

Transgenerational trauma and schema therapy: Imagery rescripting and chairwork in practice

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Abstract

INTRODUCTION: Transgenerational transmitted trauma is the transmission of psychological injuries between generations. This article uses two case vignettes to explore selected schema therapy approaches that help clients process transgenerationally transmitted trauma from their ancestors. Specific methods of imagery rescripting and chair work enable clients to transform maladaptive patterns of experiencing into healthier coping strategies, support better stress management, improve emotional regulation and communication in relationships, and encourage more profound relationships with themselves and others.

METHODS: Two case studies illustrate imagery rescripting and chair work, in which the client takes the role of their traumatised ancestor. The first case shows a schema therapy of a young woman struggling with repressed emotions related to her family history and the suicide of her grandfather. The second case demonstrates therapeutic work with a client struggling with emotional outbursts and self-harm that are a reflection of transgenerational traumatisation passed down from her mother and grandparents.

RESULTS: Both clients experienced a significant reduction in borderline symptoms during the therapeutic work. At the same time, these clients progressed in understanding the inherited transgenerational family patterns and improved their behaviour towards themselves and others.

DISCUSSION: Two case examples have shown that experiential interventions such as imagery rescripting and chairwork can help clients process transferred patterns of traumatic experience and behaviour and bring adaptive changes into their lives. Imagery rescripting as a therapeutic tool can bridge the emotional and physical aspects of transferred learned experiences and help clients integrate a new perspective on themselves and others.

CONCLUSION: Imagery rescripting and chairwork can be effective therapeutic tools for addressing transgenerational trauma.

INTRODUCTION

Imagery rescripting and chairwork are experiential methods increasingly used to address negative patterns of experience and behaviour in schema therapy. These procedures, along with limited re-parenting in the therapeutic relationship, allow clients to understand better and process painful experiences, thereby enabling the development of more adaptive coping strategies in life (Young *et al.* 2003; Farrell *et al.* 2005; Prasko *et al.* 2020). Visualisation helps to translate abstract concepts into actual and intuitive forms, increasing the effectiveness of therapeutic interventions (Farrell *et al.* 2009; Arntz & Jacob 2012). Our experiences of ourselves and the patterns of our relationships are formed through associations, approximations, and imagery (Miller 1996; Geary 2012; Shahar & Lerman 2013). Imagery activates brain areas associated with the imagined activity and promotes long-term structural changes in these areas (Siegel 2007).

Imagery methods have deep roots in the history of healing practices. In early shamanism, images were central to healing (Achterberg 2002). Freud considered dreams, full of images and symbols, to be the royal road to the unconscious (Freud 1900), and Jung (1973) developed the approach of active imagination, where images served as a means of exploring and healing psychological difficulties.

Theoretical foundations of transgenerational work

The concept of transgenerational trauma, also known as intergenerational trauma or inherited trauma, refers to the transmission of psychological injuries between generations (Danieli 1998; Gangi *et al.* 2009; Yehuda & Lehrner 2018; Gailienė 2019; Harris 2020). This transmission can occur through genetic predispositions, epigenetics, the type of upbringing and care in the family, or the influence of other social and cultural

factors (Kellermann 2001; Jiménez *et al.* 2018; Yehuda & Lehrner 2018; Dowd 2020; Švara & Virloget 2024).

The consequences of transgenerational trauma can include a wide range of problems, including greater sensitivity to stress, lower self-confidence, various relationship problems and psychological disorders, such as anxiety, depression, and posttraumatic stress disorder or manifestations of personality disorders (Danieli 1998; Kellermann 2001; Fossion *et al.* 2015; Gailienė 2019b; Narayan *et al.* 2021).

Schema therapy, developed by Jeffrey Young, is a psychotherapeutic approach designed to treat complex psychological problems (primarily markedly expressed traits of personality disorders) that could be considered resistant to other therapeutic methods (Young *et al.* 2003; Carter *et al.* 2013; Kiers & de Haan 2024). This approach identifies early maladaptive schemas (EMS). It modifies how they manifest through certain modes, contributing to unmet basic emotional needs in childhood or adolescence (Young *et al.* 2003; Arntz & Jacob 2012). In the context of transgenerational trauma, schema therapy allows clients to identify and modify experiences that reflect the transmission of trauma between generations and supports the development of healthier coping strategies and relationship behaviours (Zeynel & Uzer 2020; Ociskova *et al.* 2022). Parents as caregivers are crucial in shaping their children's emotional, cognitive, physical, and social development. Early interactions with parents help children develop basic ideas and beliefs about themselves, others, and the world. EMS is linked to negative perceptions of parenting practices, such as emotional, physical, or sexual abuse, emotional and physical neglect, overcontrol, rejection, and overanxious parenting (Jalali *et al.* 2011; Khajouei Nia *et al.* 2014; Kolek *et al.* 2019; Hodny *et al.* 2022; Ociskova *et al.* 2024).

Sundag *et al.* (2018) demonstrate that parents' EMS significantly influence their children's EMS. Furthermore, how parents cope with challenges and their parenting approaches mediate the relationship between their EMS and children's EMS. The direct correlation observed between mothers' EMS and their children's EMS aligns with identification or selective internalisation. Identification refers to the process through which children learn by observing, imitating, and internalising their parents' actions, thoughts, and emotions (Bandura, 1969). Children adopt their parents' emotional states, thought patterns, behaviours, and experiences, incorporating these maladaptive tendencies into their belief systems.

For instance, an excessively anxious and hyper-vigilant parent may convey to their child that the world is inherently dangerous, chaotic, and uncontrollable. This leads them to internalise similar EMS related to insecurity (Sagi-Schwartz *et al.* 2003). It is found that the intergenerational transfer of trauma has indicated that the children of repressed parents were more

sensitive and vulnerable, even though they have not been directly traumatised like their parents, and post-traumatic stress disorder was not present (Vaskelienė 2012; Kazlauskas and Zelviene 2017). Similarly, a parent with EMS centred on mistrust and feelings of defectiveness might inadvertently instil a sense of worthlessness in their child. Supporting the theory of selective internalisation, several studies indicate that parents' dysfunctional attitudes or thought patterns can shape their children's cognitive, behavioural, and emotional well-being (Alloy *et al.* 2001; Garber & Flynn 2001).

Types of transgenerational trauma

There are different typologies of transgenerational trauma, and they offer several types of transgenerational trauma, which can be distinguished and characterised by context and the transmission mode (Bakó & Zana 2020; Salberg 2022; Starrs & Békés 2024; Salberg & Grand 2024). These types include:

(1) Individual trauma passed down through families:

Personal trauma, including parental abuse, neglect, or substance abuse, often leads to psychological problems in offspring. Traumatization in children leads to the formation of EMS and difficulties with emotional regulation (Salberg & Grand 2024).

