

## Influence of Mother Bonding and Childhood Trauma on Quality of Life of Emerging Adults

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### ABSTRACT

This study examined the influence of mother bonding and childhood trauma on the quality of life of emerging adults. It was hypothesized that there will be a significant interaction between mother bonding and childhood trauma on quality of life of emerging adults. Participants of the study consisted 200 adults within an age range between 18-25 years from Kozhikode and Malappuram districts of Kerala. The Parental Bonding Instrument ((PBI; Parker, Tupling, & Brown, 1979)), Childhood Trauma Questionnaire ((Bernstein et al., 1994), and Quality of Life Questionnaire (WHOQOL BREF, 1991) were used to collect information from the participants. Two-Way ANOVA (4x4) was carried out to test the hypotheses Results revealed that emotional abuse, physical abuse and emotional neglect significantly influence the quality of life. Those participants who reported no emotional abuse, physical abuse and emotional neglect reported greater quality of life when compared to participants subjected to low, moderate or severe level of it. Mother bonding also showed a significant influence on Quality of life. Those participants who had an optimal maternal bonding reported greater quality of life We also tried to explore the interaction effect among the variables of our study and the results revealed that there was no significant interaction effect among the variables.

**Keywords:** *Childhood trauma, Mother-Bonding, Quality of life*

The relationship between a parent and a child is one of the earliest and most significant relationship that plays a major role in overall growth and development of a child. Young children acquire knowledge about their own identity and the world around them through the lens of their early interactions with their primary caretaker especially their parents. These early experiences that the child encounter lay the basic foundation for all the relationship that the child form with others not only during childhood but throughout their life. Parents are the vital source of satisfaction of the child's everyday need. Parents serve as protectors and motivators and supporters to guide their child in the right path. According to Orbuch et al, (2005) Relationships between parents and their children are the most important factors that determine an individual's adjustment, development and well-being despite the fact that they may form many interpersonal ties throughout their life.

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Received: January 18, 2024; Revision Received: January 29, 2024; Accepted: February 03, 2024

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Parental bonding may be defined as the physical and emotional tie that takes place between a parent or parental figure and their children which usually commences at birth and forms the foundation for later emotional affiliation. Lezin et al. (2004) stated that some of the major characteristics of parental bonding is the establishment of a positive and stable emotional connection between parent and their offspring. Apart from this the quality of the bond that the parent has with their child is determined by several factors such as enjoying time with the child, being available to the child, acceptance, and spending time together with the child. Apart from this parental bonding exerts an influence on the development of child's personality and overall wellbeing throughout their life.

The presence of healthy parental involvement and interaction in child's day-to-day life lay the foundation for optimal growth and development of the child. Conversely, the absence or deficiency of such bonding can have profound repercussions on future development and the individual's capacity to form healthy relationships in adulthood. Parent-child bonding exerts a considerable role in shaping the trajectory of a child's overall development.

Children form notions concerning their future partnership on the basis of their quality of early attachments with their parents. Children who receive affectionate and attentive nurturing from their parents cultivate a favorable perception of themselves and others, which in turn helps them to establish safe and secured bonds with their caregivers. They hold the conviction that people are trustworthy. They think that relationships can be satisfying and they have faith in other people's dependability and the possibility of fulfilling relationships.

The quality of parent child relationship plays a vital role in the life of children. Future relationship expectations of children are shaped by the strength and quality of early attachments that children have with their parents. When children are offered warm and responsive care from their parents, they generate a positive self-image and a positive outlook on others. Hence, they are more prone to establish secure attachment relationships with their caregivers. These children trust others and believe that relationships can be fulfilling. They also have a sense of deserving positive connections with others. Securely attached children have confidence that their needs will be met, allowing them to explore their environments.

Children who have a secure attachment seek help and support from their caregivers in the face of distressing situations. In addition, they learn how to effectively control and regulate their emotions, allowing them to identify and express their feelings to others and engage in positive social interactions on the other hand, children who receive harsh or inconsistent care may grow to expect that no one will meet their needs and may think that having a good relationship is impossible.

