

## Trauma, memory and the impact of rededecision therapy

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### Abstract

*It is concluded that rededecision therapy is a form of exposure therapy. Whilst rededecision therapy has much wider goals than exposure therapy, the Gouldings created a potent form of exposure therapy that forms part of the process of rededecision. There is a very large body of research evidence verifying the efficacy of exposure therapy as a treatment for trauma and PTSD especially. This article shows how rededecision therapy is an exposure therapy and then how exposure therapy can assist in reintegrating the split off fragments of the personality that are formed in the schizoid process.*

### Keywords

trauma, PTSD, explicit memory, implicit memory, schizoid process, flashback, exposure therapy, rededecision therapy, gestalt two chair technique, early scene, Child ego state

### Introduction

This article is based on years of work with traumatised individuals and seeking an understanding of what such people are attempting to do with their traumatic memories. Post traumatic stress disorder (PTSD) can sometimes feel like it is out of control to the sufferer. The neurotic unconscious material sometimes known as the flashback seems to have a mind of its own and will re appear in the sufferers mind when it wants to, as White (2022) notes: "The unconscious is better understood as a robust entity that will do what it likes, when it likes. It can be said that nobody tells the unconscious what to do."(p.28). Often the flashbacks leave a trail of destruction in its path, certainly a trail of destructive emotional consequences. As Siegel (2012) says, "Flashbacks, intrusive body sensations... and images of traumatic events that 'seem to come out of nowhere'."(p.5) So how does one help such people especially as PTSD has this unpredictable quality? This paper uses the study of the neuropsychology of memory related to some transactional analysis concepts like ego states to aim for a better understanding of trauma. Then it attempts to consider the very well-known form of

treatment called exposure therapy, as one aspect of rededecision therapy.

In this paper rededecision therapy is defined as an approach to psychotherapy that was developed by Goulding and Goulding (1979) as a short-term solution focused therapy. It contends that all people make early decisions in childhood and these form the basis of the life script. In later life it is possible for people to make a rededecision. This usually involves the individual recalling the early scene where the original decision was made and then they relive this early traumatic scene out in therapy using the empty chair technique. The person then makes a rededecision whilst 'being in' the early scene.

Exposure therapy is a short-term solution focussed form of psychotherapy that is used to treat pathological fear especially as it is found in PTSD as well as other anxiety disorders. The therapist creates a safe environment in which to expose individuals to the things which they fear. This repeated exposure in a safe environment helps reduce the fear.

Exposure therapy had its origins in the 1950s with people like Salter and Wolpe, (Abramowitz, Deacon and Whiteside (2019)), whilst rededecision therapy evolved over a 10-year period mainly in the 1960s, (Goulding and Goulding (1978)). I have never seen Transactional Analysis or rededecision therapy spoken of in the literature on exposure therapy. Nor have I seen exposure therapy discussed in the literature on rededecision therapy. This paper seeks to link these two different therapies as will be shown later.

### The trauma transaction

A transaction can be said to be traumatic when the Child feels overwhelmed, devastated and has other feelings of terror, despair, anger and so forth. Of course it may not be traumatic in every instance but these are the general conditions of a traumatic transaction. Common events that elicit this type of impact onto the Child ego state are significant threats to life, rape, serious assaults, serious car accidents, presence in a theatre of war, earthquakes, fires, hurricanes, torture, and so forth.

Erskine (2001) talks of trauma and the schizoid process. People who have been subjected to trauma undergo the schizoid process where the personality becomes fragmented and these become fixations of the Child ego state. The Child ego state is seen as a collection of these fixated personality fragments which will interfere in current here and now functioning between two people.

Hargaden and Sills (2002) report the same. When a child is subjected to traumatic experiences it will split off these undigested experiences in the schizoid process. These remain and are stored as incomplete and unintegrated experiences by the young child.

These explanations, or the schizoid process, is one way to show how an event becomes traumatic to an individual.

The child:

1. Splits off the experience from the personality and it becomes fragmented
2. The experience remains undigested
3. These then become fixations for the child that will repeatedly interfere in here and now functioning throughout life.