(2) Collective and societal trauma:

Trauma experienced by groups of people includes trauma resulting from war, slavery, genocide (e.g., the Holocaust), or colonisation. These traumas often lead to "ghosts" or unsymbolised grief transmitted across generations (Bakó & Zana 2020). Sometimes, collective major traumatic events, such as natural disasters, without re-traumatization, are discussed as a separate type (Starrs & Békés 2024).

(3) Cultural or historical trauma:

Trauma stemming from systemic oppression or cultural erasure, including the consequences of colonialism, displacement, and famine, can lead to intergenerational loss of identity and social cohesion (Salberg & Grand 2024), as well as sensitivity and vulnerability (Vaskelienė 2012; Kazlauskas & Zelviene 2017).

(4) Psychological transmission via parent-child interaction:

Emotional burden can be implicitly transferred from parent to child through certain behaviours and attitudes and by creating a specific emotional climate, a phenomenon referred to as a "transgenerational atmosphere" (Bakó & Zana 2020).

General approach to working with transgenerational trauma

According to Salberg & Grand (2024) and Bakó & Zana (2020), we summarise therapeutic approaches to addressing transgenerational trauma:

(1) Recognising transgenerational trauma

Recognise the unique nature of transgenerational trauma. It manifests as previous generations' emotional, psychological, and physical imprints (Bakó & Zana

2020). These "phantoms" or unprocessed grief emotions often appear as foggy, fragmented narratives, or unexplained emotional and behavioural reactions (Bakó & Zana 2020; Salberg & Grand 2024).

Some authors distinguish the impact of major traumatic events and those involving the cumulative effects of continued oppression and re-traumatization of the group, calling them historical and intergenerational trauma, respectively (Starrs & Békés 2024).

Clinical Tip: The clinician can use tools such as genograms or trauma-focused interviews to identify patterns of trauma transmission across generations (Salberg & Grand 2024).

(2) Building a therapeutic environment

Develop a safe and supportive therapeutic atmosphere where clients feel validated in exploring generational pain and loss. "Transgenerational atmosphere" refers to the therapist's ability to hold space for collective and inherited trauma within the session (Bakó & Zana 2020).

Clinical Tip: Incorporate empathic testimony to help clients reduce their feelings of invisibility and shame. This process is essential for the symbolic integration of past trauma into a coherent narrative (Salberg & Grand 2024).

(3) Reconstructing family narratives

Support clients in reconstructing fragmented family histories. This process, often called "post-memory work," permits clients to symbolically accept and transform ancestral memories, promoting healing (Bakó & Zana 2020).

Clinical Tip: Encourage clients to create personal stories or creative works that help reframe inherited trauma. These practices can help rescribe unspoken pain into meaningful insights (Bakó & Zana 2020).

(4) Addressing emotional and somatic manifestations

Transgenerational trauma can manifest itself in physical or psychosomatic symptoms, such as chronic functional physical problems or dissociative states (Bakó & Zana 2020).

Clinical Tip: Use body-focused techniques such as mindfulness, body-based experiential learning, or EMDR to process the trauma that resists verbal articulation (Salberg & Grand 2024).

(5) Breaking cycles of silence and shame

Generational silence exacerbates the effects of trauma. Psychotherapy can break this cycle by creating a space where shame can be alleviated and the unspeakable can be spoken (Bakó & Zana 2020).

Clinical Tip: It is important to normalize the discussion of generational pain in psychotherapy and emphasize that inherited emotions are not the fault of the current generation (Salberg & Grand 2024).

(6) Facilitating intergenerational reconciliation

In some cases, intergenerational dialogue or family therapy may be most important in addressing unresolved grief and creating pathways for healthier relationship patterns (Salberg & Grand 2024).

Clinical Tip: Facilitate family gatherings where members can acknowledge and share inherited pain, promoting mutual understanding.

(7) Incorporating cultural and societal contexts

Trauma often occurs within broader sociohistorical contexts such as war, slavery, or colonisation. Psychotherapy needs to address both the individual and collective aspects of trauma (Bakó & Zana 2020).

Clinical Tip: It is important to incorporate community healing practices at the community level and address the structural inequalities perpetuating systemic trauma (Salberg & Grand 2024).

(8) Methodological Innovations

New methodological frameworks, such as the "transgenerational atmosphere", are important for therapists to work effectively with resistance and to reformulate psychotherapeutic interventions (Bakó & Zana 2020).

Clinical tip: Be aware that client behaviours such as silence, traditionally perceived as resistance, may be a protective mechanism associated with inherited trauma.

Transgenerational trauma transmission often occurs through nonverbal, unconscious processes such as attachment patterns, emotional communication, and body language (Salberg 2015; Moré 2019). Images play a key role in both the experience and transmission of trauma, with survivors and their descendants creating vivid mental images of traumatic events (Brett & Ostroff 1985; de Mendelssohn 2008). The term "transgenerational atmosphere" has been proposed to describe the subtle, often nonverbal transmission of trauma (Bakó & Zana 2018). Addressing transgenerational trauma involves recognising its impact on subsequent generations, disrupting its transmission, and developing strategies for healing and recovery (Prager 2015). Psychotherapeutic approaches should consider resistance and ambivalent relationship patterns (Volkan *et al.* 2002; Kaplan 2002).

Why work with imagery?

As Beard and Björgvinsson (2013) have argued, integrating different approaches is valuable for addressing individual client needs. For example, approaches to imagery may differ between cognitive behavioural therapy and schema therapy (Prasko *et al.* 2020; Koppeschaar *et al.* 2023). However, common ground can be found at the level of experience and phenomenology, allowing them to be applied across different therapeutic models. As we refer to it in this article, the imagery is not simply mental images visualised in the head but experiences embedded in the body-mind space (Achterberg 2002). This approach builds on the concept of the mind as playful, symbolic, and inherently creative (Geary 2012). It relies on the connection between the brain as a map-maker, the body as a source of sensory experience, and the mind as a producer of symbolic images (Damasio 2004). In this way, we honour the communicative part of our mind, which is more sensory and visual than verbal.

Working with imagery activates mental systems closely linked to play, metaphors and experiences of the self. This experience represents a natural potential for self-regulation and transformation. According to Damasio (2004), our emotional states are connected to the imaginative functions of the brain and are reflected in the physical body. Emotions in this context influence our motor skills and self-perception (Llinas 2002; Damasio 2004). The connection between emotions and movement becomes the basis of our identity, while tendencies to act, such as fleeing in fear or the need to hug in compassion, represent the bodily embodiment of emotions (Lazarus 1991).

Imagery thus offers a therapeutic space that allows for the restoration, reintegration, and mobilization of dissociated parts of the self, thereby promoting healing and growth. The ability to simulate states that do not occur—for example, imagining movement or emotions—holds a neurobiological basis and profound therapeutic potential (Damasio 1999).

