

The trauma of generational poverty: healing on the contact boundary

'Modifying a psychopathological field means mending part of the relational fabric of the world passed down by history and by previous generations, and lightening the load for future generations.'

Gianni Francesetti (2016, p 160)

In working with people in generational poverty, I am becoming increasingly convinced that growing up like they did can be regarded as traumatic. If people in generational poverty get to therapy (there is a considerable treatment gap) they often get all kinds of labels stuck upon them: personality disorders, bipolarity, ASD, depression, HSP, ... It is my belief that in quite a few cases a trauma perspective generates a more adequate understanding of what is going on. In this article, I further explore both generational poverty, trauma and the link between the two, applying relevant Gestalt literature on trauma (Kepner, 1996-2003; Taylor, 2014; Vidàkovic, 2017) to generational poverty. People in this situation are usually hurt in relationships and that is precisely where healing can happen too. Although this usually means an intensive and long-term process, it also gives a lot of possibilities within the Gestalt therapeutic relationship (Hendrick, 2015a).

Keywords: generational poverty, trauma, therapeutic relationship.

Prelude

The following dialogue (Hendrick, 2015b) between therapist and client, gives a view of how an injury inside on the one hand and the gap between people in generational poverty and middle-class therapists on the other hand, can influence relational dynamics in no time. It is fictional but based on therapy experiences of people in generational poverty.

N: (Would it be here? It's the right name but there is no sign of this being a therapy practice... maybe just as well, it's nobody's business anyway.)

RHHHNG

A: Hello, you are Natacha? I'm Amber, come in.
(Wow, so many tattoos ...)

N: Thank you.
(It doesn't look like she's used to having someone like me over... such a gaze... And all those kids' coats! They're probably off to school and there's still a dozen of them hanging here!)

A: Please be seated.

N: (Oops, there are so many seats here, and which one is hers? O well, if she doesn't say anything about it, I'm going to sit here, close to the door.) Phew.

A: (She looks so tired...)

That's quite the sigh...

N: (Oops, I have to be careful about sighing... (Quick laugh and turns away)).

A: Would you rather I tell something about myself and what we can do here or would you like to go first?

N: (How should I know, aren't you the therapist!?)

Uh, my GP sent me. And she also said that you had a special rate?

A: That's right, we'll look into that later. What made your GP think it would be good to come to therapy?

N: (Mmm, then I only hope that the € 20 that I brought, will be enough. Would she really take an interest? Now I thought that my doctor would have given her a heads up. She looks kind of frail, let's see how she's going to react to this...)

Yes, I think I suffer from depression. A lot has happened to me in the past: maltreatment, abuse. My mother committed suicide before my eyes, with a knife, and then I had to take care of my sister. I was only 6. I now have 6 children myself, 2 of them are in the house, the others are placed into care. My husband is in and out of prison ...

A: (Wow, this is a lot and also very intense ... what do I do with this? ...)

N: ... and often when he is inside, I am relieved, at least then there is some rest at home. I...

A: Wait a minute, Natacha ...

N: (Just what I thought ... I tell her a few things and she's already stopping me ... She probably thinks I'm making stuff up, but then, what did I expect, someone like her does not understand this anyway ...)

1. Generational poverty

The structural exclusion inherent in generational poverty leaves deep marks and causes a heavy injury inside, which is an essential factor in the continued existence of generational poverty. We make this distinction because - often different from people who end up in poverty in the course of their lives - people in generational poverty cannot rely on knowledge, skills, education, network, ...

Secure attaching is hampered from birth by the immense stress that life in generational poverty entails. People in this situation are pre-eminently confronted with being placed into care, which makes it very difficult to develop a secure bond. Attachment is, according to Geenen and Corveleyn (2010), however, 'the most important element in personality development to get a basic trust, to express oneself emotionally, to dare to look at the world and to enter into healthy relationships.'

Experiences of exclusion result in feelings of guilt, impotence and mistrust. People in generational poverty are therefore burdened by pain that originates from feelings of rejection, non-compliance, frustration, powerlessness, guilt, shame, grief, anger, misunderstanding, loneliness, humiliation, inferiority, ... The lack of containment on the one hand and relationships in which these things really can take place on the other hand, create a kind of permanent dissociation, of which the client and the therapist are hardly aware. A consequence of all this is that the basic need of belonging, is only satisfied partially.

