 to 1. We found a slight drop in Cz, decreasing from 22 to 18, which is acceptable because she was still processing.

A thirty-six-year-old married female with a child diagnosed with ASD reported that her total burden decreased from 60% to 35%. All neurological markers in the frontal lobes improved, indicating

that her brain had become more efficient: Theta decreased from 18 to 3, Alpha decreased from 12 to 6, Beta decreased from 17 to 15, Cz increased from 78 to 101, and O1 went from 100 to 98. She spontaneously mentioned that the intolerance towards her mother-in-law had decreased.

A thirty-year-old male with depressive symptoms and fetish tendencies under stress, suspected ASD, reported a decrease in total burden from 80% to 40%. Before FFH, he was depressed, in a very distressed situation, and angry. Although the frontal lobes neuromarkers revealed high values as might be expected in ASD, after just one FFH-selfregulation session, we found a significant improvement: Theta shifted from 155 to 100, Alpha decreased from 57 to 35, and Beta decreased from 65 to 40. It is clear to us that Multiple Sensory Integration pathways need to be trained; therefore, tailored ReAttach sessions are indicated [19].

A thirty-six-year-old male with GAD and chronic Irritable Bowel Syndrome reported a decrease in total burden from 65% to 20%. Five minutes after FFH, we observed a correction of Alpha to the normal range, shifting from a value of minus 20 to 15. Beta still shows a marker for depression, decreasing from 24 to 20. Cz decreased from 46 to 30, and O1 increased from 12 to 39.

A forty-two-year-old male with marital and parental stress and a child with ADHD reported a decrease in total burden from 50% to 20% after FFH. The neuromarker assessment revealed a minor, insignificant improvement in the frontal lobes (Theta: 16 to 15, Alpha: no change, Beta: 5 to 20). However, the trauma marker showed improvement, as the Cz-value shifted from 15 to 60. He explained that he had dumped his concerns into the Hood.

Discussion

We investigated the effects of the FFH self-regulation exercise on the subjective experience of total burden and its impact on neurophysiological markers, as measured by Q-EEG, in a sample of 13 participants. All participants reported a reduction in perceived total burden, confirming the findings of our previous study involving 16 participants [2].

Analysis demonstrated enhancements in neuro markers linked to the frontal lobes, which play a crucial role in self-regulation, emotional management, and executive functions. In our preliminary study, we found that the effects of FFH persisted for several hours, leading to lasting reductions in overall burden and lessened personal intolerance at various time intervals. The latest Q-EEG data indicate that cognitive and emotional processes remained active during the post-measurement period (five minutes following the completion of FFH), suggesting a potential delayed or extended neurophysiological adjustment. These results underscore the possibility that FFH can trigger lasting neuroplastic alterations instead of just a temporary state change. To thoroughly understand these mechanisms, subsequent research should incorporate longitudinal designs with repeated Q-EEG assessments over hours or days.

As outlined in the ReAttach protocols for patients with complex

issues [2, 19, 20, 21], cultivating self-control is essential for emotional resilience and adaptive functioning. Similar to the W.A.R.A. (Wiring Affect with ReAttach) self-regulation exercise, which has been demonstrated to reduce negative affect [13, 14], the FFH intervention appears promising in supporting the development of self-control capacities that are foundational to mental well-being. Autonomy and self-regulation are fundamental psychological needs that, when unmet, contribute to a broad spectrum of psychopathologies.

When included in the therapeutic toolkit of ReAttach Affect Coaches, FFH not only strengthens self-regulation and incorporates essential aspects of the ReAttach approach but also demonstrates its potential as a transdiagnostic intervention. Our research suggests that FFH might be especially advantageous for those who experience excessive worry, ruminative thinking, neurotic tendencies, and challenges with forgiveness and cognitive-emotional disengagement—issues frequently found in individuals with depressive, compulsive, and anxiety-related disorders. Importantly, the analysis of Q-EEG neuromarkers offers initial neurophysiological evidence that supports FFH's potential to improve frontal brain connectivity and executive functioning, which are typically impaired in these clinical populations.