IMAGERY RESCRIPTING

Imagery rescripting is an essential method in schema therapy. Imagery allows access to traumatic memories (Arntz & Jacob 2012). This method is particularly effective when working with EMS-formed traumatic experiences (Prasko *et al.* 2024). The therapeutic process emphasizes imaginatively changing the traumatic event and creating alternative images that create a sense of safety and acceptance.

How imagery rescripting works

The therapist gently guides the client through the re-experiencing of specific traumatic memories, images, or nightmares. The client is encouraged to actively transform these disturbing images into less threatening ones rather than passively exposing or cognitively re-evaluating them (Ganslmeier *et al.* 2023). The goal is to change the course of the depicted events in a desirable way—for example, by visualizing a protective figure (Prasko *et al.* 2024). This results in imagery rescripting, which has a long-term impact on the client's experience.

Neurobiological basis and effectiveness

Imagery rescripting activates areas of the brain associated with visual processing, emotions, and motor functions. This process involves simulating real-world physical states and generating new connections between the brain's visual, emotional, and motor pathways (Damasio 2004). Working with imagination thus touches deeper layers of the psyche, where structural changes and reorganization of neuronal networks occur (Siegel 2007).

A recent experimental study (Ganslmeier *et al.* 2023) supports the retrieval competition hypothesis (Brewin 2006). Imagery rescripting creates competing positive

memory representations that integrate new positive elements into existing negative material, thus neutralizing negative emotions and becoming more memorable. It is important to note that according to this framework, imagery rescripting does not directly change symptomatic semantic or episodic memories (Brewin *et al.* 2009; Brewin *et al.* 2010).

Imagery rescripting is effective in modifying negative memories, which are often present in clients with post-traumatic stress disorder, depression, borderline personality disorder, and other trauma-related disorders (Arntz & Jacob 2012). Changing EMS and creating healing imagery can significantly contribute to self-acceptance, affect regulation, improve interpersonal relationships, and increase the quality of life (Prasko *et al.* 2020; Hodny *et al.* 2022). The recent meta-analysis shows that it is as effective as exposure, cognitive restructuring, or EMDR (Eye Movement Desensitization and Reprocessing) and has long-term treatment effects (Kip *et al.* 2023).

Application to transgenerational trauma

In the context of transgenerational trauma, imagery rescripting focuses on recognizing patterns of experience, behaviour, and EMS transmitted across generations. Trauma can be transmitted through specific experiences and narratives, behavioural patterns, or emotional climate generated in the family (Danieli 1998; Kellermann 2001; Prasko *et al.* 2010). Working with imagery helps clients explore and change dysfunctional patterns and build new, healthier forms of experience and behaviour. For example, when working with a client who feels guilt about their family history, the therapist can help them imagine a conversation with ancestors that will free them from the burden they have carried through many years of their lives. This therapy process may include visualizing breaking the chain of trauma or creating an image of a caring figure who protects future generations.

Practical Steps or Methodical Procedure

- (1) Identifying a traumatic memory or EMS: The therapist works with the client to recognize the key behaviour, experience, image, or memory that triggers negative emotions or maladaptive reactions and is connected with the transgenerational transmission of the trauma.
- (2) Entering the imagery: The client can imagine the memory in a safe therapeutic environment. The therapist ensures the client is in a safe environment and can return to the present anytime.
- (3) Detailed description: The therapist encourages the client to imagine the memory in as much detail as possible. For example, questions were asked about how the place where the event took place looked, what the smell, the colours, etc.
- (4) Image transformation: The therapist asks the client to actively change the course of the event or

add protective elements. For example, clients may imagine that a caregiver provides support or that the trauma is rescripted to be less threatening.

- (5) Integration of the experience: After imagery work, the emphasis is on processing emotional reactions and connecting them to the client's daily life. This step promotes long-term change and the integration of new experiences into the self-image.

Benefits for therapy

Imagery rescripting allows clients to:

- Break transgenerational patterns of trauma.
- Develop more positive ways of perceiving themselves and their relationships.
- Strengthen the ability to regulate emotions and cope with stress.

CHAIRWORK IN SCHEMA THERAPY

Chairwork techniques are highly effective tools in schema therapy that allow clients to explore different aspects of their identity, interactions, and emotions (Kellogg 2007; Ociskova *et al.* 2022). These approaches can be valuable in working with transgenerational trauma, offering a safe space for deeper understanding and transformation of EMS and transferred emotional burdens.

Chairwork in the context of transgenerational trauma

Chairwork allows clients to experiment with new ways of interacting in a protected and therapeutically guided setting (Kellogg & Garcia Torres 2021). Chairwork in working with transgenerational trauma allows clients to:

- *Relive a painful family situation:* The client can put themselves in the role of a family member and use this perspective to understand better the origin of the trauma and its impact on experience and behaviour.
- *Creates alternative scenarios:* Role-playing allows for creating an alternative scenario that heals the trauma, and the client chooses a different response.
- *Break the transgenerational pattern:* By experimenting with new roles, the client helps to build healthier patterns of interactions that do not support the transmission of trauma.

The client has a dialogue with their parent, who has transferred traumatic patterns into their relationship. The imagined parent sits in the second chair. This process is entered into by imagining a caregiver in the third chair who will protect the client, the parents, or both. The client changes chairs, and the therapist guides them by asking questions about their and their parent's needs.

- *Break down the problem situation into smaller parts and work through internal conflicts:* The client conducts a dialogue between the Vulnerable Child and the

Critical Mode or between the parts associated with the conflict between self-doubt and the need for growth.

- *Integrating parts of the self with the Kind Parent:* The client connects the fragmented parts of their identity disrupted by trauma by speaking to them from the chair using the Kind Parent mode.
- *Visualising and changing traumatic patterns:* The therapist guides the client in visualising and interacting with the traumatic image with the involvement of the kind parent or healthy adult chair.

The client imagines a conversation between their current self and a younger version of themselves who carries the burden of transgenerational trauma. One chair represents the Healthy Adult or Kind Parent, while the other symbolises the Vulnerable Child. This dialogue helps the client create a safe space for emotions that have been repressed.

Neurobiological aspects of role-play and chairwork

Role-playing and chairwork stimulate neuronal connections that support emotion regulation, empathy, and integration of experiences. Chairwork activates mirror neurons, allowing clients to relive emotions and situations as if they were real. Chairwork supports clients' ability to visualise and verbalise internal processes, strengthening the connection between the brain's cognitive and emotional centres (Siegel 2007).

Practical steps methodical procedure for implementing chairwork

- (1) *Preparation:* The therapist determines which aspects of the trauma or EMS will be explored with the client.
- (2) *Scenario Creation:* The therapist suggests a specific situation or conversation for role-playing. For chairwork, the therapist defines the roles of each chair (e.g., Critical Mode, Healthy Adult, Detached Protector, Vulnerable Child, etc.).
- (3) *Exploration and Intervention:* The client enters the role or dialogue, and the therapist may ask questions to encourage deeper introspection and change.
- (4) *Integration:* After completing the role-playing or chairwork, the therapist discusses the client's experiences and identifies ways to integrate them into daily life.

