



Opinion Article

## Trauma and psychotherapy: an integrated approach between transgenerational transmission, Gestalt therapy, Parts Model and Internal Family Systems

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### ABSTRACT

This work represents an innovative contribution to the integration of complementary perspectives in understanding psychological trauma, with particular focus on the transgenerational dimension of traumatic transmission and therapeutic approaches. The novelty of this work lies in the hypothesis of integrating emerging epigenetic evidence with psychotherapeutic models based on structural dissociation, offering a theoretical-clinical framework that simultaneously recognizes the biological, psychological, and relational roots of trauma. While Eye Movement Desensitization and Reprocessing (EMDR) is established as a consolidated therapy for emergencies and collective traumas, Gestalt therapy and the Parts Model, with their integration, represent a promising and innovative hypothesis. Epigenetic research in recent years suggests that traumatic experiences not only leave lasting biological traces in direct survivors but may be transmitted to subsequent generations through modifications in DNA methylation and gene expression. These biological mechanisms intertwine with complex psychological and relational processes, creating transmission patterns that require sophisticated, multilevel therapeutic approaches. Gestalt therapy, with its emphasis on the “here and now,” body awareness, and contact, offers fundamental contributions. The Parts Model, particularly developed by Janina Fisher through the integration of sensorimotor psychotherapy with the theory of structural dissociation, and Internal Family Systems (IFS) by Richard Schwartz, offers complementary clinical frameworks to address trauma-induced fragmentation. This work proposes an integrated model that acknowledges the intergenerational roots of psychological distress and draws on inherited resources alongside vulnerabilities, opening new directions for both research and clinical practice.

### Keywords

Transgenerational trauma, Epigenetics, Parts model, Internal family systems, Gestalt therapy, Structural dissociation, EMDR, Integrated approach.

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## ABSTRACT IN ITALIANO

Il presente lavoro rappresenta un contributo innovativo all'integrazione di prospettive complementari nella comprensione del trauma psicologico, con particolare focus sulla dimensione transgenerazionale della trasmissione traumatica e sugli approcci terapeutici. La novità di questo lavoro risiede nell'ipotesi di integrare evidenze epigenetiche emergenti con modelli psicoterapeutici basati sulla dissociazione strutturale, offrendo un framework teorico-clinico che riconosce simultaneamente le radici biologiche, psicologiche e relazionali del trauma. Mentre l'Eye Movement Desensitization and Reprocessing (EMDR) si configura come terapia consolidata per l'emergenza e i traumi collettivi, la terapia della Gestalt e il modello delle parti con la loro integrazione rappresentano un'ipotesi suggestiva e innovativa. La ricerca epigenetica degli ultimi anni suggerisce che le esperienze traumatiche non solo lasciano tracce biologiche durature nei sopravvissuti diretti, ma potrebbero essere trasmesse alle generazioni successive attraverso modificazioni nella metilazione del DNA e nell'espressione genica. Questi meccanismi biologici si intrecciano con processi psicologici e relazionali complessi, creando pattern di trasmissione che richiedono approcci terapeutici sofisticati e multilivello. La Gestalt terapia, con la sua enfasi sul "qui e ora", sulla consapevolezza corporea e sul contatto, offre contributi fondamentali. Il Modello delle Parti, sviluppato in modo particolare da Janina Fisher attraverso l'integrazione della psicoterapia sensomotoria con la teoria della dissociazione strutturale, e l'Internal Family Systems (IFS) di Richard Schwartz offrono framework clinici complementari per affrontare la frammentazione causata dal trauma. Si propone l'ipotesi di un modello integrato che riconosce le radici intergenerazionali del disagio psicologico e valorizza le risorse ereditate insieme alle vulnerabilità, aprendo nuove prospettive sia nella ricerca che nella pratica clinica.

### Parole chiave

Trauma transgenerazionale, Epigenetica, Modello delle parti, Internal Family Systems, Terapia Gestalt, Dissociazione strutturale, EMDR, Approccio integrato.