Even with these encouraging outcomes, this study has some limitations that need to be considered in future investigations. The limited sample size and lack of a control group restrict the applicability of our results. Furthermore, the follow-up period was too short to assess the long-term effects of FFH on neural functioning and perceived burden. Future randomized controlled trials with larger participant groups and longer follow-up durations are necessary to confirm and build upon these preliminary results. Additionally, exploring the dose-response relationship and possible individual differences (such as personality traits and initial neurocognitive profiles) could help customize FFH interventions for optimal therapeutic outcomes.

The *Forgive and Forget Hood (FFH)* self-regulation exercise may serve as a powerful tool for reducing subjective emotional burden and promoting neural adjustments related to emotional regulation and executive functioning. Unlike brief relaxation methods, FFH appears to interrupt maladaptive cognitive loops—particularly rumination—and facilitate longer-lasting neurophysiological changes. Q-EEG data from a small participant sample indicated increased activation in the frontal lobes, suggesting improvements in cognitive control and affect regulation, even several minutes after the intervention ended. This sustained brain activity implies that FFH might initiate neuroplastic processes beyond transient state shifts [22].

These findings align with broader models of brain-based emotional processing, which highlight the role of frontal brain regions in self-regulation and adaptive functioning. The continued frontal engagement post-intervention supports the hypothesis that FFH may help recalibrate dysfunctional neural networks associated with stress and emotional dysregulation—key issues in anxiety, depression, and compulsive disorders [23, *ReAtt Aff Co 1(2): 40-47 (2025)*].

24].

Moreover, FFH fits within the ReAttach therapeutic framework, which emphasizes sensory-cognitive integration to improve emotional resilience. Like W.A.R.A. [22], FFH targets transdiagnostic symptoms such as negative affect, intolerance, and cognitive rigidity. As these symptoms cut across multiple disorders, FFH may offer a practical, scalable intervention that addresses core emotional processing deficits, not just surface-level symptoms [22].

However, the current findings are preliminary. Small sample sizes, limited follow-up durations, and the absence of a control group limit generalizability. Future studies should apply rigorous, longitudinal designs to clarify FFH's effects and assess how individual differences influence outcomes. Despite these limitations, early results indicate that FFH may enhance both psychological autonomy and frontal-lobe functioning—two critical components for sustained emotional well-being.

In conclusion, FFH emerges as a promising, practical tool that not only alleviates immediate emotional distress but may also foster durable improvements in self-regulation and frontal lobe functioning. Its integration into broader therapeutic frameworks could enhance the efficacy of interventions aimed at complex, transdiagnostic emotional difficulties.

Conclusion

The *Forgive and Forget Hood (FFH)* is a readily accessible and economical transdiagnostic tool that enables both children and adults to manage intrusive thoughts, troubling memories, or emotions they want to let go of. Within the therapeutic resources of a ReAttach Affect Coach or Specialist, the FFH is especially significant as a component of a comprehensive, multi-faceted approach tailored for individuals dealing with complicated psychological or psychosomatic issues.

While our current results are encouraging, it is crucial to acknowledge that this represents just the initial phase of a larger endeavor to comprehensively grasp the extent and possibilities of this groundbreaking tool. Additional qualitative studies, randomized controlled trials, and longitudinal follow-up research are vital to assess its long-term effectiveness, mechanisms of action, and relevance across various clinical groups and cultural settings.

Nonetheless, the initial results noted in this research have surpassed our original expectations, demonstrating not only immediate subjective relief but also observable neurophysiological changes indicative of improved frontal lobe functionality. These positive findings inspire our eagerness for future exploration and clinical advancements. With ongoing research, the FFH could potentially develop into a fundamental method for promoting emotional resilience, cognitive adaptability, and self-directed healing in both preventive mental health care and therapeutic environments.

As the researchers of this study moved forward, the continued refinement and integration of the Forgive and Forget Hood (FFH) into diverse therapeutic contexts hold great promise. Its simplicity and adaptability make it an attractive option for widespread use, while its potential for fostering deep, sustained emotional and cognitive shifts underscores its clinical value. By bridging subjective relief with measurable neurophysiological impact, the FFH stands out as more than a temporary coping strategy—it represents an evolving paradigm in self-regulation and mental health support. With robust scientific inquiry and practical implementation, FFH may become a cornerstone in next-generation interventions aimed at cultivating resilience, emotional clarity, and psychological well-being across the lifespan.

Declaration of interest

Paula Zeestraten-Bartholomeus is the developer of ReAttach Forgive and Forget Hood.

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