Generational poverty evokes survival strategies. Malfait (2003) writes about alienation of what I am no longer aware of: 'Body structure implies expropriated contact functions. I expropriate myself by separating aspects of myself and the feelings that go with them. [...] By being 'pre-structured' in this way, I have a selective and coloured perception, that influences the way that I act.' (Malfait, 2003, p 46-47) People in generational poverty usually have less room for manoeuvres and choices. Because of a reduced sensitivity to what happens in and around oneself, attunement becomes adaptation, fear outsteps desire. The system is the same, but the spread between what is possible and what is actually happening, is often wider (Hendrick, 2015).

2. Trauma

Traumatic events are usually defined as being life-threatening and beyond the normal resources of someone (Taylor, 2014). She identifies as an essential characteristic of trauma that it creates splits, in the continuity of the experience, in the coherence of a person's 'self' and in the stability of his background. Trauma is often connected with a relationship. Also, for people who have grown up in generational poverty, trauma is often more relational than a specific event.

2.1. The trauma as an unfinished relational situation

According to Vidàkovic (2017), trauma is always present in the client-therapist relationship and is part of the field and the relational diagnostic process. That is why the therapist is also active in the co-creation of the phenomenological experience. [...] The therapist must be alert to this because they can bring trauma elements into the here and now that become available for further research.' (Vidàkovic 2017, p 341)

Levine (1997-2012) draws our attention to the importance of completing and finishing the action, which has often become frozen during the trauma (freeze). He therefore states: 'A trauma is not a disorder, but a disturbance.' (Levine, 1997-2012, p 47) From a gestalt perspective we can add that it is not only the action itself that is important but also and especially its relational nature: to or from whom does or did this action want to be directed?

Growing up in generational poverty, often with constant threat (violence, bailiff, bullying, exclusion, financial worries, abuse, ...) is traumatic. Some characteristics of the subtype PTSD with dissociative symptoms, such as alienation of one's own body or environment and also affective dissociation are not uncommon. In addition, people in generational poverty, through their life, also have a greater chance of being exposed to trauma in the narrow sense (such as maltreatment, abuse, ...) and this then becomes a complex tangle.

2.2. Trauma as a ground of disturbed experience

A chronic over-stimulation of the autonomic nervous system as a result of trauma means that people have difficulty in handling stimuli and have a tendency to shut themselves off. They do this by lowering their physical sensitivity or by reducing contact as a way to regulate themselves (Taylor, 2014). Kepner (1996-2003) writes that trauma ensures that people no longer have the complete continuum of experiences available, but rather a sort of on/off switch seems to be

installed: they are either flooded or stunned, experience either pleasure or pain, are either hyperkinetic or asleep. Anything that is medium or average is more difficult to reach.

Just as fatigue or hunger reduce our tolerance, trauma also makes us less able to cope. The window of tolerance (WOT) for stress is a zone where people can regulate emotions, are able to calm themselves and feel connected to themselves in their bodies. On the one hand (top in the figure below) there is a state of hyper-excitation that has to do with being overwhelmed, fear, chaos, outbursts, aggression and is also connected with the fight/flight reaction. On the other side (bottom in the figure below) there is a state of lack of excitement, characterized by absence, anaesthesia and withdrawal, which also includes the reaction of freezing. The window of tolerance, of course, is both personal and situation-dependent.

