

INTERGENERATIONAL TRAUMA AND AUTHORITARIAN PARENTING: A CASE STUDY OF A MOTHER WITH A HISTORY OF EMOTIONAL ABUSE AND REBT INTERVENTION

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Abstract

This study examines the transmission mechanisms of *intergenerational trauma* in a mother with a childhood history of emotional abuse who applies authoritarian parenting, contributing to clinical depression and suicidal tendencies in her child. Using a qualitative case study approach with in-depth interviews and thematic analysis, the study finds that childhood trauma formed two core maladaptive beliefs—the necessity of physical punishment and a negative determinism toward children from broken homes—which function as the primary cognitive mediator in the trauma transmission chain. A six-session *Rational Emotive Behavior Therapy* (REBT) intervention proved effective in disputing these irrational beliefs, improving the mother's emotion regulation, and enhancing the quality of her relationship with her child. These findings underscore the importance of assessing parenting beliefs in clinical intervention and offer an evidence-based model for breaking the intergenerational trauma cycle within Indonesian family contexts.

Keywords: *Intergenerational trauma*, Authoritarian parenting, Emotional abuse, *Rational Emotive Behavior Therapy*

Abstrak

Penelitian ini mengkaji mekanisme transmisi *intergenerational trauma* pada seorang ibu dengan riwayat kekerasan emosional di masa kecil yang kini menerapkan pola asuh otoriter, berdampak pada depresi klinis dan kecenderungan bunuh diri anaknya. Menggunakan pendekatan kualitatif jenis studi kasus dengan wawancara mendalam dan analisis tematik, penelitian menemukan bahwa trauma masa kecil membentuk dua keyakinan maladaptif inti-keharusan menghukum fisik dan determinisme negatif anak dari keluarga bercerai-yang berfungsi sebagai mediator kognitif utama dalam rantai transmisi trauma lintas generasi. Intervensi berbasis *Rational Emotive Behavior Therapy* (REBT) yang berlangsung selama enam sesi terbukti efektif mendisputasi keyakinan irasional tersebut, meningkatkan kapasitas regulasi emosi ibu, dan secara bertahap memperbaiki kualitas relasi interpersonal dengan anak. Temuan ini menegaskan pentingnya asesmen keyakinan pengasuhan dalam intervensi klinis berbasis bukti, serta menawarkan model berbasis bukti untuk meningkatkan pola asuh positif dan memutus siklus trauma lintas generasi dalam konteks keluarga Indonesia.

Kata Kunci: *Intergenerational trauma*, Pola asuh otoriter, Kekerasan emosional, *Rational Emotive Behavior Therapy*

INTRODUCTION

The mental health crisis in children and adolescents has become a global issue that requires urgent attention. The World Health Organization (WHO) states that one in seven children aged 10–19 years experiences a mental disorder, and suicide is the third leading cause of death in the 15–29 age group worldwide (World Health Organization, 2024). Based on an analysis of the 2021 Global Burden of Disease in ten ASEAN countries, approximately 80.4 million cases of mental disorders were recorded, with an age-standardized prevalence of 11.9%, a 70% increase since 1990. The 10–14 age group bears the highest burden, accounting for 16.3% of total disability-adjusted life years (DALYs) (Diatmika, 2025). These figures are not mere statistics; behind them lies the family ecosystem, which is often the deepest root of this crisis—and this is the starting point for this research.

In Indonesia, this situation is no less alarming. The 2023 Indonesia National Adolescent Mental Health Survey (I-NAMHS) reported that one in three adolescents in Indonesia faces serious mental health challenges, with depression being the most prevalent condition. The 2023 Indonesia Health Survey (SKI) noted that the 15–24 age group is the most vulnerable, with approximately 15.5 million adolescents, or 34.9%, having at least one mental health problem, while only 2.6% of them access available support and counseling services (Pradani et al., 2025). This acute gap between high prevalence and low access to services confirms that mental health problems in Indonesian adolescents cannot be resolved through a clinical approach alone, but rather require an in-depth exploration of their root causes at the family level.