Relevance to Practice

Role-play and chairwork techniques have enormous potential for working with transgenerational trauma because they allow clients to:

- Safely explore painful experiences and conflicts.
- Create new behaviours that support healing.
- Gain greater control over their own experiences and emotions.

CASE VIGNETTES

Lenka's story

Lenka is a 19-year-old student who will be graduating from high school and has problems concentrating on her studies. She is afraid that she will be expelled from school. In her last year, Lenka often experiences feelings of depersonalisation and derealisation, is unable to experience pleasant emotions and does not enjoy life, even though, as she says, she has everything she needs. Lenka feels that her stronger emotions are unmanageable and that they will destroy her because she has been forced by her parents to suppress her emotions since childhood. She cannot concentrate on her studies, but until now, she has been a top student, getting the best grades and doing well in all her subjects. In her last year, she is dating Zdeněk, who, according to him, loves her. She knows cognitively that she likes him, but internally, she cannot feel it. She sometimes fears that Zdeněk will leave her because she cannot express her feelings to him. She tries to force herself to do it, but it doesn't feel right. Quite often, she thinks she's living in an artificial world. Then she says it would be better to die. Sometimes, she believes she could jump in front of a train. But she is afraid that her body will be torn apart. When she imagines it, she gets anxious. She often cuts herself on the inside of her thighs with a razor. It releases her tension, and she doesn't feel alienated for a while. Then, she blames herself for self-harming. It happens twice a week, and she already has several scars that she is ashamed of. She has problems going swimming because the scars would be visible. She also has issues undressing in front of Zdeněk. It has to be dark because she doesn't want him to see her scars.

Lenka was raised by a strict mother who did not show her that she loved her. According to Lenka, her mother was cold and rational but fair. Lenka was not allowed to cry or get angry because she was punished for showing emotions. She learned to suppress her feelings. Since childhood, she has not felt loved; she feels abandoned at home, even when her parents are there. They gave her everything she needed but did not talk to her. They did not connect with her emotionally. Neither positive nor negative emotions were expressed in the family. When Lenka was 9 years old, her parents divorced. Her father found another woman and left. Lenka was in alternating care until she was 12 years old. She didn't take moving between her parents well. Then, her father had a son in his new marriage, and her father's new wife began to oppose Lenka's alternating living with them, so Lenka stayed with her mother. She was relieved that she didn't have to move every fortnight or didn't have to be with her father's new wife, who was often hysterical, with intense outbursts of emotion that, according to Lenka, were exaggerated. Lenka was happy that she didn't have to live there, but she missed more frequent contact with her father. They rarely saw each other, and by the time she was 15, she met her father about four times a year. They usually went somewhere for the weekend, which they spent together. She was always happy with him and felt they understood each other, but most of the year, she missed her father and often felt abandoned by him. However, she was used to being reasonable because both parents expected her to be.

It was taboo in the family to talk about Lenka's grandfather from the mother's side, who died by suicide when Lenka's mother was 15, i.e. 10 years before Lenka was born. When the therapist asked about her grandfather, Lenka said that she knew almost nothing about him. Still, from what she had heard, it was because he found another woman, left her grandmother and then the woman left him, and he couldn't handle it. Lenka learned that from her aunt. Her mother and grandmother didn't want to talk about it. Lenka also learned from her aunt that this topic wasn't allowed to be discussed in the family and that Lenka's mother had been doing much worse at school at that time and had problems, which she didn't want to elaborate on. When Lenka asked her mother, she angrily told her that it was long ago, and she didn't want to discuss it.

We will now describe how the therapist proceeded to help Lenka overcome the anxiety associated with her family's repressed grief. During the therapeutic work, we reimagined her mother, who forbade her emotions and shouted at her that nothing terrible had happened to her when her doll broke. We will use her story to show how imagery rescripting and chairwork were applied in Lenka's case. Finally, we will explore Lenka's feelings after the therapy session. We will describe how she felt when she could experience her emotions without fear.

Therapist: Hello, Lenka. Last time, we were discussing your relationship with your mother. You said that it has been difficult since childhood. Could we work on one specific painful experience from your childhood today? We have already talked about several...

Lenka: Yes... I remember one situation. My favourite doll broke. I started crying.

Therapist: Oh no! How did your mother react?

Lenka: Mom started yelling at me. Why am I crying over such a small thing? It was terrible! I felt very alone. No one stood up for me.

Therapist: That must have been hard for a little child. It is okay to feel sad when something we love breaks. That is normal... You say that no one stood up for you... And was there anyone in your childhood who could have stood up for you if they had been there at that moment? Can you imagine someone like that?

Lenka: Only my aunt Hanka. She was my mother's older sister, and she loved me. My mother always respected her.

Therapist: Choose one of these stuffed animals that could represent your Aunt Hanka...And what could Aunt Hanka do to help you when you were a child? What could she say?

Lenka: (takes the stuffed owl in her hands) Aunt Hanka would say it's okay to cry when I'm sad. She would tell me that she loves me and is there for me.

Therapist: What would that be like for you?

Lenka: I would feel better knowing someone was on my side.

Therapist: That sounds nice, Lenka. What happens next in your imagination? How does your mother react? Can you choose a stuffed animal to represent her?

Lenka: (picks up the stuffed lion) Sorry, Lenka, I wasn't sensitive. I love you very much and understand you are sorry that Klárka broke down. Come on, let's see if we can put it back together...

Therapist: (gently) Yes... how do you feel when your mom says she understands you?

Lenka: I feel good. I feel that she loves me and wants to help me.

Therapist: (presents a chair for Mom) That's nice, Lenka. How about we try something different now? Let's try to imagine your mother's role. Please sit in this chair. It's your mother's chair. What did she need to hear as a child? From whom?

Lenka: (sits in Mom's chair) Dad is relentless with me. I'm afraid he doesn't love me. I want him to say he loves me.

Therapist: (gives another chair): This is your grandfather's chair. Sit in it and say what your grandfather should say to your mother. Tell her and call her by name...

Lenka: (sits down in Grandpa's chair). I'm so sorry, Vlasta. I'm often irritable and quickly explode. Forgive me. You know my father was killed during the war, and I'm always nervous. It's not your fault. Forgive me. I love you. Forgive me for killing myself and leaving you. It wasn't your fault. I was unhappy. You're a very good girl.

Therapist: That's very powerful, Lenka. How does Mom feel? Sit in her chair.

Lenka: I'm relieved. I know Dad loved me, but he was unstable and critical. He didn't have an easy life himself. But I do not believe that it's my fault. He loved me. It's not my fault that he committed suicide.