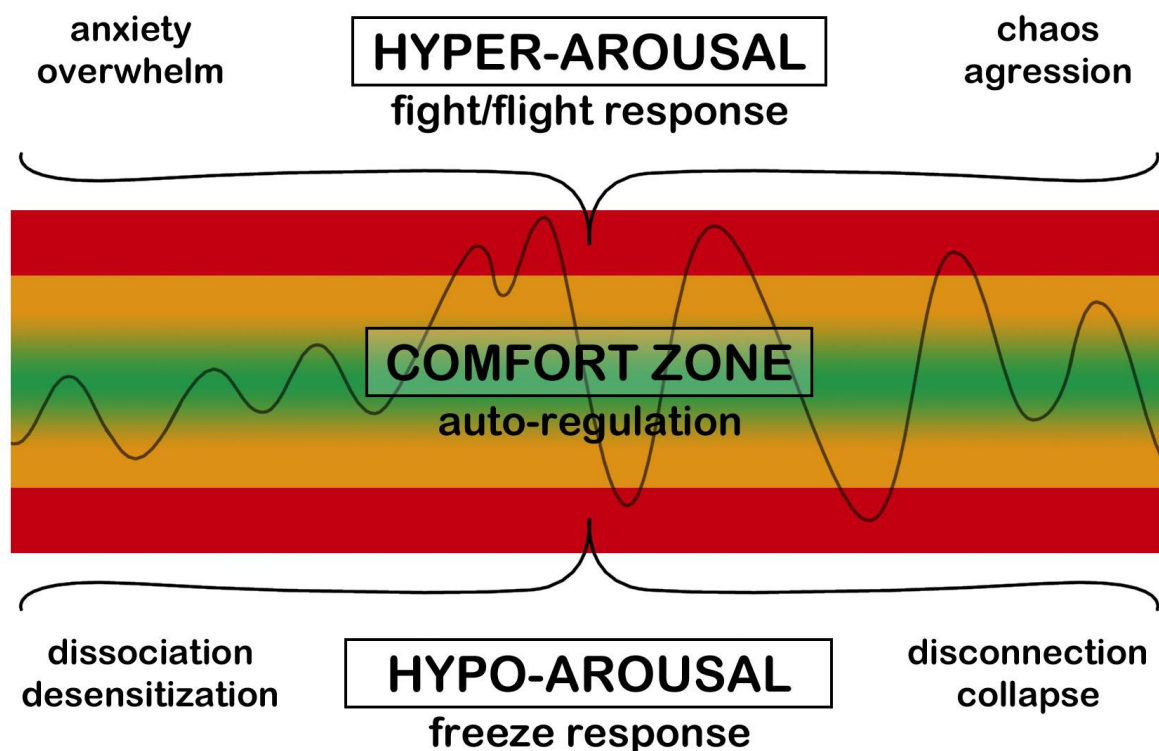


Figure 1: Window of tolerance for stress, based on Window of tolerance in trauma context (Dezelic, 2016)

Through a life in generational poverty one's WOT becomes very narrow. Too much stimulation often means that on the one hand little is needed to get into a state of overvoltage (fight/flight reaction: chaos, fear, aggression, rigidity ...). On the other hand, this stimulus flow can also have the opposite effect and cause a reaction of freezing which results in desensitization, disconnection, dissociation and the like. In this way a trauma field can also be a collapsing field, or a constant struggle to avoid collapsing.

CI: All my life I have heard that I am no good, a bad child, an aggressive man, a worthless profiteer. The idea that this may also have something to do with the context in which I grew up and what I have missed back then, is very cautiously nesting in a corner of my brain. And the idea that I could also be something else is exciting and at the same time causes mortal fear...

2.3. Trauma from a development perspective

Trauma, above defined as being life-threatening and beyond our normal resources, is more likely to affect us as we are more powerless and dependent. This makes children extra vulnerable to trauma. Even if no atrocities or abominations are committed, human behaviour that is not attuned to what a child needs and therefore is overwhelming, can also be traumatic (Herman, 1993-2010).

Frank (2018) indicates the importance of parental presence and adequate counter pressure. Pushing against has an always already other pushing back. Pushing against and the concomitant pushing back is the experience of containing. In experiencing this containment, the child can experience itself clearly enough, the baby can get a developing awareness of his own body. If there is too much or too little 'push' for the child and this continues to repeat itself, the child restrains and becomes more and more self-reliant: I do not need you, I can do it alone. I live in a very private and enclosed world, in which I can hardly see what is at my disposal.

This self-reliance carries a high degree of destructive entitlement: from not having gotten what one is reasonably entitled to, a claim arises to receive it in the present situation. Payment of this debt is often claimed of third parties. The negative reactions to this (unattuned) behaviour, in turn, contribute to low self-esteem.

If we restrain ourselves, we lose the capacity to go through the 6 fundamental movements (Frank, 2011) fluently. These movements (yielding with, pushing against, reaching for, grasping onto, pulling towards and releasing from) are the supports for contacting and there is no contacting without moving support. When we lose this fluency, our access to our kinesthetic awareness is narrowed.

From infancy, the way in which we are treated (with attention and attunement, distant, rough, ...) has a huge influence: eventually we anticipate instead of experiencing and our kinesthetic sensitivity may decrease. We then lose our ability to search for safety and belonging, which may be the basis for unsafe or even traumatic attaching.