## INTRODUCTION

This paper contributes to the integration of complementary perspectives in the study and treatment of psychological trauma. On one hand, it explores the transgenerational dimension of traumatic transmission, which in recent years has received growing, though still debated, support from neuroscience and epigenetics, suggesting how traumatic experiences lived by one generation may leave biological, psychological, and relational traces in subsequent generations [1, 2]. On the other hand, it analyzes therapeutic approaches that provide specific, effective clinical tools to address the fragmentation and dissociation caused by trauma. It bears emphasizing that Eye Movement Desensitization and Reprocessing (EMDR) is a well-established and widely validated therapy for emergencies and collective traumas [3, 4], with a solid base of scientific evidence supporting its effectiveness. In this consolidated context, Gestalt therapy and the Parts Model with their integration represent a promising and innovative direction that merits further clinical and research development [5-7].

What distinguishes this work is its integration of recent epigenetic discoveries on the transgenerational transmission of trauma [8, 9] with contemporary psychotherapeu-

tic models that consider the structural dissociation of personality. While traditionally these areas have been treated separately, epigenetics in biological neurosciences and work with parts in psychotherapy, this paper proposes a unified framework that considers how the biological mechanisms of traumatic transmission manifest clinically through patterns of psychic fragmentation, which can be addressed therapeutically through specific approaches. Modern understanding of trauma necessarily requires a multidimensional approach that integrates knowledge derived from neuroscience, epigenetics, clinical psychology, and the most innovative psychotherapeutic traditions. Over the past fifteen years, scientific research has provided growing evidence, particularly from animal models and some human studies [10, 11], that extreme traumatic events, such as genocides, wars, famines, systematic violence, not only affect those who directly experienced them, but can profoundly influence their descendants as well, sometimes up to the third and fourth generation. In parallel, the development of specific therapeutic models for trauma has produced innovative approaches that consider the structural dissociation of personality and the importance of bodily integration and internal systemic work in the healing process [12-14].

This paper has a twofold objective: first, to provide an updated overview of the biological, psychological, and social mechanisms through which trauma is transmitted across generations; and second, to illustrate how contemporary therapeutic models, particularly Gestalt therapy, Janina Fisher's work on the Parts Model and the theory of structural dissociation, and Internal Family Systems (IFS), can be integrated to offer effective clinical interventions that take into account the complexity of transgenerational transmission and the dissociative nature of trauma.

## TRANSGENERATIONAL TRAUMA: MECHANISMS AND CLINICAL IMPLICATIONS

### Definition and Clinical Relevance

Transgenerational trauma has emerged as one of the most compelling and clinically relevant areas of contemporary psychological and neuroscientific research. The idea that traumatic experiences endured by one generation can leave biological and psychological traces in subsequent generations challenges traditional conceptions of classical genetic inheritance and opens new perspectives in understanding human development, psychopathology, and clinical treatment [15]. Transgenerational trauma refers to the transmission of the effects of extreme traumatic events from one generation to another, creating patterns of psychological, biological, and relational vulnerability that persist over time [16]. This transmission occurs through multiple and interconnected mechanisms that simultaneously involve biological dimensions (epigenetic, neuroendocrine), psychological (attachment, relational patterns, internal working models), and sociocultural (family narratives, secrets, invisible loyalties) [17, 18]. This complexity calls for clinical approaches that integrate multiple perspectives and levels of intervention. The clinical relevance of this phenomenon is considerable: understanding the transgenerational dimension of trauma allows clinicians to contextualize seemingly inexplicable symptoms, identify recurring family patterns, and develop interventions that are not limited to the patient's individual history but consider the emotional and biological legacy transmitted through generations [17, 18].