Therapist: That's perfect... Now try to talk to your daughter Lenka as a relieved mother who feels that her father loved her and that she is not to blame for the fact that he ended up taking his own life.

Lenka: (in her mother's chair): I love you, Lenka, I love you, and I want you to be happy. I'm sorry that I'm sometimes too cold and critical. I love you, and you're important to me...

Therapist: Sit back in your chair, Lenka, and I'll sit in your mother's. I'll try to speak for your mother... (sits down) I love you, Lenka, and I want you to be happy. You're very important to me...

Lenka: Thank you, mother. I love you too (cries)

Therapist: Lenka, why do you think your mother is so closed and strict?

Lenka: Yes, I think it has to do with the fact that grandfather killed himself. Grandmother has also changed a lot since his death.

Therapist: That's a very important realisation, Lenka. What if we try the next step now? Could you sit in your mother's place and talk to her father? Would you tell him everything your mother needed to say to him?

Lenka: (moves to her mother's chair and takes her stuffed animal in her hand) Dad, you left me. You left me alone with my mother, who was upset. No one wanted to talk to me about it. It hurts so much. I miss you.

Therapist: Do you think your mother might still have feelings for her father?

Lenka: (as the mother): I'm also upset. I'm so angry with you for doing this when you knew how important you were to me. You were a selfish, selfish person. You left me alone at the mercy of an angry mother. Why did you do this?

Therapist: Sit on the other chair as a grandfather and answer her.

Lenka: (sits on grandfather's chair, takes a teddy bear in her hand): I couldn't be with her. I needed more warmth. I've been scared and nervous since childhood. Grandma couldn't give it to me. That's why I drank alcohol. It was an escape to survive.

Therapist: (moves towards grandfather) That's very powerful, Lenka. Take a breath. Now I'm going to try to speak for your

grandfather, and you listen in the role of your mother, if you can. As your mother, what would you like to hear from your father?

Lenka: (is in her mother's chair) As a mother, I would probably like to hear that my father understands and loves me. I would also like him to apologise and show me that he understands what he has done to me.

Therapist (as grandfather): (takes grandfather representing bear in hand) Sorry, Vlasta, for leaving you. I'm so sorry. I loved you, and I still love you. I couldn't handle it with your grandmother. She was too cold and strict like her mother. I fell in love with someone else who left me. I hit rock bottom and didn't know where to go. Depression broke me. I'm so sorry. Forgive me, Vlasta. I've always loved you.

Lenka: (as a mother): Thank you, dad. That's what I needed to hear.

Therapist: (moves behind Mom's chair) That's nice, Lenka. Now I'll speak for your Mom, and you can be yourself. What do you want to hear from your Mom?

Lenka: (moves to Lenka's chair) I want to hear that she loves and understands me.

Therapist: (as a mother): Lenka, I apologise for my coldness and distance. You are important to me, and I love you. I am like this because my dad left me, and my Mom was cold as steel. I am sorry that I did not know how to be warm to you and your dad. You miss that. I want to tell you that we love you very much the way you are. You are loving, and I love you, just as your dad loves you. I will always stand by you.

Theoretical summary and importance of interventions

- (1) Imagery rescripting allowed Lenka to relive painful childhood memories and transform them with the help of supportive people.
- (2) Chairwork helped Lenka explore relationships in the family system and express unspoken emotions even for a previous generation. It also freed her from guilt for something she could not do.
- (3) Transgenerational imagery rescripting enabled a conversation between the therapist, her mother, and her grandfather to help uncover deeper layers of family patterns.

These interventions were expected to reduce Lenka's feelings of guilt and loneliness.

The story of Vladka

Thirty-six-year-old Vlada lives with her partner and two children. Although she loves her children, she often yells at them excessively. After these incidents, she blames herself for her behaviour and punishes herself by self-harming. She has a loving but emotionally charged relationship with her partner. During arguments, she threatens to break up with him. Yet she feels that she could not live without him. Vladka grew up in a family with an explosive and strict mother who often criticised and physically punished her. Her mother, Mirka, had a difficult childhood – her father was imprisoned as a political prisoner during the communist era.

Her grandmother had to leave her university position and work as a cleaner to support the family. As the oldest child, Mirka cared for her younger siblings, receiving no recognition or emotional support from her mother. The situation did not improve after Mirka's father returned from prison; he was physically and

mentally broken and was unable to provide his family with peace and security.

This transgenerational pattern of emotional deprivation and inability to express love and support was passed on. Vladka began to process these deep-rooted family patterns in therapy.

Phase 1: Rescripting of a situation from Mirka's mother's childhood

Therapist: Vladka, today we could try to work with your mother Mirka's story. Let's imagine a situation when she was little and experienced something very painful. What do you think about it?

Vladka: It won't be easy, but I want to try. My mother once told me that her mother shouted at her a lot and even beat her.

Therapist: Okay, let's imagine this situation. Try to imagine little Mirka, an eight-year-old girl. Close your eyes if you want to, and let the image come to you. What do you see?

Vladka: I see her standing in the kitchen. Grandma is yelling at her that she has done something wrong and then starts hitting her with a wooden spoon. Grandpa is in the next room but doesn't come to her aid.

Therapist: How does Mirka feel at that moment?

Vladka: She is scared and completely alone. She has nowhere to run.

Therapist: What do you think Mirka would need at that moment? What could help her?

Vladka: I guess that she needs someone who would protect her. But there was no one like that there.

Therapist: I understand. Could I step into that situation and try to help little Mirka? How would that sound to you?

Vladka: Yes, please. Could you do it?

Therapist: Okay, imagine I'm now entering that kitchen. I see your grandma screaming at your mother and raising a wooden spatula. I'm going to stand between them and talk to her.

Therapist (to the grandmother): I understand that you have a hard life, that you're tired and carry much pain inside, but treating your daughter like that is not right. Mirka needs to feel that you love her and that you can appreciate her. She needs to hear that she's important to you.

Vladka: (quietly, with eyes closed) That's... different. I think it would help Mom if she ever heard that.

Therapist: Maybe so. And now I'm going to turn to your grandfather.

Therapist (to grandfather): You are very important in your family, and your daughter needs you right now. You can't leave her without support. Look at how she's standing there. She's a bright girl who helps around the house and cares for her siblings. Mirka deserves your love and protection. Show her that you care about her.

Vladka: (takes a deep breath) If Grandpa had said that, it would probably have been a completely different experience from what my Mom was used to dealing with.

Therapist: And now I'm turning to Mirka. I see her standing with her head down, and I talk directly to her.

Therapist: (to the client's mother): Mirka, you're brave. You deserve love and recognition for everything you do. You're a smart, strong, and good girl. I want to take you out of this kitchen for a moment. What if we went to the garden?

Vladka: To the garden? That sounds nice.