A life in generational poverty and all the stress and insecurity that go with it, considerably increase the chances that babies will end up in this traumatic attaching. In this regard, Ruppert (2012) pleads for a multi-generational psychotraumatology that calls attention to the psychological and social transmission of trauma from one generation to the next as well as to contributing social components, such as poverty and social exclusion.

2.4. Generational poverty and trauma characteristics according to Herman (1993-2010)

2.4.1. Hyperactivation

'After a traumatic experience, the mechanism of man's self-preservation mechanism seems to be in a permanent state of alarm, as if the danger can return at any moment. [...] The traumatized person is easily frightened, reacts irritably to small provocations and sleeps badly.' (Herman, 1993-2010, p 57) These are striking examples often reiterated by health care providers as 'he can't control himself, she is aggressive, that child is hypersensitive,...

2.4.2. Compulsive re-experience

Even when there is no longer any danger, traumatized people experience the event over and over again, as if it were still occurring in the present. (Herman, 1993-2010) But it is also common that people *'recreate a certain aspect of the traumatic event in disguise, without realizing what they do.'* (Herman, 1993-2010, p 61) This is a kind of repetitive compulsion that is an attempt to get a grip on the traumatic event. As indicated earlier, the trauma of people in generational poverty is often in the relationship rather than related to a specific event. It is not uncommon for people to recreate the same relational patterns and so the traumatic experience continues.

2.4.3. Flattening

This is about *'a state of utter powerlessness, in which no form of resistance benefits anymore and that sometimes leads to surrender'*. (Herman, 1993-2010, p 64) Herman compares this with the 'freeze' that can arise in emergency situations. Dissociation is also part of this dynamic.

Dissociation is not uncommon amongst people in generational poverty, although I look differently at this flattening. What strikes me is the tunnel experience that Shafir and Mullainathan (2013) describe in their book 'Scarcity'. In a very well-founded and clear way, they explain how a lack of resources (money, but also time) causes one's bandwidth to become very narrow. *'It is an involuntary and constant distraction that ensures that there is less attention and energy left for other mental tasks. [...] Such as a fast computer that runs a number of heavy programs in the background and therefore reacts more slowly'* (Shafir and Mullainathan 2013, p 44). ' This phenomenon is often the basis of underestimation of the (school) capacities of children in generational poverty by teachers and social workers.

Furthermore, they argue that 'scarcity leads to tunnel vision [...]: a narrowing of the field of vision by which objects in the tunnel get sharper, while one becomes blind to everything outside the tunnel.' (Shafir and Mullainathan 2013, p 44) From this point of view, we may look differently at ('wrong') choices, ('bad') parenthood, ('low') therapy adherence ('lack of') self-care, ... with people in generational poverty. Also, all kinds of addictions are often a way to escape existential pains.

3. Generational poverty as existential trauma

What I stated earlier (Hendrick 2015a): 'Generation poverty is reducing awareness' I would now formulate as follows: The existential trauma that people incur in a situation of generational poverty, causes a limited development of the skills needed to adjust their sensitivity to what the situation needs. In this, I follow M.V. Miller (2018) who states 'awareness is always there, you can't raise or lower it'.

Just because it's not about a recent, acute trauma, complaints from a client from generational poverty such as insomnia, depressive feelings or relationship problems often do not immediately put us on this track. The question is also whether the client even remembers the roots of the traumatic situation in which he grew up as a child. But long-term, repeated and early childhood trauma damages brain structures, changes the way in which a person lives in his body and often causes various somatic complaints (Taylor, 2014).

In the DSM5 there is little framework for the trauma of generational poverty. Although the new dissociative subtype somewhat meets the practical diagnosis of 'complex PTSD' (Jongedijk, 2017), it seems that this is still a different matter.

It is about a threat to the existence of the person. It intervenes in all layers of human existence: the physical, the social, the psychic and most of all: it is an attack on the soul. [...] The normal human arsenal of defence mechanisms does not fit in those situations. The only thing feasible is to try and survive. In order to survive, it is often necessary to 'freeze' the 'identity' or to pretend that it is 'dead'. The less vulnerable and dependent pieces then take over.

(Leijssen, 2013, p 170)

What contributes to the severity of this kind of trauma and also characterizes it, is the absence of involved others, which encourages isolation and alienation and opens the door to feelings of guilt and shame.

People in generational poverty often do not have such a warm or involved network, which means that they have a greater vulnerability to existential trauma. The chronic nature of this type of trauma makes people in this situation live in a constant state of alarm that finally leads to deep exhaustion.