Many studies had explored the frequency and interaction pattern of parents towards their children. Yogman (1982) in a study revealed that fathers and mothers differed in the interactions with their children. According to Field et al. (1995) mothers play an important role in the child than that of fathers. According to De Wolff & van Ijzendoorn, 1997; Van der Mark, Bakermans-Kranenburg, & van Ijzendoorn, 2002). The role of primary care giver is typically assigned to mother while the father assumes the role of a play mate to the child. Numerous clinicians and researchers had pointed out that the attachment between the child and their mother establishes the basic foundation for all subsequent relationships the child will have in the future. A secure and healthy attachment to a primary caregiver especially the mother seems to be associated with a higher likelihood of forming healthy relationships with

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others, whereas a problematic attachment with the mother or primary caregiver seems to be linked to numerous emotional and behavioral difficulties later in life.

the mother-child attachment serves as the fundamental framework for all subsequent relationships that the child will form. This is because this initial relationship establishes the biological and emotional blueprint for all future relationships. The establishment of a secure attachment to the mother through repeated bonding experiences during infancy lays a solid foundation for future healthy relationships. Conversely, difficulties in bonding and attachment can result in a fragile biological and emotional foundation for future relationships. Given the continuity between early experiences and subsequent expectations in relationships, it is evident that child maltreatment can have a profoundly detrimental impact on the quality of life throughout an individual's lifespan.

Child maltreatment refers to all subtypes of child abuse and neglect, including emotional abuse, physical abuse, sexual abuse, physical neglect and emotional neglect. According to national surveys conducted in many low and middle income countries WHO (2010) revealed that a large proportion of children approximately 3 in 4 of 300 million aged between 2-4 years regularly experience physical punishment and/or psychological violence from their parents and caregivers.

According to National surveys in several low- and middle-income countries. WHO (2010) reported that nearly 3 in 4 children - or 300 million children - aged 2–4 years regularly suffer physical punishment and/or psychological violence at the hands of parents and caregivers. Care givers who maltreat their children through their insensitivity and lack of reliability instill fear and lack of reliability in young children resulting in the formation of attachment relationships that are insecure or disorganized with their care givers. Findings from various research suggests that children who had been subjected to childhood maltreatment are more inclined to develop attachment avoidant relationship with their care givers when compared to those children who had not undergone any kind of maltreatment. While reviewing earlier studies on childhood maltreatment it has been seen that children who had witnessed physical maltreatment from their parents or who have been victimized for violence between their parents had resulted in negative adverse effects in their development. (Gilbert et al., 2009; Howells & Rosenbaum, 2007; Moylan et al., 2010; Gershoff, 2002). The maltreatment of children during early years of their life results in childhood mortality and morbidity which often results in long lasting negative effects in different domains of their life which may persist into adulthood as well. Kaiser and Rasminsky (2007) stated that “witnessing direct exposure to violence can engender a child's altered perception of the world and their inherent values” They also pointed out that the presence of violence in the lives of children can impede their capacity for learning, hinder their relationships with others, and curtail their ability to effectively manage stress (Kaiser & Rasminsky, 2007). The negative consequence of child maltreatment involves lifelong impairment to physical and mental health as well as negative professional and social outcomes that can negatively impact an individual's quality of life.

The negative impact of childhood maltreatment on the quality of life of individuals is of utmost importance. extensive literature review has demonstrated that while positive and favorable parent-child relationships can serve as a protective factor for children during times of extreme distress (Orbuch et al, 2005). Witnessing abuse and violence from the parents will have adverse consequences on the overall well-being and quality of life of the child. WHO (1997) defines Quality of Life “as an individual's perception of their position in life in

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the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns". the concept of Quality of life is a complex and subjective notion that extends beyond mere medical diagnoses. Al-Fayez et al. (2012) in their study among high school students of Kuwait reported significantly poorer Quality of life among students who had witnessed maltreatment. Several other studies have also explored the Quality of life of maltreated children as well as adults who have endured childhood maltreatment. Adult survivors of childhood maltreatment have exhibited notable declines in health-related Quality of life and quality-adjusted life years, as demonstrated by Jud et al. (2013). As concerns about domestic violence in intimate relationships and against children continue to grow, so does the public interest in the well-being of affected children. Consequently, the present study aimed to assess the impact of maternal bonding and childhood trauma on the Quality of life of emerging adults.

### *Objectives and hypothesis*

The present study aims to explore the influence of mother bonding and childhood trauma on quality of life of emerging adults.

it was hypothesized that

- There is a significant difference in mother bonding and quality of life.
- There is a significant difference in childhood trauma and quality of life.
- There is a significant interaction between mother bonding and childhood trauma on quality of life.

## **METHOD**

### *Participants*

Participants of the study consists of 200 emerging adults (There were 87 males and 113 females) from Kozhikode and Malappuram districts of Kerala State with an age range between 18-25 years. Random sampling technique was used to collect the data.