Therapist: Yes, imagine we go outside. There is fresh air and sunshine. There are your favourite dolls in the grass. Which one do you want to play with?

Vladka: The one with the red dress. Maria. It is a beautiful dress.

Therapist: Okay. How about we build a house together for the doll, with grass and flowers,

Vladka: (smiling) I would love that. I could put her in a house and give her a pillow.

Therapist: That's a great idea. We'll build Mirka a beautiful house so she knows she's safe. Together, we'll protect her.

(Vladka pretends to play with her eyes closed. She smiles, and tears appear on her face.)

Therapist: How do you feel now, Vladka?

Vladka: Better. I think Mom also needed to feel that someone was on her side at that time. She probably never had that in her life.

Therapist: And that's precisely why we're here. To help you and little Mirka build the house. And now, when you're ready, open our eyes and return to the present.

This example shows how a therapeutic intervention can bring safety and support to the memory of a traumatic experience. Playing with a doll supports the client's imagination in creating inner safety.

Phase 2: Working with the inner child using chairwork

Therapist: Now, let's imagine little Mirka sitting with us. We'll use this doll as a symbol of little Mirka. What would you like to say to her?

(Vladka takes the doll in her hands and strokes it.)

Vladka: Mirka, you are wonderful. You are not to blame. You had the right to feel sad or angry. You are my little girl, and I will protect you.

(Vladka starts crying.)

Therapist: What are you feeling right now, Vladka?

Vladka: I feel sorry for that little girl. She was so alone. And now I see how hard she tried.

Phase 3: Dialogue with the adult mother

Therapist: Let's move on to the present. What would you like to hear from your adult mother?

Vladka: I want her to apologise for being strict and explosive and explain why she was that way.

Therapist: okay, I will speak for your mother now. Listen to it and tell me how my words affect you.

Therapist (as a mother): Vladka, I apologise for my behaviour. I was strict and sometimes mean, but I couldn't do it any other way. My Mom and dad couldn't do it either. Still, I have always loved you. And now that I see you as a mom, I know how you try to be loving to your children. You're a great mom and partner.

Vladka: That's nice. I feel calm. I'd like to hear that she loves me.

Therapist (as a mother): I love you, Vladka. I've always loved you, even if I didn't know how to show it. I'm proud of you.

Summary of therapeutic work

(1) Imagery rescripting: Vladka was able to process in her imagination a traumatic situation from her mother's childhood and imagine her experience in a safe context. This helped her to understand her mother better.

(2) Working with a Wounded Child: Thanks to chairwork, Vladka responded warmly to the needs of her little mother, Mirka and established a warm emotional relationship with her.

(3) Reparative dialogue during chairwork: The therapist helped Vladka create a new connection with the adult image of her mother. That helped Vladka to find a better understanding of mutual communication.

This process helped to release long-suppressed emotions and create healthier patterns that Vladka can apply in her relationship with her children and partner.

DISCUSSION

This article focused on imagery rescripting and chairwork in treating transgenerational transmission of traumatic patterns. We introduced the methods and illustrated them with casuistry vignettes and two case studies that demonstrate the specifics of these methods. Transgenerational imagery rescripting and chairwork are based on the concept that traumatic patterns of experience and behaviour passed down from generation to generation are related to unmet needs of people in the generational chain. Fulfilling emotional needs while rewriting the painful experiences of previous generations increases understanding of ancestors and fulfilment of emotional needs in the identified client.

Case study discussion

The case studies illustrated the manifestations of transgenerational trauma. Lenka struggled with feelings of alienation and self-harm. Vladka had problems with emotional regulation. She would explode with anger at her children and partner and then blame herself for it. In therapy, both clients discovered how unresolved ancestral pain was being transferred to them. The imagery rescripting and chairwork methods enabled the clients to relive key moments from their family history and rewrite them in a way that allowed them to experience feelings of safety and acceptance. Lenka imagined a healing dialogue between her mother and grandfather. This enabled her to become aware of the broader family context of her problems and accept her emotions. The scene where Lenka "rewrites" the relationship between her mother and grandfather reflects the power of reparative dialogue to alleviate feelings of guilt. This enabled Lenka to understand better and treat her emotional needs.

Through imagination and work with her Vulnerable Child, Vladka realised how painful childhood experiences influenced her mother's behaviour towards her. Vladka's case shows that therapeutic interventions focused on transgenerational trauma help regulate emotions and improve relationships in contemporary life.

Benefits of imagery methods

The combination of imagery rescripting and chairwork effectively meets emotional needs while experiencing

a traumatic pattern. Clients become aware of the connections between their family's past and present. They can experiment with new patterns of behaviour in a safe therapeutic environment.

The long-term impact of imagery rescripting and chairwork is that these methods allow clients to disrupt transgenerational patterns and strengthen their ability to regulate emotions, accept themselves, and change behaviours that were associated with the transmission of trauma. Lenka gained more confidence in her emotional experience. Vladka responded better to the needs of her children without being overly critical.

Limitations and future directions

The results of both case reports indicate the significant therapeutic potential of transgenerational imagery rescripting and chairwork. However, several limitations need to be considered:

- Emotional intensity: Working with traumatic memories can be challenging, and it is, therefore, essential that the therapist provides sufficient safety and support throughout the process.
- Risk of re-traumatisation: Both image rescripting and chairwork require an experienced therapist who can recognise moments when the client may be emotionally overwhelmed and protect them from re-traumatisation (Koppeschaar *et al.* 2023).

Further research should focus on the long-term effects of transgenerational rescripting using imagery or chairwork and their combination with other methods, such as mindfulness or bodywork. It is also essential to further develop work with transgenerational trauma within group schema therapy.

CONCLUSION

When working with transgenerational trauma, imagery rescripting and chairwork could be used. These are important therapeutic methods that allow clients to confront the impact of the past on their current lives. Further development of the use of these methods can significantly enrich the practice of psychotherapy in the area of working with family patterns and transgenerational trauma.

An essential part of these methods is the therapist's ability to create a safe environment and to guide the client sensitively, supporting the connection of emotions, bodily experiences and descriptions of external circumstances without causing emotional overload.

This article has shown that imagery rescripting and chairwork can be important methods in healing transferred emotional wounds. Further research and practice could focus on the long-term impact of the described methods on interpersonal relationships and emotional well-being in clients who carry problems associated with the transgenerational transmission of trauma.