One of the most powerful determinants of a child's mental health is the quality of parenting received within the family environment. Authoritarian parenting, characterized by strict control, low emotional warmth, and the use of punishment as a dominant response, is consistently associated with increased stress, anxiety, and reduced emotional regulation capacity in adolescents (Diatmika et al., 2024). Research in Indonesia shows that authoritarian parenting, which is highly prevalent in major cities, has a significant impact on adolescent mental health. Adolescents raised in authoritarian

households report higher levels of anxiety, depression, and stress, as well as increased externalizing behavior compared to control groups (Anis et al., 2024). Furthermore, a review of empirical evidence confirms that authoritarian parenting is one of the most consistent predictors of suicidal behavior in children and adolescents (Arafat et al., 2022).

This critical situation served as the starting point for this study: a child exposed to authoritarian parenting and verbal abuse from his mother experienced worsening depression, leading to life-threatening suicidal tendencies. This phenomenon is inseparable from the concept of intergenerational trauma, a process in which the impact of trauma experienced by one generation is transmitted to the next without direct exposure to the original traumatic event. Liu et al. (Liu et al., 2025) explain that unresolved trauma is transmitted intergenerationally through social learning, attachment styles, and relationship dynamics within the family, manifesting in the form of parental mental health disorders and harsh and emotionally unresponsive parenting. This condition is further exacerbated by the lack of positive parenting role models to serve as a reference, as well as social isolation that prevents parents from receiving community support that can break the chain of transmission. The mothers in this study carried with them unaddressed psychological wounds from their childhoods, which then manifested in concrete maladaptive beliefs about how to raise children. Narisawa et al. (Narisawa et al., 2025) confirmed that parents' adverse childhood experiences were significantly correlated with a weakened capacity for empathy, which ultimately altered parenting patterns and contributed to the continuation of the cycle of child abuse across generations.

Although the literature on intergenerational trauma and parenting continues to grow, significant methodological and contextual gaps remain. Most existing research is quantitative with a comparative group design, while in-depth qualitative studies capable of uncovering the subjective experiences of affected individuals are still very limited (Reese et al., 2022). Previous research also tends to simplify parenting into rigid categories without considering the multifaceted dimensions of parenting practices within a collective cultural context (Diatmika et al., 2024). Crucially, very little research positions mothers simultaneously as victims of past trauma and primary agents in

shaping current parenting patterns, a dual role that is at the heart of the dynamics of intergenerational trauma (Aditaputri et al., 2024).

Building on these gaps, this study aims to examine in-depth the mechanisms of intergenerational trauma transmission through authoritarian parenting accompanied by emotional abuse, evaluate the effectiveness of Rational Emotive Behavior Therapy (REBT)-based interventions in breaking this cycle, and enhance positive parenting as a practical goal that can be operationalized in family services. Using a qualitative single-case study approach based on in-depth interviews and thematic analysis, this research offers a novel approach by integrating the perspectives of mothers as subjects who play the dual role of victims of the past and agents of change. The findings are expected to provide a concrete reference for counselors, clinical psychologists, and policymakers in designing evidence-based family interventions oriented toward breaking the cycle of intergenerational trauma (King et al., 2024).

THEORETICAL FRAMEWORK

Intergenerational trauma is a psychological construct that refers to the process of transmitting the psychological impact of a traumatic experience experienced by one generation to the next, without the subsequent generation's direct exposure to the original event. The American Psychological Association, as cited in J. E. Flanagan et al. (J. E. Flanagan et al., 2025), defines it as a pattern in which unresolved trauma from one generation impacts the psychological health and behavior of the next generation. Kostova and Matanova (Kostova & Matanova, 2024) identify four main mechanisms of intergenerational trauma transmission: (1) the relational-psychodynamic pathway, in which parents' mental representations distorted by trauma are passed on through the quality of early attachment; (2) the social learning pathway, in which children internalize parents' thought patterns and emotional responses through observation and imitation; (3) the family communication pathway, in which implicitly and explicitly conveyed traumatic narratives shape children's identities; and (4) the biological-epigenetic pathway, where exposure to extreme stress alters the expression of genes associated with stress regulation (Yehuda & Lehrner, 2018). In the context of this study, the most