Because of (extensive) dissociation and/or desensitization, it is difficult for both the therapist and the client to get in touch with this. The awareness lies mainly in the id-functioning: there is something going on, it always happens again, there is this weariness, there is a constant pressure, ...

Traumatic events cause a loss of connection, Herman puts it as follows:

They [...] cause serious damage to the structure of the self that is formed and maintained in relation to others [...] and lead to an existential crisis. [they] not only have a direct effect (on this) but also on the attachment and meaning systems that form the link between the individual and the community.

(Herman, 1993-2010, p 75)

C: I have been fighting hard against you (looks away and laughs).

S: Mmm, I've always seen that as if you were fighting something that said it was dangerous to trust me ...

C: (silence) Maybe I have never been able to do that before: trust someone without getting caught ... My faith is still not that big, as if it could still happen.

S: But you take that risk now.

C: Hell yes, I think so ... (looks me straight in the eye)

4. Gestalt approach to trauma: the healing relationship

In the word 'gestalt' itself, the holistic endeavour towards meaningful wholes is contained. This is why gestalt is the preeminent form of therapy equipped to work with the disconnection, dissociation and splits that characterize trauma, in order to restore human dignity.

'[...]In a field marked by trauma, the phenomena that emerge are attuned to multiple dissociations' (Francesetti, 2016, p 156). According to him, the therapist's skill is not to dissociate himself from these phenomena, but to investigate how he is an essential part of them and how they are also part of themselves. In this sense, as a therapist, I can ask myself how even at the start (the client's idea about) the setting 'healthy' therapist and 'traumatic client' contributes to its maintenance.

What Kepner (1996-2003) regards as the first 'healing task' for therapy with people who have been abused as children, is to install the therapeutic environment as support, *'the 'holding environment' (Winnicott, 1960, 1988), the container wherein growth and healing can take place.'* (Kepner, 1996-2003, p 22) Although Kepner's book was written for working with people who were victims of abuse as children, there is a shared ground in any case of trauma and often also of abuse.

People in generational poverty also need grounding and support. Translated to the fundamental movements of Frank (Frank & La Barre 2011): an underground that feels soft enough for the client to 'yield with' and strong enough to 'push against'. Often it is visible how people in generational poverty 'hold' themselves in different ways and therefore also physically brace, diminish, reverse, attack,...

As the essence of contacting is about being able to be with the other and to separate from the other while including him, this calls for an experience of safety, solid ground and the possibility to develop trust toward others, toward the world. There are many situations in which children don't get the chance to develop this trust, this secure attaching. On the one hand there might be little opportunity to experience genuinely being with another, develop the trust to really yield to another. On the other hand a safe environment is much needed to be able to trust in separating, being confident that it does not imply losing the other or being abandoned.

After trauma experiences, people often have the feeling that their bodies have abandoned them or they often have all kinds of physical complaints as a result of that trauma. An important element in creating safe support is 'resensitizing the body' (Kepner, 1996-2003). Firstly, this can be done by reflecting on pleasant and confidence-inspiring experiences and by looking at how painful experiences also have to do with protection and survival (Taylor, 2014).

Crucial in this effort is the absence of condemnation: being allowed to exist. This, of course, does not mean that the therapist has to restrain from questioning or confronting. But it is important to refute what the client says or does in a positive way: defence becomes protection, suspicion becomes investigation or prudence. Thus, a - often unknown - model is offered to look at oneself and the other with leniency.

Herman (1993-2010) also indicates that a healing relationship is the ground for recovery from trauma. In order to counterbalance the core experiences of a psychological trauma - powerlessness and isolation - it is crucial for recovery that a sense of power and connection with others is brought about. The therapeutic relationship occupies a special place in this because the recovery of the client is its sole purpose.

When we listen to a client differently from how they have ever been listened to before, when we behave differently, and we do that repeatedly, then a new ERT (enduring relational theme) begins to develop, one that we hope is more experientially complex, flexible, resilient and open-ended.

(Jacobs, 2017, p10)

ERTs are repetitive ways of connecting to the other. They are composed of our most fundamental configurations of fear and desire. My greatest fear is not to be known, not to be understood. As a therapist, it is a constant challenge for me to apply this concept to my clients, focusing not too much on the narrative but precisely on these ERTs.