REFERENCES

- 1 Achterberg J (2002). *Imagery in Healing: Shamanism and Modern Medicine*. Shambhala Publications.
- 2 Alloy LB, Abramson LY, Tashman NA, Berrebbi DS, Hogan ME, Whitehouse WG, ... Morocco A (2001). Developmental origins of cognitive vulnerability to depression: Parenting, cognitive, and inferential feedback styles of the parents of individuals at high and low cognitive risk for depression. *Cognitive Therapy and Research*. **25**(4): 397–423.
- 3 Arntz A, Jacob G (2012). *Schema Therapy in Practice: An Introductory Guide to the Schema Mode Approach*. Wiley-Blackwell.
- 4 Bakó T, Zana K (2020). *Transgenerational Trauma and Therapy: The Transgenerational Atmosphere*. London, Routledge, Taylor and Francis.
- 5 Bandura A (1969). Social-learning theory of identificatory processes. In D. A. Goslin (Ed.). *Handbook of socialisation theory and research* (pp. 213–262). Chicago: Rand.
- 6 Beard C, Björgvinsson T (2013). Psychological vulnerability: An integrative approach. *Journal of Psychotherapy Integration*. **23**(3): 281.
- 7 Brett EA, Ostroff R (1985). Imagery and posttraumatic stress disorder: an overview. *Am J Psychiatry*. **142**(4): 417–424.
- 8 Brewin C, Gregory JD, Lipton M, Burgess N (2010). Intrusive images in psychological disorders: Characteristics, neural mechanisms, and treatment implications. *Psychological Review*. **117**(1): 210–232.
- 9 Brewin C, Wheatley J, Patel T, Fearon P, Hackmann A, Wells A, Fisher P, Myers S (2010). Imagery rescripting as a brief stand-alone treatment for depressed patients with intrusive memories. *Behaviour Research and Therapy*. **47**(7): 569–576.
- 10 Brewin C (2006). Understanding cognitive behaviour therapy: A retrieval competition account. *Behaviour Research and Therapy*. **44**(6): 765–784.
- 11 Carter JD, McIntosh VV, Jordan J, Porter RJ, Frampton CM, Joyce PR (2013). Psychotherapy for depression: a randomised clinical trial comparing schema therapy and cognitive behavior therapy. *J Affect Disord*. **151**(2): 500–505.
- 12 Damasio AR (2004). Emotions and Feelings: A Neurobiological Perspective. In ASR Manstead, N Frijda, & A Fischer (Eds.), *Feelings and emotions: The Amsterdam symposium* (pp. 49–57). Cambridge University Press.
- 13 Damasio AR (1999). *The Feeling of What Happens: Body and Emotion in the Making of Consciousness*. Harcourt College Publishers.
- 14 Danieli Y (1998). *International Handbook of Multigenerational Legacies of Trauma*. New York: Plenum Press.
- 15 de Mendelssohn F (2008). Transgenerational transmission of trauma: guilt, shame, and the "heroic dilemma". *Int J Group Psychother*. **58**(3): 389–401.
- 16 Dowd A (2020). Displacement trauma: complex states of personal, collective and intergenerational fragmentation and their intergenerational transmission. *J Anal Psychol*. **65**(2): 300–324.
- 17 Farrell JM, Reiss N, Shaw IA (2005). *The Schema Therapy Clinician's Guide: A Complete Resource for Building a Practice in Schema Therapy*. Wiley-Blackwell.
- 18 Farrell JM, Shaw IA, Webber MA (2009). *Schema Therapy: A Practitioner's Guide*. New York: Guilford Press.
- 19 Fossion P, Leys C, Vandeleur C, Kempenaers C, Braun S, Verbanck P, Linkowski P (2015). Transgenerational transmission of trauma in families of Holocaust survivors: the consequences of extreme family functioning on resilience, sense of coherence, anxiety and depression. *J Affect Disord*. **171**: 48–53.
- 20 Freud S (1900). *The Interpretation of Dreams*. Standard Edition.
- 21 Gailiené D (2019). When culture fails: Coping with cultural trauma. *Journal of Analytical Psychology*. **64**(4): 530–547.
- 22 Gangi S, Talamo A, Ferracuti S (2009). The long-term effects of extreme war-related trauma on the second generation of Holocaust survivors. *Violence Vict*. **24**(5): 687–700.
- 23 Gansmeier M, Kunze AE, Ehring T, Wolkenstein L (2023). The dilemma of trauma-focused therapy: Effects of imagery rescripting on voluntary memory. *Psychological Research*. **87**: 1616–1631.
- 24 Garber J, Flynn C (2001). Predictors of depressive cognitions in young adolescents. *Cognitive Therapy and Research*. **25**(4): 353–376.