The present study involves variables like mother bonding, childhood trauma and quality of life. The instruments used for this study includes,

**1. Parental Bonding Instrument (PBI; Parker, Tupling, & Brown, 1979)** is a self-report measure consisting of 25 items. It is designed to assess one's recollections of their experiences with parental care during the initial 16 years of their life. The measure utilizes a 4-item Likert scale. Four distinct types of bonding can be identified through this instrument: Optimal parenting (characterized by high levels of care and low levels of protection), neglectful parenting (characterized by low levels of care and low levels of protection), affectionate constraint (characterized by high levels of care and high levels of protection), and affectionless control (characterized by low levels of care and high levels of protection). The concept of care pertains to parental warmth and affection, as opposed to indifference and rejection. Control, on the other hand, refers to parental control and intrusion, as opposed to the encouragement of autonomy and independence. The Greek-validated version of the PBI has demonstrated good psychometric properties (Avagianou & Zafiropoulou, 2008). In the current study, the Cronbach alphas for maternal care and paternal care were found to be 0.84 and 0.85, respectively. The corresponding values for protection were 0.68 and 0.67, respectively.

**2. The Childhood Trauma Questionnaire (CTQ) developed by (Bernstein & Fink, 1998; Bernstein et al., 1994)** is an evaluation tool that retrospectively measures instances of

childhood neglect and abuse. this instrument has demonstrated high degree of internal consistency and reliable results across several test administrations. Childhood trauma questionnaire consists of five district scales that measures physical abuse, emotional abuse, emotional neglect and sexual abuse. Individuals can be classified into four levels of abuse severity namely low, moderate or severe. Furthermore, this instrument is ideal for implementing with both adults and adolescence population. The CTQ is notable for including a three-item minimization of denial scale that helps identify fake negative trauma responses. Internal consistency reliability coefficient for the CTQ scale were computed with crombachs alpha for all of the validation samples The scale measuring sexual abuse had the highest reliability coefficient (0.92) while the scale measuring physical neglect had the lowest reliability value (0.66).

**3. Quality of life Questionnaire (WHOQOL-BREF)** is a shortened version of WHO-QOL questionnaire. This instrument measures quality of life for the general population that concentrates on an individual's perception of their well-being in various domains, including perception of quality of life, perception of health, physical health, psychological health, social relationships, environment, and overall quality of life. This instrument consists of 26 questions wherein two questions are devoted for evaluations the domains on the perception of health of the patients and their perception of quality of life. The remaining twenty-four questions are organized into four additional domains: Physical Health (7 items), Environmental Health (8 items). Psychological Health (6 items), Social Relationships (3 items). All questions are scored using a Likert scale consisting of five points. The total score for each domain is calculated based on the scoring guidelines provided by the WHO in the original WHOQOL-BREF. A higher score indicates a higher quality of life. The Cronbach's alpha coefficient for the entire WHOQOL-BREF scale was determined to be 0.896.

**RESULTS**

The present study had attempted to explore the interaction effect of mother bonding and childhood trauma on quality of life of emerging adults. Mother bonding has been classified to 4 quadrants which comprised of “affectionate constraint” (high care and high protection), “affectionless control” (high protection and low care), “optimal parenting” (high care and low protection) and “neglectful parenting” (low care and low protection) and childhood trauma sub variables included emotional abuse, physical abuse, sexual abuse, emotional neglect and physical neglect which was classified as none, low, moderate and severe. The results of two-way ANOVA (4x4) have been summarized in the following tables.

**Table 1 Summary of ANOVA of Quality of Life by Mother Bonding and Childhood Trauma -emotional Abuse (4 x 4)**

Source of variance	Sum of squares	df	Mean squares	F
Mother Bonding	407.178	3	135.726	.739
Emotional abuse	4247.506	3	1415.835	7.712**
Mother bonding * Emotional abuse	2378.993	9	264.333	1.440
Error	33779.038	184	183.582	
Total	1631767.000	200		

\*\**p* < 0.01

Table1 gives the results of two-way ANOVA of mother bonding and emotional abuse on quality of life of young adults. Results revealed that there is no significant interaction effect

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of mother bonding and childhood trauma on quality of life of emerging adults. But there exists a significant main effect of emotional abuse ( $F=7.712$ ,  $p<0.01$ ). In this model mother bonding has no significant influence on quality of life of emerging adults.