## Neuropsychological Approaches to Trauma

For a neuropsychological explanation of trauma we need to understand the basics of human memory. It should be noted that an earlier article by Pomeroy (1998) seeks to apply neuropsychology to transactional analysis by linking it with ego states, games and symbiosis. (Also see Pomeroy(1995)). She explains these in quite a detailed way. Subsequently Stuthridge(2006) discussed features of explicit and implicit memory which is how neuropsychology explains traumatic memories. This section seeks to further expand on what these two previous authors have discussed about a neuropsychological perspective on trauma from a transactional analysis point of view.

The neuroscientific approach proposes that there are two types of memory - explicit and implicit memory.

Explicit memory is conscious memory and only begins after the age of two when the hippocampus in the brain develops so that it can encode and consolidate information such that it can become a normal autobiographical memory. Such memories allows us to make conscious recollections about such things as our overseas trip last year or what we had for breakfast. On the other hand implicit memory refers to relatively unconscious memory and is also referred to as 'body memory'. This memory cannot be consciously recalled, is often felt in the body and

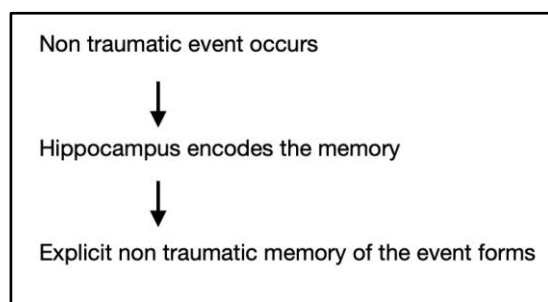
the person may not even be aware they are using memory at all when experiencing it.

The hippocampus encodes and consolidates explicit memory and this requires the person's attention for it to occur. Implicit or unconscious memory is encoded without the need for focussed attention. Implicit memory naturally occurs in the first two years of life before any explicit memory can occur. This includes the pre-verbal and pre-cognitive experiences of our lives. We feel before we think. The implicit pre-verbal memories do not disappear when the hippocampus develops in the brain and the child can start to verbalise, instead the two types of memory are stored in different ways.

One can begin to see how this is related to the transactional analysis theory of ego states. Explicit conscious memory is going to be more a function of the Adult ego state and the implicit body memory is going to be a function of the Child ego state. This paper is using the original Berne (1969) model of three ego states as this was also used by the Gouldings in their writings on redecision therapy.