- 25 Geary J (2012). *I Is an Other: The Secret Life of Metaphor and How It Shapes the Way We See the World*. New York: Harper Collins.
- 26 Harris J (2020). An inheritance of terror: postmemory and transgenerational transmission of trauma in second generation Jews after the Holocaust. *Am J Psychoanal*. **80**(1): 69–84.
- 27 Hirsch M (2012). *The Generation of Postmemory: Writing and Visual Culture After the Holocaust*. Columbia University Press.
- 28 Hodny F, Ociskova M, Prasko J, Vanek J, Visnovsky J, Sollar T, Slepecky M, Nesnidal V, Kolek A (2022). Early life experiences and adult attachment in obsessive-compulsive disorder. Part 2: Therapeutic effectiveness of combined cognitive behavioural therapy and pharmacotherapy in treatment-resistant inpatients. *Neuro Endocrinol Lett*. **43**(6): 345–358.
- 29 Jalali MR, Zargar M, Salavati M, Kakavand AR (2011). Comparison of early maladaptive schemas and parenting origins in patients with opioid abuse and non-abusers. *Iranian Journal of Psychiatry*. **6**(2): 54–60.
- 30 Jiménez JP, Botto A, Herrera L, Leighton C, Rossi JL, Quevedo Y, Silva JR, Martínez F, Assar R, Salazar LA, Ortiz M, Rios U, Barros P, Jaramillo K, Luyten P (2018). Psychotherapy and Genetic Neuroscience: An Emerging Dialog. *Front Genet*. **9**: 257.
- 31 Jung CG (1973). *Collected Works of C.G. Jung: The First Complete English Edition of the Works of C.G. Jung*. Routledge.
- 32 Kaplan S (2002). *Children in the Holocaust: dealing with affects and memory images in trauma and generational linking*. Verlag: Stockholm University.
- 33 Kazlauskas E, Želviene P (2015). A history of political violence in the family as a resilience factor. *Resiliency: Enhancing Coping with Crisis and Terrorism*. **119**: 141–148.
- 34 Kellermann NP (2001). Transmission of Holocaust trauma - an integrative view. *Psychiatry*. **64**(3): 256–67.
- 35 Kellogg S, Garcia Torres A (2021). Toward a chairwork psychotherapy: Using the four dialogues for healing and transformation. *Practice Innovations*. **6**(3): 171–180.
- 36 Kellogg SH (2007). Transformational chairwork: Five ways of using therapeutic dialogues. *NYSIPA Notebook*. **19**(4): 8–9.
- 37 Khajouei Nia MK, Sovani A, Forooshani GRS (2014). Exploring correlation between perceived parenting styles, early maladaptive schemas, and depression among women with depressive symptoms in Iran and India-Role of early maladaptive schemas as mediators and moderators. *Iranian Red Crescent Medical Journal*. **16**: 12.
- 38 Kiers IL, de Haan HA (2024). Short-term, manualised schema-focused group therapy for patients with CBT-resistant disorders within primary care: a pilot study with a naturalistic pre-treatment and post-treatment design. *Front Psychol*. **15**: 1349329.
- 39 Kip A, Schoppe L, Arntz A, Morina N (2023). Efficacy of imagery rescripting in treating mental disorders associated with aversive memories - An updated meta-analysis. *J Anxiety Disorder*. **99**: 102772.
- 40 Kolek A, Prasko J, Ociskova M, Holubova M, Vanek J, Grambal A, Slepecky M (2019). Severity of panic disorder, adverse events in childhood, dissociation, self-stigma and comorbid personality disorders Part 2: Therapeutic effectiveness of a combined cognitive behavioural therapy and pharmacotherapy in treatment-resistant inpatients. *Neuro Endocrinol Lett*. **40**(6): 271–283.
- 41 Koppeschaar A, Bachrach N, Arntz A (2023). Timing of imagery rescripting during schema therapy for borderline personality disorder: The LUCY trial. *Front Psychiatry*. **14**: 1204439.
- 42 Lazarus RS (1991). Cognition and motivation in emotion. *American Psychologist*. **46**(4): 352.
- 43 Llinas RR (2002). *I of the Vortex: From Neurons to Self*. Cambridge: MIT Press.
- 44 Miller A (1996). *Insights of Genius: Imagery and Creativity in Science and Art*. Cambridge: MIT Press; 1996.
- 45 Moré A (2019). Die Weitergabe von Traumata und Schuldverstrickungen zwischen den Generationen German [The Transmission of Trauma and Guilt Feelings Between Generations]. *Praxis (Bern 1994)*. **108**(6): 425–430.
- 46 Narayan AJ, Lieberman AF, Masten AS (2021). Intergenerational transmission and prevention of adverse childhood experiences (ACEs). *Clin Psychol Rev*. **85**: 101997.
- 47 Ociskova M, Prasko J, Gecaitė-Stonciene J, Abeltina M, Kotian M, Slepecky M, Hodny F, Vanek J, Krone, Zatkova M, Sollar T, Burkauskas J, Juskiene A (2022). Chairwork in cognitive behavioral therapy and schema therapy: Options in practice. *Act Nerv Super Rediviva*. **64**(4): 124–141.
- 48 Ociskova M, Prasko J, Kantor K, Hodny F, Kasyanik P, Holubova M, Vanek J, Slepecky M, Nesnidal V, Minarikova Belohradova K (2022). Schema therapy for patients with bipolar disorder: theoretical framework and application. *Neuropsychiatr Dis Treat*. **18**: 29–46.
- 49 Ociskova M, Prasko J, Kantor K, Vanek J, Nesnidal V, Belohradova K (2024). Structural equation modeling of childhood trauma and self-stigma in adult inpatients with borderline personality disorder. *Psychol Res Behav Manag*. **17**: 3761–3777.
- 50 Prager J (2015). *Danger and Deformation: A Social Theory of Trauma Part II: Disrupting the Intergenerational Transmission of Trauma, Recovering Humanity, and Repairing Generations*. *American Imago*. **72**(2): 133–155.
- 51 Prasko J, Abeltina M, Ociskova M, Gecaitė-Stonciene J, Liska R, Juskiene A, Slepecky M, Bagdonaviciene L (2024). Building skills in cognitive behavioral supervision. *Neuro Endocrinol Lett*. **45**(3): 197–214.
- 52 Prasko J, Dicevicius D, Ociskova M, Krone I, Slepecky M, Albertina M, Bagdonaviciene L, Juskiene A (2020). Imagery in cognitive behavioral supervision. *Neuro Endocrinol Lett*. **41**(1): 33–45.
- 53 Prasko J, Diveky T, Grambal A, Kamaradova D, Latalova K, Mainerova B, Vrbova K, Trcova A (2010). Narrative cognitive behavioral therapy for psychosis. *Act Nerv Super Rediviva*. **52**(1): 135–146.
- 54 Rizzolatti GC, Sinigaglia C (2010). The functional role of the parieto-frontal mirror circuit: interpretations and misinterpretations. *Nat. Rev. Neurosci*. **11**(4): 264–274.
- 55 Sagi-Schwartz A, Van IJzendoorn MH, Grossmann KE, Joels T, Grossmann K, Scharf M, Koren-Karie N, Alkalay S (2003). Attachment and traumatic stress in female holocaust child survivors and their daughters. *Am J Psychiatry*. **160**(6): 1086–1092.
- 56 Salberg J, Grand S (2024). *Transgenerational Trauma: A Contemporary Introduction*. Routledge.
- 57 Salberg J (2022). Maternal envy as legacy: Search for the unknown lost maternal object. *Int J Psychoanal*. **103**(5): 726–743.
- 58 Shahar G, Lerman SF (2013). The personification of chronic physical illness: Its role in adjustment and implications for psychotherapy integration. *Journal of Psychotherapy Integration*. **23**(1): 49–58.
- 59 Siegel D (2007). *The Mindful Brain*. New York: Norton.
- 60 Starrs CJ, Békés V (2024). Historical intergenerational trauma transmission model: A comprehensive framework of family and offspring processes of transgenerational trauma. *Traumatology*. Advance online publication
- 61 Sundag J, Zens C, Ascone L, Thome S, Lincoln TM (2018). Are schemas passed on? A study on the association between early maladaptive schemas in parents and their offspring and the putative translating mechanisms. *Behavioural and Cognitive Psychotherapy*. **46**(6): 738–753.
- 62 Švara M, Virloget KH (2024). My silent story: conflicted memories, silences and intergenerational traumas. *J Anal Psychol*. **69**(2): 298–322.
- 63 Vaskelienė I (2012). Politinių represijų Lietuvoje ilgalaikės psichologinės pasekmės antrajai kartai.
- 64 Volkan VD, Ast G, Greer WF (2002). *Third Reich in the Unconscious*. Routledge. New York.
- 65 Yakin M, Arntz A (2023). *Imagery Rescripting in Cognitive Behavioral Therapy: Image, Emotion, and the Therapeutic Relationship*. New York: Routledge.
- 66 Yehuda R, Lehrner A (2018). Intergenerational transmission of trauma effects: putative role of epigenetic mechanisms. *World Psychiatry*. **17**(3): 243–257.
- 67 Young JE, Klosko JS, Weishaar ME (2003). *Schema Therapy: A Practitioner's Guide*. New York: Guilford Press.
- 68 Zeynel Z, Uzer T (2020). Adverse childhood experiences lead to trans-generational transmission of early maladaptive schemas. *Child Abuse Negl*. **99**: 104235.