In order to know which level of emotional abuse makes the difference on quality of life the mean scores of none, low, moderate and severe were compared (Scheffe's procedure) and Table 2 presents the findings.

**Table 2 Comparison of Mean Squares of Quality of Life by Emotional Abuse (Scheffe's Procedure)**

Group	Mean	SD	N	None	Low	Moderate	Severe
None	94.41	13.493	103	-			
Low	86.31	12.544	45	10.83	-		
Moderate	80.38	12.785	24	32.007**	2.90	-	
Severe	81.57	17.113	28	19.14*	2.04	0.09	-

\* $p < 0.05$ , \*\* $p < .01$

From table 2 it can be seen that there is significant mean difference between participants who experienced with moderate emotional abuse and with person had no emotional abuse in their life (Scheffe's  $F=32.007$ ,  $p<0.05$ ). While going through analyzing the mean scores, it can be seen that the group having no emotional abuse has high quality of life (Mean=94.41) compared to individuals who had suffered moderate (Mean=80.38) or severe (Mean=81.57) emotional abuse, which brings that those individuals who hadn't experienced emotional abuse during childhood experienced high quality of life

**Table 3 Summary of ANOVA of Quality of life by Mother Bonding and Childhood trauma –Physical Abuse (4 x 4)**

Source	Sum of squares	df	Mean squares	F
Mother Bonding	1151.720	3	383.907	1.922
Physical abuse	2123.171	3	707.724	3.544*
Mother Bonding * Physical abuse	2486.784	9	276.309	1.383
Error	36748.683	184	199.721	
Total	1631767.000	200		

$p < 0.05$

Table 3 gives the results of two-way ANOVA to determine the interaction effect of mother bonding and physical abuse on quality of life of young adults Results revealed that there is no significant interaction effect of mother bonding and childhood trauma on quality of life of emerging adults. But there exists a significant main effect of physical abuse ( $F = 3.544$ ,  $p < 0.05$ ) on quality of life. In this model mother bonding has no significant influence on quality of life of emerging adults.

In order to know which level of physical abuse makes the difference on quality of life the mean scores of none, low, moderate and severe were compared (Scheffe's procedure) and Table 4 illustrates the findings.

**Table 4 Comparison of Mean Squares of Quality of Life by Physical Abuse (Scheffe's Procedure)**

Group	Mean	SD	N	None	Low	Moderate	Severe
None	91.13	14.852	141	-			
Low	86.64	14.331	22	1.804	-		
Moderate	82.58	14.331	19	5.757	0.79	-	
Severe	83.17	12.789	18	4.756	0.56	0.01	-

\* $p < 0.05$ , \*\* $p < .01$

Table 4 reveals that there exists no significant statistical difference between the groups compared (Scheffees Procedure). While going through the mean scores, it can be seen that that the group having no physical abuse has high quality of life (Mean=91.13) compared to individuals who had suffered moderate (Mean=82.58) or severe (Mean=83.17) physical abuse, which brings that those individuals who hadn't experienced physical abuse during childhood experienced high quality of life.

**Table 5 Summary of ANOVA of Quality of Life by Mother Bonding and Childhood Trauma on Sexual Abuse (4 x 4)**

Source	Sum of squares	df	Mean squares	F
Mother Bonding	2129.130	3	709.710	3.407*
Sexual abuse	466.166	3	155.389	.746
Mother Bonding * Sexual abuse	1307.510	9	145.279	.698
Error	38324.092	184	208.283	
Total	1631767.000	200		

\* $p < 0.05$

Table 5 gives the results of two way ANOVA to determine the interaction effect of mother bonding and sexual abuse on quality of life of young adults. Results indicate that there is no interaction between mother bonding and childhood trauma on quality of life of emerging adults. But the results indicated that mother bonding has a significant main effect ( $F = 3.407$ ,  $p < 0.05$ ) on quality of life of young adults

In order to know which type of mother bonding influence the quality-of-life mean scores of affectionate, affectionless control, Optimal and Neglectful mother bonding quadrants were compared (Scheffe's procedure) and table 6 illustrates the findings

**Table 6 Comparison of Mean Squares of Quality of life by Mother Bonding Quadrants**

Group	Mean	SD	N	Affectionate	Optimal	Neglectful	Affectionless control
Affectionate	87.80	13.922	54	-			
Optimal	93.95	14.058	79	5.93	-		
Neglectful	83.10	14.865	51	2.836	17.86*	-	
Affectionless control	88.75	14.835	16	0.05	1.76	1.90	-

From table 6 it can be seen that there is significant mean difference between Neglectful mother bonding and optimal mother bonding (Scheffe's  $F = 17.86$ ,  $p < 0.05$ ). While going through analyzing the mean scores, it can be seen that the group having Optimal mother bonding has high quality of life (Mean=93.95) compared to individuals who had suffered a

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neglectful maternal bonding (Mean=80.38) or severe (Mean=83.10), which indicates that those individuals who had experienced optimal maternal bonding experienced high quality of life.