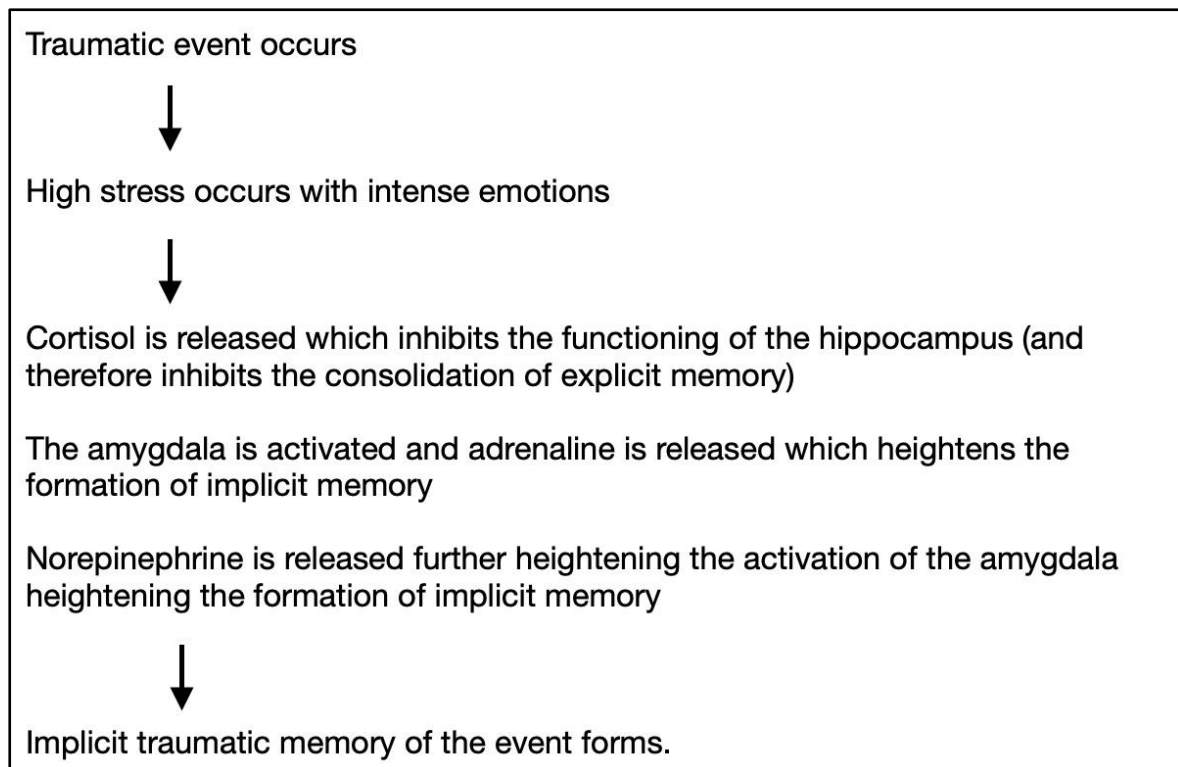
## Memory and trauma

van der Kolk (2015) states, "An event only becomes traumatic when overwhelming emotions interfere with proper memory processing."(p xi). A person who experiences bombing for the first time feels terror and very high emotions which means that experience of bombing will be traumatic for them. When they hear bombing for the fifteenth time they may feel much less emotions and hence that fifteenth experience of bombing will not be traumatic for them. Traumatic memories are intense and devastating forms of implicit memory. This allows us to identify two flow charts. The first shows the development of normal autobiographical memory or explicit memory that is non traumatic, as in Figure 1.



**Figure 1: Development of Normal Memory**

Due to a lack of intense emotions at that time of the event the hippocampus can function correctly and the memory is encoded and consolidated in the usual way. The second diagram, (Figure 2), shows what happens when an event occurs that elicits very high



**Figure 2: Implicit Traumatic Memory Forming**

emotions in a person. The emotions interfere with the function of the hippocampus and the amygdala and the memory is processed in a very different way that leads to an implicit traumatic memory forming. It can then be recalled as an implicit non-verbal body memory.

Traumatic memory tends to return as unprocessed non-verbal memory fragments. “Relived’ traumatic memories erupt involuntarily as raw tatters of experience, suddenly imposing themselves on the vulnerable sufferer. These shards seem to come out of nowhere, cutting into their victim’s lives, whether waking or sleeping.” (p 8), Levine (2015). People sometimes report that these memories can be experienced as short video clips of the traumatic event. Often stored in a haphazard and non-sequential way such that one ends up with a disjointed collection of short videos about the event.