dominant mechanisms are the relational and social learning pathways, where emotional abuse experienced by mothers in childhood shapes dysfunctional belief systems and response patterns, which are then actively reproduced in their parenting. de Beijer et al. (de Beijer et al., 2025) assert that negative changes in parenting responses resulting from exposure to traumatic events operate through a complex interaction between psychosocial factors and underlying neurobiological vulnerabilities.

The most dominant parenting theory in family research is the typology developed by Diana Baumrind, which classifies parenting styles based on two dimensions: responsiveness (emotional warmth) and demandingness (control and demands). From the intersection of these two dimensions, four typologies emerged: authoritative (high responsiveness, high control); authoritarian (low responsiveness, high control), characterized by unconditional obedience and the use of punishment as the primary disciplinary tool; permissive (high responsiveness, low control); and neglectful (low in both) (Fadlillah & Fauziah, 2022). Children raised in authoritarian households tend to exhibit weaker social skills, lower self-esteem, and higher levels of depression. However, a cross-cultural systematic review by Abidin et al. (Abidin et al., 2025) concluded that Baumrind's model has fundamental limitations when applied outside of Western contexts, as it fails to accommodate contextual adaptability and cultural specificity in collectivistic societies. In Javanese culture, which values harmony (*rukun*), *nrimo* (religious tolerance), and hierarchical family structures, seemingly authoritarian parenting is often embedded in relational warmth that is not captured by Western measurement instruments. Furthermore, the Indonesian socio-cultural context specifically shapes the dynamics of trauma transmission: persistent stigma against mental health, extended family structures that often reinforce expectations of obedience, and patriarchal norms that place parental authority as uncontested all create conditions that complicate the early recognition and treatment of potentially damaging parenting styles (Abidin et al., 2025). Therefore, the authoritarian parenting patterns of the subjects in this study are not analyzed solely through Baumrind's typological lens, but rather are understood as behavioral manifestations of maladaptive beliefs formed through experiences of childhood violence in this unique cultural context.

Rational Emotive Behavior Therapy (REBT), developed by Albert Ellis in 1955 and the oldest form of cognitive-behavioral psychotherapy still in active clinical use, served as the primary intervention framework for this study. REBT's philosophical foundation rests on the premise that emotional and behavioral disturbances are not caused directly by external events, but rather by the irrational belief systems individuals hold about those events (King et al., 2024). The REBT framework operates through the ABCDE model: Activating Event (A), Belief (B), Consequence (C), Disputing (D), and Effective New Philosophy (E). Grove et al. (Grove et al., 2024) identified four categories of irrational beliefs most common in REBT practice: demandingness, catastrophizing, low frustration tolerance, and global self/other depreciation. The relevance of REBT to this study is very specific: the subjects' maladaptive beliefs about parenting are directly derived from their traumatic childhood experiences, making interventions that directly target and disputing these beliefs the most theoretically appropriate choice. Petrov et al. (Petrov et al., 2023) assert that in the therapy process, practitioners teach clients to challenge irrational beliefs using evidence-based confrontation techniques and Socratic questioning, then develop alternative rational beliefs through regular cognitive-behavioral homework assignments.

Three previous studies are most relevant as primary references for this study. First, a qualitative study by Isobel et al. (Isobel et al., 2021) in the *Community Mental Health Journal*, which explored psychiatrists' understanding of intergenerational trauma through interviews with 13 psychiatrists, found that clinicians consistently observed intergenerational trauma but felt they lacked an operational intervention model, a gap that underscores the urgency of this research. Second, a study by K. Flanagan et al. (K. Flanagan et al., 2025) in *Behavioral Sciences*, using a qualitative case study design in two families, found that cumulative adverse experiences increase the risk of psychopathology and suicidal ideation, and revealed the dominance of maladaptive emotional coping in individuals exposed to trauma, a finding that strongly resonates with the psychological profile of the subjects in this study. Third, the national study by Amping (Amping, 2024) in *Bisma: The Journal of Counseling* examined the mechanisms of intergenerational transmission of trauma in post-conflict families in Indonesia, finding

that trauma transmission occurs through parenting patterns shaped by unaddressed traumatic experiences and social environmental influences. This study also confirms that similar studies in the Indonesian context are still very limited.