**Table 7 Summary of ANOVA of Quality of Life by Mother Bonding and Childhood Trauma Emotional Neglect (4 x 4)**

Source	Sum of squares	df	Mean squares	F
Mother Bonding	1305.363	3	435.121	2.309
Emotional neglect	1747.096	3	582.365	3.091*
Mother Bonding * Emotional neglect	2628.857	9	292.095	1.550
Error	34670.934	184	188.429	
Total	1631767.000	200		

\* $p < 0.05$

Table 7 gives the results of two way ANOVA to determine the interaction effect of Mother bonding and emotional neglect on quality of life of young adults. Results indicate that there is no significant interaction between Mother bonding and emotional neglect on quality of life of emerging adults. But the results indicated that emotional neglect has a significant influence on quality of life of young adults= 4.945,  $p < 0.05$ ).

In order to know which level of emotional neglect makes the difference on quality of life the mean scores of none, low, moderate and severe levels of emotional neglect were compared (Scheffe's Procedure) and table 8 illustrates these findings.

**Table 8 Comparison of Mean Squares of Quality of Life by Emotional Neglect (Scheffe's Procedure)**

Group	Mean	SD	N	None	Low	Moderate	Severe
None	93.56	13.319	103	-			
Low	85.48	14.749	60	12.496*	-		
Moderate	86.23	14.253	22	4.926	0.04	-	
Severe	77.20	15.785	15	17.73*	4.168	3.68	-

\* $p < 0.05$

From table 8 it can be seen that there is significant mean difference between participants who experienced with severe emotional neglect and with person had no emotional neglect in their life (Scheffe's  $F = 17.73$ ,  $p < 0.05$ ). While going through analyzing the mean scores, it can be seen that the group having no emotional neglect has high quality of life (Mean = 93.56) compared to individuals who had suffered low (Mean = 85.48) or severe (Mean = 77.20) emotional neglect, which brings that those individuals who hadn't experienced emotional neglect during childhood experienced high quality of life



**Table 9 Summary of ANOVA of Quality of Life by Mother Bonding and Childhood Trauma Physical Neglect (4 x 4)**

Source	Sum of squares	df	Mean squares	F
Mother Bonding	2061.016	3	687.005	3.475**
Physical neglect	1540.375	3	513.458	2.597
Mother Bonding *	2449.612	9	272.179	1.377
Physical neglect	36372.212	184	197.675	
Error	1631767.000	200		
Total				

\*\* $p < .01$

Table 9 gives the results of two way ANOVA to determine the interaction effect of Mother bonding and physical neglect on quality of life of young adults. Results indicate that there is no interaction between Mother bonding and physical neglect on quality of life of emerging adults. But the results indicated that Mother bonding has a significant influence on quality of life of young adults  $F = 3.475, p < 0.01$ ).

In order to know which type of mother bonding influence the quality of life mean scores of affectionate, Optimal, Neglectful and affectionless control, mother bonding quadrants were compared (Scheffe’s procedure) and table 10 shows these findings.

**Table 10 Comparison of Mean Squares of Quality of life by Mother Bonding Quadrants**

Group	Mean	SD	N	Affectionate	Optimal	Neglectful	Affectionless control
Affectionate	87.80	13.922	54	-			
Optimal	93.95	14.058	79	5.93	-		
Neglectful	83.10	14.865	51	2.836	17.86*	-	
Affectionless control	88.75	14.835	16	0.05	1.76	1.90	-

From table 10 it can be seen that there is significant mean difference between Neglectful mother bonding and optimal mother bonding (Scheffe’s  $F = 17.86, p < 0.05$ ). While going through analyzing the mean scores, it can be seen that the group having Optimal mother bonding has high quality of life (Mean=93.95) compared to individuals who had suffered a neglectful maternal bonding (Mean=80.38) or severe (Mean=83.10), which indicates that that those individuals who had experienced optimal maternal bonding experienced high quality of life.