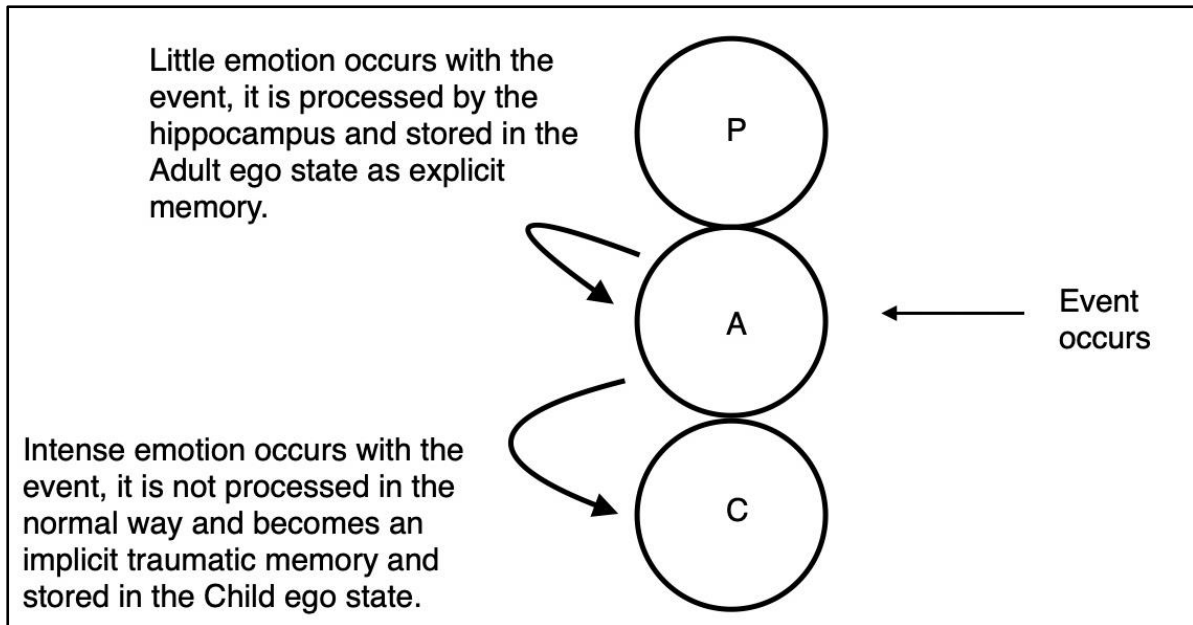
Implicit trauma memory is stored and experienced in and by the body. This leads to a phenomena known as flashbacks which is a sudden re-experiencing of a past event. This needs to be distinguished from the remembering of a past event, instead the past event is re-experienced not remembered. These are free floating implicit memory fragments that seem incredibly vivid to the sufferer. They are felt in the body and seem like they are reoccurring in the here and now. Often the individual does not even realise

he is remembering as he feels like he is in the traumatic event right now.

### **Transactional Analysis and Trauma**

One can see parallels between the neuroscience of memory and Transactional Analysis ego state theory. Erskine (2002) cited above talks about the Child ego state as a collection of fixated fragments of trauma. Hargaden and Sills (2002) talk of the Child as being a collection of undigested and unintegrated traumatic experiences. Furthermore Berne (1966) says the Child ego state is “...an archaic relic from an early significant period of life.” (p 362). Finally Clarkson and Fish (1988) talk about archaic and fixated Child ego states and how therapy involves the replacement of archaic Child ego states with new Child ego states. These descriptions are of course similar to what is described as an implicit memory. Not all Child ego state memories are implicit memory but the implicit memories that exist are stored in the Child ego state.

Figure 3 shows how we can combine the theory of the Child ego state and the neuroscience of memory. No event is traumatic in itself. What makes an event traumatic is how it is processed and stored in the memory. As was stated above, an event only becomes traumatic when emotions interfere with the usual memory processing by the hippocampus.



**Figure 3: The Trauma Process**

In the Berne model of ego states the Child ego state includes a collection of non-verbal implicit body memories. Both positive and negative implicit memories. As a result one does not remember these memories, instead one relives these memories. When one is in their Child ego state one is reliving in the here and now, what they have as a memory, unlike an Adult ego state explicit memory where one realises they are remembering. One then has the sensation of remembering.

The Child ego state implicit (traumatic) memories usually take the form of unconscious acting out behaviours and traumatised people often have difficulty using words to explain their experience because they are stored as non-verbal body memories. They are usually remembered as physical sensations, automatic responses and involuntary movements.

### Exposure Therapy and Trauma

The evidence for the effectiveness of exposure therapy to treat a wide variety of anxiety disorders including Posttraumatic Stress Disorder (PTSD) is extensive. For example Hendriks, de Kleine, Broekman, Hendriks and van Minnen (2018) found that 71% of patients showed a partial or complete recovery from trauma in response to exposure therapy and this persisted for up to at least 6 months. Furthermore Joseph and Gray (2008) state "Exposure therapy is generally regarded as the standard of care for PTSD .... because it is not only effective but also easily administered and does not require extensive training to be effectively implemented." (p 70). Many others have also

reported the very large body of evidence of the efficacy for using exposure therapy to treat many forms of anxiety but particularly PTSD such as, Watkins, Sprang and Rothbaum (2018), Lancaster, Teeters, Gros, and Back (2016), Foa (2011).