The above literature review reveals theoretical and empirical gaps that underlie the urgency of this research and guide the development of an integrative conceptual framework. A systematic review by J. E. Flanagan et al. (J. E. Flanagan et al., 2025) identified that almost all existing research focuses on a single perspective without simultaneously placing one subject in two interrelated positions: as a trauma survivor and as the primary agent of parenting. Furthermore, although previous studies have documented the association between parents' adverse childhood experiences and parenting dysfunction, very few have integrated the analysis of cognitive processes, particularly maladaptive belief systems as a key mediator in the chain of transmission (Reese et al., 2022). Departing from this gap, this study builds an integrative conceptual framework that synergistically links three theories: intergenerational trauma theory to understand the origins and mechanisms of transmission, Baumrind's parenting theory as a diagnostic framework to characterize authoritarian parenting as a behavioral manifestation of trauma, and Ellis's REBT theory as an intervention framework to operationalize change, namely from the identification of irrational beliefs through a process of disputation to the formation of a new, adaptive parenting philosophy. These three theories form a coherent chain of causality: intergenerational trauma gives rise to maladaptive beliefs that result in destructive parenting patterns that undermine children's well-being, and REBT provides a way to disrupt this chain at its most critical point, the parents' belief systems.

METHOD

This research employed a qualitative approach with a single qualitative case study design. This design was chosen based on strong epistemological considerations: case studies enable researchers to gain an in-depth, holistic, and contextual understanding of complex phenomena embedded in real-life contexts, as emphasized by Yin (2018, as cited in Miller et al., 2023). The phenomena studied, namely the mechanism

of intergenerational trauma transmission through authoritarian parenting and the REBT intervention process, are singular, contextual, and inseparable from the surrounding relational dynamics. Miller et al. (2023) emphasized that qualitative case studies are highly appropriate for clinical psychology research when researchers want to document real-life processes, rather than simply measure variables separately. This design allows for thorough exploration through multiple data sources, resulting in a rich and layered picture of how maladaptive beliefs, parenting styles, and children's psychological states interact within a family ecosystem. This approach is rooted in the constructivist paradigm, which views reality as a social construct that can only be understood through the meaning given by the individual experiencing it (Dahal & Luitel, 2022).

This research was conducted in Banyuwangi City, East Java Province, Indonesia, from January to April 2025. The subject was a 43-year-old mother with a history of emotional abuse in her family during her childhood, who is now the single parent of a child experiencing clinical depression and suicidal tendencies. Subject selection was conducted using a purposive sampling technique with specific and verified criteria: (1) a mother with a documented history of emotional abuse in her childhood; (2) the subject's child having been diagnosed with clinical depressive disorder; (3) indications of authoritarian parenting observed through initial reports; and (4) willingness to voluntarily participate in the REBT intervention process by providing written informed consent. Ahmad and Wilkins (Ahmad & Wilkins, 2025) emphasized that the quality of purposive sampling is not determined solely by the number of participants, but rather by the strategic alignment between informant selection criteria and the conceptual focus of the research. In single-case studies, a single, information-rich case proves sufficient to achieve analytical generalization toward theory (Mtisi, 2022). In addition to the primary subjects, supporting data was also obtained from psychologists who work with children as secondary informants to enrich the triangulation of sources.