## Epigenetic Mechanisms of Transgenerational Transmission

Epigenetics has revolutionized our understanding of how environmental experiences can influence gene expression without altering the DNA sequence itself. The main epigenetic mechanisms include DNA methylation, histone modifications, and the action of non-coding RNAs [19, 20]. These mechanisms can be influenced by traumatic experiences and, under certain conditions, transmitted to subsequent generations through the germline [21]. Studies on Holocaust survivors and their descendants have provided some of the most cited evidence regarding epigenetic intergenerational transmission in humans, though findings have been partially debated due to limited sample sizes. Research [8, 9] suggests that children of Holocaust survivors exhibit specific alterations in cortisol regulation and stress response, associated with epigenetic modifications in genes related to the hypothalamic-pituitary-adrenal (HPA) axis. These biological changes may make descendants more vulnerable to stress and trauma-related disorders, even if they never directly experienced the original traumatic events. Other significant studies [22] have examined descendants of survivors of other collective traumas: the Dutch Hunger Winter, wars in the Balkans, and genocide in Rwanda. In several of these cases, researchers have identified epigenetic patterns that appear to be transmitted from traumatized parents to their children, suggesting possible influences on their physical and mental health, though mechanisms in humans remain under investigation.

## Psychological and Relational Mechanisms

Alongside biological mechanisms, psychological and relational processes play a fundamental role in the transgenerational transmission of trauma. Attachment theory offers a crucial framework for understanding these dynamics. Parents traumatized during their own childhood or who carry transgenerational traumas often develop insecure or disorganized attachment patterns with their children [23]. These patterns create vulnerability contexts that make children more susceptible to developing trauma-related symptoms, even without direct traumatic experiences. Research has shown

that children of Holocaust survivors, refugees from wars, and survivors of systematic violence often develop specific symptoms and vulnerabilities, including heightened vigilance for threat, difficulties in emotional regulation, identity problems, and a sense of “inherited guilt” or responsibility for sufferings they never experienced [24, 25]. Family systems also play a crucial role. The concept of “invisible loyalties” developed by Boszormenyi-Nagy and Spark [26] describes how family members may feel obligated to maintain behavioral or emotional patterns to honor the suffering of previous generations. Secrets, silences, and interrupted narratives within families can transmit trauma as powerfully as explicit narratives. When traumas are not spoken about, children may unconsciously absorb the emotional weight without having a narrative framework to understand it [27, 28].

## Resilience and Transgenerational Resources

While much research has focused on the transmission of vulnerability, it is equally important to recognize that resilience and resources can also be transmitted transgenerationally [29, 30]. Descendants of trauma survivors not only inherit vulnerabilities but may also inherit extraordinary capacities for adaptation, strength, and meaning. Some scholars [1] have begun to identify epigenetic markers associated with resilience, suggesting that positive environmental experiences and adequate support can mitigate or even reverse some transgenerational effects of trauma. This has profound clinical implications: therapeutic work should not only focus on vulnerabilities but also actively identify and build on inherited resources and strengths.

## INTEGRATED THERAPEUTIC APPROACHES FOR TRAUMA

### Gestalt Therapy and Trauma

Gestalt therapy, founded by Fritz Perls, Laura Perls, and Paul Goodman in the 1950s, makes important contributions to trauma treatment through its emphasis on present awareness, bodily integration, and authentic contact [31-33]. The Gestalt approach views the person as an integrated whole in con-

stant relationship with their environment, and psychopathology as an interruption or distortion of this contact process. For traumatized individuals, the Gestalt concept of “unfinished situations” is particularly relevant [34]. Trauma creates unfinished situations: experiences that could not be fully processed at the time they occurred and remain “frozen” in the psyche, continuing to influence present behavior. Gestalt therapy aims to bring these situations into awareness so they can be completed in the present. Body awareness is central to Gestalt work with trauma [35, 36]. Trauma is stored not only as cognitive memory but also as bodily sensations, muscle tensions, and somatic patterns. Gestalt therapy helps patients develop awareness of these bodily sensations and use them as guides for therapeutic work. Techniques such as body scanning, attention to breath, and movement experiments can help patients reconnect with their body in a safe and gradual way [37]. Contact is another key element. Trauma often damages the capacity for authentic contact with self and others. Gestalt therapy works to restore this capacity through the therapeutic relationship itself, which becomes a laboratory for experimenting with new ways of making contact. The therapist’s presence, authenticity, and empathy create a safe space where the patient can gradually risk opening up and making contact.