Exposure therapy was developed to help people confront their fears and anxiety. It can be used treat different types of anxiety but is particularly useful in the treatment of PTSD anxiety. One hears the term 'phobic avoidance', meaning that when we fear something many people will seek to avoid it and then avoid the pain of their fear as well. This will reduce the fear in the short term but not the long term and can make it even worse. Exposure therapy does the opposite to phobic avoidance. The person is exposed to the thing they fear in the safe environment of a therapist's office and this can reduce the fear and avoidance. This exposure to the feared object, event, activity or person can break the pattern of fear and avoidance. Exposure therapy seeks to treat the anxiety that is experienced in the PTSD or trauma often as a phobia of some kind.

Exposure therapy is believed to help in four primary ways. First there is habituation. By being exposed to the event over time the reaction to the feared objects reduces and becomes the new habit of less anxiety. Second extinction can occur. If a person has fear related to experiencing bombing in a war, then by being repeatedly exposed to that trauma where nothing bad happens the anxiety linked to the experience weakens or becomes extinct. Third, we have self-efficacy where the client learns that they have resilience and are capable of confronting their

fears and managing their emotions. Their self-esteem in this way can increase significantly. Fourth there is emotional processing. When the client is exposed to an object or an event they can learn to attach more realistic beliefs about the feared object or situation. For instance Gallagher and Resnick (2012) say that when a person is traumatised and displays subsequent PTSD they can develop beliefs like 'I am to blame for what happened' and 'Nobody can be trusted'.

Hence there are several different types of exposure therapy

- In vivo exposure - the person directly faces the feared object or situation. A person with a fear of rabbits maybe asked to handle a rabbit.
- Imaginal exposure - the person imagines the feared object. A person may be asked to imagine a spider or someone with PTSD maybe asked to recall and describe the bombing they experienced.
- Virtual reality exposure - technology is used expose the person to the feared situation or object. A person with a fear of flying may take a virtual flight in the therapist's office.
- Interoceptive exposure - Inducing physical sensations that are harmless, yet feared. A person who suffers panic attacks is asked to jog on the spot so as to increase their heart rate which they also feel when they have a panic attack thus learning that it is not dangerous.

### Redecision as an exposure therapy

Goulding and Goulding (1979) state, "For most clients rededecision is easiest in early scenes, because they are children in such scenes. They don't have to struggle to stay in the Child ego state. Also, the rededecision is experienced most powerfully when the fantasised protagonists are the people who gave the original injunction." (p.190).

The Gouldings took the empty chair technique from Fritz Perls and Gestalt therapy and modified it to allow a client to make a rededecision. In this approach one identifies early traumatic scenes in a person's life. This is what McNeel (1980) later referred to as the Bad Day at Black Rock or the day(s) in the child's life where they were traumatised by events that occurred. The early traumatic event is identified, this is then recreated in an early scene using the two-chair technique.

From my experience of doing and observing years of rededecision therapy most people can do this quite easily especially once they have done it a few times before. They identify the traumatising parent in the empty chair and start dialogue with it. It is proposed here that in essence the therapist is encouraging the

client to have a flashback. To go into an implicit traumatic memory they have stored in the Child ego state. As the quote says, 'they are children in such scenes. They don't have to struggle to stay in the Child ego state..'. As was mentioned before implicit traumatic memories are body memories that the person relives rather than 'remembers' which one finds in Adult ego state explicit memories. The Gouldings created a way to invite a person quite easily into one of their implicit flashback memories by creating an early scene using the modified gestalt technique mentioned above.

Another feature of the Goulding quote is where they note the ease of the whole process at least in terms of the person getting into the Child ego state and then staying there for the duration of the early scene work. This also is supported by the neuroscience of implicit memories. Many have reported the same phenomena with traumatic memories. For example Ogden, Minton and Pain (2006) and Levine (2015) have noted the compulsion to repeat the actions and behaviours that are driven by implicit memories. In an attempt to complete the unprocessed memory the traumatised person will often again relive the past traumatic event. As Levine (1997) says, "the drive to heal and complete trauma is as powerful and tenacious as the symptoms it creates."(p.173).