Data collection was conducted using three complementary techniques. First, six semi-structured in-depth interviews, each lasting 60–90 minutes, were conducted with the primary subjects. Interview guides covered their history of childhood emotional

abuse, belief systems about parenting, parent-child relationship dynamics, and experiences with REBT interventions. Naeem et al. (Naeem et al., 2023) explain that semi-structured interviews provide an optimal balance between depth of exploration and the freedom for subjects to express their experiences authentically. All sessions were audio-recorded and transcribed verbatim. Second, three sessions of non-participatory observation of mother-child interaction dynamics were conducted in the family's natural environment, with field notes systematically recorded to capture verbal and non-verbal behaviors that emerged during the interactions. Third, a documentary study was conducted through a review of the children's psychological medical records, REBT intervention session notes, and relevant family history documents. The combination of these three techniques allowed for cross-validation of findings from multiple sources, increasing the credibility and completeness of the data. Data validity was verified using four trustworthiness criteria developed by Lincoln and Guba (1985, as cited in Zia Ul Haq et al., 2023): credibility through triangulation of sources and methods and member checking, where initial interpretations are returned to the subjects for confirmation; transferability through thick description, which allows readers to assess the relevance of findings to similar situations (Enworo, 2023); dependability through an audit trail, which systematically documented all methodological decisions, allowing other researchers to transparently trace the research process; and confirmability through peer debriefing with two independent co-researchers and reflexive journaling to monitor the researcher's position and potential bias. Data analysis followed Braun and Clarke's (2006, as cited in Naeem et al., 2023) six-phase thematic analysis framework (Naeem et al., 2023): data familiarization, initial inductive coding, theme discovery, theme review, theme definition, and analytical report writing with verbatim quotations as supporting evidence. The entire coding process was carried out using qualitative data analysis software such as NVivo, Atlas.ti, MAXQDA to ensure consistency and traceability of the codes, with an inductive approach so that themes can emerge organically from the data without being burdened by rigid theoretical assumptions.

RESULT DAN DISCUSSION

Result

Theme 1: Childhood Wounds as the Point of Origin of Trauma Transmission

Thematic analysis of the entire data yielded four interrelated main themes that formed a coherent narrative of trauma transmission. The first theme that emerged most dominantly was the subject's experience of emotional abuse in his childhood, which served as the starting point for all the dynamics studied. The subject revealed that his childhood was marked by consistent physical and psychological abuse from parental figures in his family of origin: he received regular physical punishment whenever he perceived wrongdoing, often without adequate explanation, and any expression of negative emotions such as crying or protesting was immediately met with even more violence. This situation was exacerbated by his parents' divorce, which occurred when the subject was still at a vulnerable developmental age, leaving deep psychological scars that never received professional treatment. In an interview, the subject stated: "I never felt safe as a child. If I did the slightest thing wrong, I would get hit, and no one ever asked why. I thought that was just how children were raised." This statement reveals not only the emotional wounds he suffered, but also the normalization of violence through the internalization of early parenting patterns, a process that became the foundation for all of his adult parenting beliefs. This condition is further exacerbated by the lack of positive parenting role models in their family of origin and social isolation that does not provide space for the subject to witness healthier and more responsive parenting alternatives.

Theme 2: Maladaptive Belief Systems as Mediators of Trauma Transmission

The second theme is the formation of a maladaptive belief system that serves as a primary mediator between past trauma and the parenting style applied. Two core irrational beliefs were consistently identified in the subjects' narratives: First, the belief that children must be spanked or physically punished when they make mistakes: "If they're not spanked, they won't learn their lesson. I used to do that too, hitting them would only make them learn. That was the most effective way"; and second, the deterministic belief that children from divorced families are doomed to misbehave: "Children from broken homes are destined to have problems. Especially my child, he's

bound to be difficult to manage because he doesn't have a complete father." Both beliefs fulfill all the criteria for irrational beliefs in the REBT framework: they are absolute and inflexible, inconsistent with empirical reality, produce destructive emotional and behavioral consequences, and are directly rooted in traumatic childhood experiences. Field observations also confirmed how these beliefs operate in practice: whenever the child exhibits behavior perceived as deviant, the subjects respond with disproportionate emotional outbursts accompanied by verbal violence in the form of shouting, insults, and threats. Subjects also demonstrated very limited emotional regulation capacity and a tendency to externalize emotional distress through anger directed at the child.