A further important contribution of Gestalt therapy to trauma work is its emphasis on the “here and now.” While trauma is rooted in the past, its effects manifest in the present. Gestalt therapy helps patients become aware of how trauma continues to influence their current experience and offers tools to respond differently. This does not mean ignoring the past but bringing the past into the present where it can be worked with directly and experientially [37]. The use of experiments and creative techniques is another distinctive element of Gestalt therapy. Through experiments, patients can explore new ways of being and relating in a protected context. For example, a patient who learned to suppress their needs in a traumatic family context might experiment with expressing them in the therapeutic relationship. Or a patient who carries the weight of transgenerational trauma might experiment with “dialoguing” with ancestors, giving voice to parts of themselves that carry that legacy [38-40]. The integration of Gestalt therapy with trauma work has been enriched by contributions from contempo-

rary neuroscience. Research on the polyvagal nervous system and embodied cognition has validated many Gestalt intuitions about the importance of the body and present awareness in trauma work [40]. Rosa et al [41] have explored how Gestalt therapy can be integrated with other trauma approaches in a blended intervention model, combining in-person sessions with online work and integrating different therapeutic modalities.

### **The Parts Model and Structural Dissociation: Janina Fisher's Contribution**

The understanding that trauma can fragment the psyche into distinct "parts" has deep roots in trauma psychology, tracing back to Pierre Janet's work in the late 19<sup>th</sup> century [42]. Contemporary trauma research has confirmed and expanded these early insights, recognizing that dissociation is not simply a defense mechanism but a fundamental way the mind organizes traumatic experience that threatens the integrative capacities of the individual. The graduated three-phase model for treating complex trauma, originally introduced by Pierre Janet [42] and subsequently developed by Herman [43], has become the gold standard for treating complex post-traumatic stress disorder and dissociative disorders. This three-phase approach has been further developed and enriched in contemporary psychotraumatology, incorporating significant contributions from the theory of structural dissociation by Van der Hart et al [44] and the "parts"-based approach developed by Janina Fisher [6, 7]. The conceptualization of dissociative parts allows us to understand how the psychic system fragments in response to trauma, creating relatively autonomous subsystems that keep incompatible aspects of traumatic experience separate. According to the theory of structural dissociation, in response to repeated or prolonged traumas, particularly those that occur during childhood, the personality can divide into different "parts" or subsystems: parts that try to continue daily life (Apparently Normal Parts - ANP) and parts that remain fixed to the traumatic experience (Emotional Parts - EP) [45]. These parts can have different degrees of elaboration, autonomy, and complexity, giving rise to levels of primary, secondary, and tertiary structural dissociation.

Janina Fisher has provided one of the most significant and innovative contributions to un-

derstanding and treating traumatic dissociation through her work on integrating sensorimotor psychotherapy with the parts model [5-7]. Fisher conceptualizes dissociative parts not as pathology but as creative and protective adaptations that allowed psychological survival in the face of intolerable experiences. Each part had a protective function: some parts allowed the child to continue functioning despite abuse, others contained overwhelming emotions, and still others sustained attachment to abusive figures when that attachment was necessary for survival. A central element of Fisher's work is the integration of the somatic dimension. Collaborating with Pat Ogden [46], a pioneer of sensorimotor psychotherapy, Fisher has developed techniques that use bodily awareness and movement to facilitate the integration of dissociative parts. The body, according to this approach, is not simply the place where trauma manifests but is also a fundamental resource for healing. Bodily sensations can provide valuable information about activated parts, and somatic interventions can help regulate overwhelming emotional states [47]. Fisher emphasizes the importance of working with parts rather than against them. Instead of trying to eliminate problematic parts or force premature integration, the therapist helps the patient develop curiosity about their own parts, understand their original protective function, and negotiate between different parts when they come into conflict. This approach reduces shame and self-criticism, common in traumatized patients who often harshly judge their own dissociative symptoms.