When a person is offered a chance to do early scene work the unconscious is going to be attracted to the idea because it has an opportunity to complete the trauma once again. Hence there is a desire to repeat the implicit traumatic memory in the two-chair work. The therapist is not going to usually find the client resisting the idea because it is natural for them to go into and stay in the early traumatic scene. The Child ego state of the client is going to want to do that and thus we have the Goulding's observation about the ease of the process.

It is posited here that what is being described, in rededecision therapy, is a type of interoceptive exposure, (as was described above) at quite a high level. Not only does the person experience some similar physical sensations (like increased heart rate similar to a panic attack) but they are again reliving the whole traumatic experience as it originally occurred. In a flashback (or implicit traumatic memory) the person feels like they are there again in the situation and as a result one can say the interoceptive exposure is total for the person. The exposure is almost total, one could say. The empty chair technique allows the person to be exposed to the original trauma at an intense body level and in essence is again allowed to relive the trauma.

As a result, it is being suggested here that one could say rededecision therapy is a powerful form of exposure therapy. In the process of seeking a

redecision the person is exposed to the original traumatic event by interoceptive exposure. Even before that the client usually will also be asked to do imaginal exposure as well, where they recount the early traumatic scene to the therapist before the actual regression into the Child occurs where it becomes interoceptive exposure. Hence the client also gets some imaginal exposure before the interoceptive exposure. Although none of this was the original primary goal, instead the redecision was the primary goal. But it is proposed that the process of the redecision is a powerful form of exposure therapy nonetheless. This it seems would add to the efficacy of redecision therapy. The redecision is achieved and the exposure therapy is achieved both with resulting positive therapeutic outcomes.

It is being suggested here that emotional processing is describing what a redecision is. It is the changing of beliefs about self and others related to the traumatic event. It is proposed that redecision therapy does an equivalent emotional processing of a traumatic event often using the empty chair approach. Consider this quotation by Goulding and Goulding (1978)

"We use several methods to help the patient reach a redecision. Often redecision is reached when the nuclear family is recreated, as Satir does with her sculpting, or when the patient engages in a fantasied dialogue with this parent: A 20-year-old girl with a "Don't grow up" injunction was able to fantasy a dialogue with her father, in the course of which she told him, "I'm not going to stay a baby for you". Then in the manner of patients who are in gestalt therapy, she told each member of her group in turn, "I'm not going to stay a baby." (p.35).

What has happened here is what exposure therapy would call emotional processing. The client has learned to attach a new and more realistic belief about the feared situation with father which will allow her to become more comfortable with her experience of fear and other emotions that may occur. This is what a redecision is. A rejection of an old belief system connected with the traumatic event, in this case "I won't grow up" and replaced with a new belief system connected with the same traumatic event, in this case, "I won't stay a baby any more." This redecision form of emotional processing is one of the core ways in which exposure therapy is thought to work and leads it to the effective therapy that it is found to be. It is proposed that emotional processing in exposure therapy and redecision therapy, are the same thing.

It is proposed that redecision therapy is a type of exposure therapy. However this does open up new therapeutic possibilities. Using the redecision technique of the early scene and the gestalt two chair

work as primarily an exposure therapy first and redecision therapy second particularly as a way to treat PTSD. First there can be imaginal exposure by using the idea of the Bad Day at Black Rock that was mentioned above in the work of John McNeel. It should be noted this therapeutic technique has been greatly expanded upon by White (2011) who develops a much more thorough way to assist the client to recall the traumatic events that have occurred in their life. Especially to identify the beliefs that become associated with the traumatic event, which then of course identifies the emotional processing that is required in the subsequent exposure therapy.