Theme 3: Manifestations of Authoritarian Parenting and Its Impact on Children's Psychological Conditions

The third theme encompasses the concrete manifestations of the subject's authoritarian parenting style and its direct impact on the child's mental health. Three primary forms of authoritarian parenting were identified: first, strict control and demands for absolute obedience, with the child denied the opportunity to express opinions or explain their perspectives; second, a lack of emotional warmth, with field observations revealing a near-absence of positive interactions in the form of hugs, praise, or verbal expressions of affection, with the subject admitting: "I don't know how to hug a child. My parents never hugged me either. I love my child, but I don't know how to show it"; and third, intense verbal abuse in the form of negative labels, insults, threats, and demeaning comparisons that cumulatively damage the child's self-image. The cumulative impact of this parenting style is progressive and serious: based on psychological medical records, the child experienced years of mental health deterioration from symptoms of social anxiety and withdrawal, progressing to clinical depression with persistent feelings of worthlessness, chronic sleep disturbances, and recurrent thoughts of death that at one point led to concrete suicidal plans. The psychologist who worked with the child stated: "This child came with a deep conviction that he was unworthy of love. His mother's words were deeply ingrained as absolute truth in him."

Theme 4: REBT Intervention Process and Changes Achieved

The fourth theme encompasses the REBT intervention process and the changes achieved. The intervention took place over six 60–90-minute sessions, structured according to Ellis's ABCDE model. In the initial phase (Sessions 1–2), the therapist established a safe therapeutic relationship because the subject initially showed high resistance when his beliefs were questioned, followed by gradual education about the ABCDE model using examples from the subject's daily life. In the middle phase (Sessions 3–4), the therapist intensively disputing the two core irrational beliefs through Socratic questioning techniques: is it true that all children who are physically punished will improve? Is there evidence that children from divorced families are bound to have problems? A turning point occurred when the subject was asked to imagine his childhood from an empathetic perspective: "I realized that what I was doing to my child was exactly what had caused me pain." In the final phase (Sessions 5–6), the focus shifted to developing a new parenting philosophy through cognitive-behavioral homework assignments: daily emotion journaling, breathing exercises for emotion regulation, and structured positive interaction experiments. Post-intervention data showed measurable changes: an increase in the subject's ability to recognize his emotions, a decrease in the frequency of angry outbursts, and the emergence of new positive interactions, including the first time the subject hugged his child and apologized for past behavior.

DISCUSSION

A. Intergenerational Transmission of Trauma: Confirmation and Extension of Empirical Findings

The findings of this study strongly confirm and extend existing understanding of the mechanisms of intergenerational trauma transmission. As conceptualized by Kostova and Matanova (Kostova & Matanova, 2024), trauma transmission in this case operates primarily through relational-psychodynamic and social learning pathways: the subjects' experiences of violence in their families of origin form distorted mental representations of parent-child relationships, which are then unconsciously reproduced in their parenting. These findings directly resonate

with the study of K. Flanagan et al. (K. Flanagan et al., 2025), which found that cumulative adverse childhood experiences and maladaptive parental emotional coping were the strongest predictors of intergenerational parenting dysfunction. These findings also empirically support Narisawa et al.'s (Narisawa et al., 2025) conclusion that childhood violence weakens parents' capacity for empathy, with the subjects' inability to demonstrate physical and verbal affection, which they explicitly linked to the absence of such experiences in their own childhood, being a concrete manifestation of this mechanism. The novel contribution of this research lies in the identification of maladaptive belief systems as the most operative cognitive mediators in the chain of transmission, offering important clinical implications that assessments of at-risk parents need to explicitly include mapping of belief systems about parenting, not just a history of traumatic experiences. Equally crucial, if this chain of transmission is not intervened, the child's long-term psychological well-being is seriously threatened and the cycle of trauma has the potential to be repeated in subsequent generations, making early intervention not only clinically relevant, but urgent intergenerationally.