A further key contribution by Fisher is her attention to the "Self" or integrated core of the personality. Fisher argues that even under extreme dissociation, there is an observational and integrative ability that can be developed and enhanced. The therapeutic work aims to develop this capacity for "Self-leadership," where the Self can recognize the different parts, appreciate their contribution, and guide the internal system toward greater collaboration and integration. Fisher has also significantly contributed to understanding the transgenerational transmission of trauma, as evidenced in her book "Transforming the Living Legacy of Trauma" [7]. In this work, she explores how dissociative parts can carry not only personal traumas but also those inherited from previous generations, and how therapeutic work must sometimes extend to these transgenerational dimensions for complete healing.

## Internal Family Systems (IFS): A Systemic Approach to Parts

Internal Family Systems (IFS), developed by Richard Schwartz starting in the 1980s, offers a complementary and equally innovative approach to working with parts [48]. Schwartz developed this model initially working with patients with eating disorders and discovered that many of his patients spontaneously described internal conflicts between different “parts” of their personality. The IFS model proposes that the mind is naturally multiple, composed of different sub-personalities or “parts”, and that this multiplicity is not in itself pathological but is the natural organization of the mind [49]. In the IFS model, parts are organized into three main categories: Managers (parts that try to control the environment and prevent situations that could activate pain), Firefighters (parts that intervene when pain emerges, often through impulsive or avoidant behaviors), and Exiles (vulnerable parts that carry painful emotions and traumatic memories). A distinctive element of IFS is the concept of “Self”, understood not as another part but as the essential core of the person, characterized by qualities such as curiosity, compassion, calm, clarity, courage, connection, creativity, and confidence (the “8 Cs” of Self) [50]. According to Schwartz, every person has access to this Self, regardless of the severity of trauma or fragmentation. The Self is not damaged by trauma; it is the parts that carry traumatic burdens.

The therapeutic process in IFS aims to free the Self from the dominance of protective parts (Managers and Firefighters) so that it can guide the internal system. Once the Self is present and available, it can compassionately approach the Exiles, the parts that carry pain and traumatic memories, and help them release the “burdens” (negative beliefs, traumatic emotions, disturbing bodily sensations) they have had to carry. A particularly powerful aspect of IFS is the concept of “unburdening.” Through a guided process, when an Exile feels truly seen, understood, and welcomed by the Self, it can spontaneously release the emotions, beliefs, and traumatic sensations it has carried, often for decades [51]. This process does not necessarily require detailed re-experiencing of the trauma but is based on the compassionate relationship between Self and Exile.

IFS is particularly effective in treating complex trauma and transgenerational patterns

because it recognizes that parts can carry not only personal experiences but also “legacy burdens”, burdens inherited from previous generations [52]. These transgenerational burdens can include toxic cultural beliefs, collective shame, or survival patterns transmitted through generations. The work of unburdening can extend to these transgenerational levels, offering healing that goes beyond the individual.

## The Integration of the Three Approaches: A Therapeutic Synergy

The integration between Gestalt therapy, Fisher’s parts model, and IFS creates a particularly powerful clinical approach. Gestalt contributes its emphasis on bodily awareness and the here-and-now; Fisher’s parts model offers understanding of structural dissociation and somatic techniques; IFS contributes the systemic framework of parts and the concept of Self-leadership [53]. Together, these approaches support clinical work that honors the complexity of trauma, respects the patient’s pace, and draws on multiple pathways, bodily, cognitive, emotional, and relational, to facilitate healing and integration.