The two-chair process invites the client into a flashback or implicit traumatic memory which provides a high level of interoceptive exposure. As was mentioned above this type of exposure is usually something like inducing a higher heart rate in a person who suffers panic attacks where their heart rate also increases. In the gestalt exercise developed by the Gouldings the person does not just experience one similar symptom but relives the entire traumatic event in the here and now. The person feels like they are back in the traumatic event and reliving it now. This is what an implicit traumatic memory is. It is proposed that this degree or level of interoceptive exposure would be very hard to repeat in some other way. This allows for a more powerful level of extinction and habituation to occur in relation to that event, along with the self-efficacy the person could feel and the degree of emotional processing that can occur.

With exposure therapy the primary goal is the extinction of the fear associated with the traumatic episode and once done the implicit memory of that event fades in the Child ego state. The flashbacks weaken significantly as the power of the implicit memory recedes. In Erskine's (2001) terms, such exposure allows the fixated ego fragments to be reintegrated into the rest of the personality or the split off undigested experiences of the schizoid process also become reintegrated. The implicit memory recedes and the trauma is seen to be worked through.

In redecision therapy the primary goal is a change in the life script beliefs, usually the injunctions. This then results in changes in the person's behaviours, thoughts and also feelings which would include the fear associated with the event. Whilst exposure therapy can be seen to form part of the redecision therapy the overall goals of redecision therapy are much wider. Such as seeking a change in the person's life script which results in changes in their relationships, overall life goals, existential questions like their meaning in life and a whole array of

behaviour and thoughts along with their feelings and redecision is just another form of exposure therapy.

This technique, developed by the Gouldings, has been used for many decades now. In the appropriate circumstances it could now be used primarily as an exposure therapy technique rather than a redecision technique. In exposure therapy the client maybe exposed to a particular trauma five or six times over the same amount of weeks in the safety of the therapy room. In this case the goal is not to change the life script or do a redecision about an injunction, instead the contract is simply to reduce the anxiety of the client's PTSD by repeatedly exposing them to the traumatic episode. This certainly has merit as an avenue for further investigation. Especially for the treatment of PTSD, using the two-chair exercise as a way to expose the client to the trauma using interoceptive exposure. Then using a redecision type of process to do the emotional processing of the trauma so as attach more realistic beliefs about the event.

## Conclusion

This paper seeks to explain the memory of trauma using a neuropsychological approach combined with transactional analysis and fortunately the two theories combine well in explaining traumatic and non-traumatic memories. The two different types of memories are processed differently by different ego states and stay in different ego states.

Exposure therapy, for many decades has been a most successful approach to the treatment of traumatic memories especially in PTSD. There is extensive research evidence for this over a long period of time. It is discovered, upon closer examination, that redecision therapy can be used as a form of exposure therapy. In doing so a client could have a contract like, 'I want to reduce my anxiety about the bombing by being repeatedly exposed to that traumatic event'. This is different to the usual redecision contracts like, 'I want to finish my CTA written examination' (Redecision about a don't succeed injunction) or 'I want to be assertive with my husband' (Redecision about a don't be important injunction).

However this was never the original goal when it was developed by the Gouldings, to develop a form of exposure therapy. To my knowledge the Gouldings never even mentioned exposure therapy in their writings. The creation of the early scene using two chair work allows the client to experience a flashback or implicit memory of the traumatic event. Thus the client is exposed again to the traumatic event and the process of exposure therapy can run its course. There is more work to be done on developing such early scene work as a type of exposure therapy in

itself and not as part of the redecision therapy process.

**Tony White** is a Teaching & Supervising Transactional Analyst (Psychotherapy), a psychologist and psychotherapist, and author of numerous articles and several books. He can be contacted on [agbw@bigpond.com](mailto:agbw@bigpond.com).

Tony and the Editor are celebrating because Tony's previous IJTARP article on *Deconfusion of the Child Ego State*, published in IJTARP in 2021, (<https://doi.org/10.29044/v12i2p17>) has now been translated and appears in Italian as White, Toni. (2023). Deconfusione dello stato dell'lo Bambino - un'analisi dei principali contributi e come la ridecisione si aggiunge alla letteratura. *Percorsi di Analisi Transazionale*, X(2), 35-47.

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