## DISCUSSION

Findings of this study suggested that there is a significant difference in quality of life of the participants who were subjected to emotional abuse and those who weren’t subjected to it. The term "quality of life refers to the satisfaction of a person towards his life". According to WHO quality of life was” defined as an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns.” In our study it was found that the participants who had reported no emotional abuse reported more quality of life when compared to those subjects who reported, moderate or severe levels of emotional abuse. “Emotional abuse refers to verbal assaults on a child’s sense of worth or wellbeing or any humiliating, demeaning or threatening behavior directed towards the child by an older person”. Unlike other forms of abuse it is difficult to identify as the evidences of abuse are not visible Those

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participants who reported severe or moderate levels of emotional abuse may have witnessed emotional responses of anger, hatred, threat or aggression from a significant person in their life during their childhood whom they expected loving, caring, compassionate affection may have induced fear, degradation and humiliation which may have negatively affected the quality of life in their adulthood. Research evidence shows that “emotional abuse directly attacks child's self-esteem and self-image. Emotionally abused children show lack of self-confidence, extreme shyness and feelings of inadequacy. They also show inability to engage in and enjoy pleasurable activities” (Romeo, 2000: 185).

Result of this study also revealed that physical abuse has a significant influence on the quality of life of the participants. Those participants who hadn't reported any physical abuse reported greater quality of life when compared to those exposed to low or severe levels of physical abuse.” Physical abuse involves bodily attacks inflicted on a child by an individual of older age that presents a potential risk and may culminate in physical injury”. Results of our study revealed that even low level of physical abuse had altered the quality of life of the participants compared to those who was not subjected to it. It was also found that participants who were subjected to severe level of physical abuse reported less quality of life. Physical abuse may involve intentional use of physical force against a child which involves hitting, kicking, shaking, burning, poisoning or scalding. Even milder forms of it may have negatively impacted their quality of life.

Results of this study also revealed that emotional neglect has a significant influence on the quality of life of the participants. Those participants who reported no emotional neglect reported greater quality of life when compared to those participants who were subjected to severe or moderate or low level of emotional neglect. Emotional neglect may be defined as the failure of the care giver to provide a child's basic psychological and emotional needs such as love, encouragement, belongingness and support. Being subjected to emotional neglect may have altered their sense of wellbeing which may have impacted their quality of life.

When considering the sub variables of childhood trauma i.e., sexual abuse and physical neglect and mother bonding on quality of life of emerging adults it was found that mother bonding has a significant main effect on quality of life of emerging adults. Results of our study revealed that those participants who had optimal maternal bonding reported greater quality of life when compared to other groups which showed affectionless control, neglectful or affectionate type of paternal bonding. Optimal type of mother bonding is characterized by high care and low over protection. High care denotes emotional warmth, empathy, closeness with the child and low over protection denoted encouragement of autonomy and independent behaviour. Mothers who had adopted an optimal style of bonding with their child may have showed acceptance, love, support and compassion with the child through open communication and empathetic understanding of their issues and concerns along with providing the guidance to promote autonomy and independent decision-making power with the child. which may have fostered a safe and secured relationship with their mother and hence reported greater quality of life. These findings are supported by studies of Shaffer and Kipp, (2010) Parental support, nurturance and care has a long-lasting influence on children. finding of Barber and Buehler (1996) indicated that high parental control is related to young adults' internalizing problems.

In these models neither, sexual abuse or physical neglect had an influence on quality of life of the participants. One of the reasons for such a finding may be supported by the findings of

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Allen 1995 and Rogers 1995 which stated that Individuals may consciously suppress or censor their reports of traumatic events ,due to the fear of shame or fear of consequences of disclosure.(Allen1995,Rogers 1995) .The findings of our study is supported by the findings of other studies which stated that child abuse has long term negative effects on many aspects of an abused person's quality of life (Corso et al, 2008 &Stirling and Jackson, 2008)

We also tried to explore the interaction effect among the variables of our study and Results indicate no significant interaction effect among the variables.

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### **Acknowledgment**

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

### **Conflict of Interest**

The author(s) declared no conflict of interest.

**How to cite this article:** Shemila, K.V. & Manikandan, K. (2024). Influence of Mother Bonding and Childhood Trauma on Quality of Life of Emerging Adults. *International Journal of Indian Psychology*, 12(1), 379-391. DIP:18.01.036.20241201, DOI:10.25215/1201.036