## The Three Phases of Treatment: An Integrated Approach

The three-phase approach to trauma treatment, stabilization, processing, and integration remains the reference framework, but can be enriched by the integration of the models discussed.

**Phase 1: Stabilization and Safety.** The first phase focuses on stabilization, with the objective of reducing acute symptoms and improving daily functioning. In this phase, different dissociative parts are recognized, and work begins on managing emotions related to traumatic memories. The crucial element is the expansion of the physiological and emotional “window of tolerance”, the range of arousal within which a person can function effectively [54]. Fisher emphasizes the importance of somatic grounding techniques, bodily mindfulness, and internal resources to stabilize the nervous system. IFS contributes by helping the patient recognize and appreciate the protective parts (Managers and Firefighters) that have tried to maintain safety, even if sometimes with problematic strategies. Ge-

stalt therapy offers techniques to increase present awareness and interrupt automatic patterns of avoidance.

### **Phase 2: Processing Traumatic Memories.**

The second phase concerns the gradual processing of traumatic memories, addressing specific episodes and sensory aspects of past experiences. Fisher emphasizes that this work must be done by carefully “titrating”, dosing exposure to traumatic material so that it remains within the patient’s window of tolerance [55]. The IFS approach to working with Exiles is particularly valuable in this phase: instead of forcing the patient to relive the trauma, a compassionate space is created where the Self can approach the Exiles, listen to them, and facilitate the release of traumatic burdens. Work with resistances becomes central: Steele et al [56] have highlighted that resistance does not hinder therapeutic work but constitutes its essential core, representing a protection against integration experienced as dangerous by the patient’s system. Gestalt contributes techniques to complete “unfinished situations” and allow expression of emotions and needs that had been suppressed.

### **Phase 3: Integration and Rehabilitation.**

The third phase focuses on personality integration and rehabilitation, with objectives that include strengthening resources, accepting change, building functional relationships, and developing a unified sense of self. In this phase, the different parts that had been isolated begin to collaborate more harmoniously, under the guidance of the Self. Healing can be defined as achieved when the traumatic legacy has been processed and resolved, when the parts have been able to release their burdens, and when the patient can live with greater spontaneity, presence, and connection [57]. Fisher emphasizes that integration does not necessarily mean the disappearance of parts but their transformation and harmonious collaboration. The patient learns to recognize when different parts are activated and can consciously choose how to respond, rather than being dominated by automatic reactions.

## **Conclusions: Toward an Integrated Model for Transgenerational Trauma**

This work has aimed to explore the integration of fundamental and complementary perspectives in understanding and treating

trauma: the transgenerational dimension of traumatic transmission, supported by growing - though still partially debated - epigenetic evidence, and therapeutic approaches that offer specific tools to address fragmentation caused by trauma. It has been highlighted how EMDR represents a consolidated and widely validated therapy for emergencies and collective traumas, while Gestalt therapy and the parts model, with their integration, represent a promising and innovative direction that merits further clinical and research development. Epigenetic research over the past fifteen years has provided growing, though still debated, evidence regarding specific mechanisms in humans, evidence that traumatic experiences may leave lasting biological traces potentially transmissible to subsequent generations through modifications in DNA methylation, alterations in histone modifications, and expression of non-coding RNAs [1, 8-12]. Studies on Holocaust survivors, refugees from contemporary wars, and victims of famines have identified epigenetic patterns suggesting transmission to descendants, with possible influences on their vulnerability to stress and psychological disorders.

These biological mechanisms intertwine with psychological and relational transmission processes, creating a complexity that requires sophisticated and multilevel therapeutic approaches. Gestalt therapy, with its focus on contact, bodily awareness, and the here-and-now, Janina Fisher’s pioneering work on integrating sensorimotor psychotherapy with the parts model and the theory of structural dissociation, and Richard Schwartz’s systemic approach of Internal Family Systems, together offer a powerful and flexible clinical framework for addressing structural dissociation caused by trauma [6, 7, 35, 48-50].