B. Authoritarian Parenting in the Context of Trauma and Implications for REBT Intervention

The findings of this study provide significant theoretical contributions while confirming the practical relevance of REBT in the context of intergenerational trauma. In relation to Baumrind's typology, in-depth analysis reveals that the subjects' authoritarian parenting patterns do not stem from positive cultural disciplinary constructs, but rather from unaddressed psychological trauma. This aligns with de Beijer et al.'s (de Beijer et al., 2025) argument that trauma-distorted parenting responses operate through a complex interaction of psychosocial factors and neurobiological vulnerabilities that cannot be reduced to a simple choice of parenting style. The tangible impact of these patterns, particularly the escalation from verbal abuse to clinical depression and suicidal ideation in children, extends the findings of Mukhtar et al. (Mukhtar et al., 2024) and Diatmika et al. (Diatmika et al., 2024) by demonstrating that without intervention, this chain of

transmission results in serious psychopathological consequences. Regarding the effectiveness of REBT, evidence of measurable cognitive, emotional, and behavioral changes in the subjects confirms the findings of King et al.'s systematic review. (King et al., 2024); this study also responds to the gap identified by Isobel et al. (Isobel et al., 2021)—psychiatrists who acknowledge observing intergenerational trauma but feel they lack an operational intervention model by offering a concrete model: a structured six-session REBT intervention proven to produce meaningful and relevant change as an efficient model for the context of Indonesia's limited-resource psychology services.

C. Duality of Subject Roles: Survivors as Agents of Change

One of the most significant novel contributions of this study is the simultaneous placement of the subject in two tensional yet inseparable positions: as a survivor of childhood trauma and as a primary agent capable of breaking the chain of transmission. This duality is not merely a narrative framing; it has profound clinical and ethical implications. Clinically, positioning the mother as a survivor rather than simply as a perpetrator of destructive parenting opens up a more empathetic and effective therapeutic space: this approach allows the therapist to validate the subject's psychological wounds while gradually building her capacity as an agent of change. The turning point in Sessions 3–4 of the REBT intervention, when the subject is able to reflect on her childhood experiences from an empathetic perspective, is a clear demonstration that recognizing the survivor position actually provides a gateway to transformation in the parenting role. Ethically, this framing rejects the one-sided pathologization of parents who practice harsh parenting without considering the traumatic context that shaped it, a perspective that aligns with Aditaputri et al.'s (Aditaputri et al., 2024) call for understanding parenting within a more complex and equitable framework of causality. Practical implications: REBT-based interventions that integrate these dual perspectives while honoring parents' traumatic experiences and establishing new parenting responsibilities have the potential to produce more sustainable change than approaches that focus solely on behavioral correction.

CONCLUSION

This study successfully uncovered the mechanisms of intergenerational trauma transmission through four interconnected themes: childhood emotional wounds as the point of origin, maladaptive belief systems as cognitive mediators, authoritarian parenting as a behavioral manifestation, and REBT intervention as a pathway to breaking the chain of trauma. Theoretically, this study offers novelty by identifying irrational beliefs rather than simply trauma history as the most proximal and interventionable mediator mechanism in the chain of intergenerational transmission, while also going beyond the limitations of Baumrind's typology by positioning authoritarian parenting as a manifestation of trauma, not simply a cultural choice. Practically, these findings emphasize the urgency of screening parenting beliefs in the clinical assessment of at-risk parents, and demonstrate that a structured six-session REBT intervention can be an efficient and evidence-based model for the context of resource-limited psychological services in Indonesia. Further research with longitudinal designs and more culturally diverse samples is urgently needed to strengthen the generalizability of these findings. More specifically, two research agendas that need to be prioritized are: (1) the development of a REBT intervention protocol adapted to local Indonesian culture, particularly by integrating collective values and the Javanese socio-cultural context; and (2) studies that position children as active subjects in exploring their resilience to trauma transmission, in order to complement the parental perspective that has so far dominated the literature.

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