In contacts with people in generational poverty, I often experienced an ERT that revolved around existence, which was constructed very differently and yet was very similar across various therapeutic relationships. Self-disclosure and research into how I was involved in the emergence of this ERT was usually a turning point in the process.

This brings C. to mind, who reproached me for always knowing better. The first time I got trapped into attributing this to her hypersensitivity. From a misguided idea of self-protection, I focused completely on her and left her in the lurch. Fortunately, it happened again, which gave me the opportunity to bring in what happened to me and to be confronted with my fear of loss of control.

An ERT is primarily relational because everything in the way we look at ourselves and define ourselves, has developed in our (early) relationships. The therapeutic relationship in this regard is an ideal environment to experiment. This brings us seamlessly to Frank (2018), who invites us to view these themes from a kinesthetic perspective (she speaks about KERTs), how they have evolved in movement and thus there is also a therapeutic potential in this area. And here too, a strong relational basis is a must, to keep the shame, which often barely remains below the surface of people in generational poverty, manageable.

Francesetti (2016) writes about a shift from the idea of doing something for the client to working with how the client's burden here and now translates into something the therapist and the client are doing together. The therapist actually is part of exactly what he is expected to cure. Taking this point of view, we stay out of the pitfall of judgment that there is something wrong with the client. From their history, people in generational poverty are all the more sensitive to being judged and the shame that this can evoke. The core task here is to get a grip on the absence that unfolds on the contact boundary and forms the core of the client's suffering. The work is therefore not with the client but in the co-created field. The consequence of this is that the therapist's work lies primarily with himself in modulating his presence and absence on the contact boundary, in staying present when absence becomes a figure and thus offering room to the underlying need for contact and a new, physical experience.

In therapy we therefore must create conditions in which it is possible for clients to allow emotional and physical experiences. For the therapist this means, among other things, that it is very important to have a WOT that is wide enough to deal with this. This involves taking care and paying attention to rest, relaxation, support, training, health, limitation,...

Here, too, attention has to be paid to the six fundamental movements (Frank & La Barre, 2011). It is about following (often very small) movements that want to be made. This too is a way to support the self-regulation of the client.

L: (speaks with irony and scorn about her violent home situation as a child and uses her hands to presses her elbows against her body very firmly).

S: I'm listening to what you're saying, and I notice that I get very interested in what you're doing with your hands and arms ... as if you're also telling me something with them ... Would you mind me joining you?

L: (releases her elbows a bit but takes them back when I propose to join in) Oh no, if you want. (we are sitting together with our elbows for a moment)

S: What I feel when I sit like that is that I do not just hold my elbows, but that I keep myself together ... Almost as if I would fall apart if I do not ... Does that make sense to you?

L: (starts to weep quietly) That's exactly what it was like ... and nobody ever seemed to notice... I think I often sit like this when things are difficult. Even now I sometimes feel like I can break in a thousand pieces if I drop my guard...

What is crucial is the experience that this time someone is there, that the therapist takes on the role of witness, listens and vibrates with the story that the client tells here and now. This is also the ground that can avoid retraumatisation. (Vidàkovic, 2017)

As our clients build an increasingly confident expectation of being well-met in the therapy, they come not just to expect it, but to *rely* on it. This is an example of the kind of 'self'-support I wish for my clients. For many clients it may be the first time in their lives they can rely on someone being present to them and for them, someone who they need not fear, nor take care of.

(Jacobs, 2017, p15)

This, in turn, is a fertile soil for dealing with all 'misattunements' in therapy and trusting that also in the outside world, there are ways to deal with them.

5. Conclusion

Generational poverty intervenes deeply in different areas: network, attachment, self-image, health, ... This article focuses on how generational poverty can be regarded as an unfinished relational situation, as a disturbed experience and as an existential trauma. People therefore get

into a survival mode that encourages isolation and alienation. This is a plea for radical relational working from the experience that, with small steps, healing is possible in this way. Safety, support, attunement, non-judging, ... give ground for forming new (kinesthetic) enduring relational themes. It is often a heavy burden for people in generational poverty to realize how much their history affects their living conditions, relationships, opportunities, ... That is why mourning is also an essential part of the therapy.

You can of course argue that all of this is true for many clients ... That is why I conclude with the wise words of one of my clients:

‘What might make a difference is that the themes are more intense, issues come more abruptly or there are greater sensitivities. But a good therapist for people in poverty is also a good therapist for others, I think...’

(Hendrick, 2015a, p 31)

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