What distinguishes this work is precisely the systematic integration it proposes between these different levels of understanding. While traditionally epigenetic research and clinical practice have remained in separate domains, this paper has sought to build conceptual and practical bridges that allow clinicians to use epigenetic knowledge to inform and enrich their therapeutic work, and researchers to consider how psychotherapeutic healing processes can potentially influence epigenetic markers as well.

Clinical practice that integrates these perspectives recognizes that therapeutic work with traumatized patients requires: in-depth understanding of family history and possi-

ble transgenerational traumas; constant attention to emotional and bodily regulation, using somatic techniques that respect the body's wisdom; deep respect for the patient's timing and resistances, recognizing that defenses have had essential protective functions; active recognition of resources and resilience inherited alongside vulnerabilities, avoiding exclusively pathologizing narratives of family history [27-30].

The integrated approach proposed in this work also offers grounds for hope. It is important to recognize that the transgenerational transmission of trauma is not an inevitable destiny. Research has documented that environmental interventions, adequate therapeutic support, cultural and spiritual reconnection, and the creation of more complete and compassionate narratives of family history can mitigate and potentially reverse some of the transgenerational effects [29, 30]. Particularly promising is emerging research on epigenetic markers of resilience, which suggests that, along with vulnerabilities, adaptive capacities and strength can also be transmitted.

Work with parts, both in Fisher's approach and in IFS, offers concrete tools to transform inherited traumatic patterns. When a patient can recognize that some of their parts carry not only their own personal traumas but also those inherited from previous generations, this can facilitate a process of liberation and transformation [7, 52]. The concept of "unburdening" in IFS is particularly powerful in this context: liberating parts from transgenerational burdens means not only healing the individual but potentially interrupting cycles of suffering that have been perpetuated through generations.

Gestalt therapy contributes to this transformation process through its emphasis on authentic contact, bodily awareness, and completion of unfinished situations [31-33, 37]. Gestalt work brings into the present what had remained frozen in the past, facilitating integration through direct experience rather than cognitive understanding alone.

From the perspective of future research, longitudinal studies are needed that examine whether and how effective psychotherapeutic interventions can modify epigenetic markers associated with trauma. Some preliminary studies [58-60] suggest that psychotherapy can influence gene expression and DNA methylation patterns, but more systematic research is needed to understand these mechanisms and their clinical implications. Developing assessment

tools that integrate the transgenerational dimension into clinical case conceptualization would also be valuable. The systematic use of genograms that include not only life events but also possible transgenerational traumas, attachment patterns through generations, and family resources could significantly enrich diagnostic understanding and treatment planning [27].

From the perspective of clinical training, it is essential that therapists working with trauma receive training not only in specific therapeutic models but also in understanding the biological and transgenerational mechanisms of trauma. This integrated training can help clinicians develop more informed and complete interventions. A particularly promising area for preventive interventions concerns support for traumatized parents in their parenting role. Therapeutic programs that help parents understand how their own traumas might influence the relationship with their children, and that offer tools to interrupt transmission cycles, represent a crucial investment in preventing transgenerational transmission.

In conclusion, the integration proposed in this work between epigenetic understanding of transgenerational transmission and contemporary therapeutic models for trauma offers a rich and promising framework for both clinical practice and future research. It recognizes the profound complexity of trauma, simultaneously biological, psychological, relational, and cultural, and offers multilevel approaches that honor this complexity. Above all, it offers grounds for hope: understanding the mechanisms of transgenerational transmission allows us to develop more effective interventions not only to heal individuals but potentially to interrupt cycles of suffering that have persisted through generations, creating the possibility of new narratives and new futures for generations to come.

#### **CONFLICT OF INTEREST**

The author declares no conflict of interest in relation to this manuscript.

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