

Impact of Childhood Traumas and Interpersonal Dependency among Young Adults

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ABSTRACT

The study on childhood traumas and interpersonal dependency among young adults. the objective of the present study investigator visited around 236 young adults. Simple random sampling method was used. Adverse childhood experience questionnaire and Interpersonal Dependency Inventory was used for data collection. At the beginning, participants were notified about the study, and informed consent was given to the participants. The data were collected through google forms by everyone between that age limit. The sample include only those who are ready to attempt the questions sincerely. The samples were informed about the purpose of the study. After completion of the questionnaire the research collected it from the participant and expressed the gratitude for their co-operation. The form collected some basic demographic details and questions were presented in order. The data are kept confidentially. After obtaining responses from the participants, the data were transformed to the spread sheet, then the scoring done as per the scoring key and analyzed using SPSS. The result of this study were there is significant relationship between childhood traumas and interpersonal dependency. There is no significant difference in childhood trauma among young adults and there is no significant difference in interpersonal dependency among young adults.

Keywords: *Young Adulthood, Childhood Traumas, Interpersonal Dependency*

A DULTHOOD

Adulthood, the period in the human lifespan in which full physical and intellectual maturity have been attained. Adulthood is commonly thought of as beginning at age 20 or 21 years. Middle age, commencing at about 40 years. Adulthood is also a stage of psychological and personal development by which time it is assumed that individuals have established their identity and are well on the way to being independent, responsible, self-disciplined and purposeful. Adults can be different for everyone. For some young people, it means living on your own for the first time or going away to college. For others, it means starting your first real job and becoming financially independent. But no matter the circumstances, becoming an adult involves taking full responsibility for your life. Adults are characterized by maturity, self-confidence, autonomy, solid decision-making, and are generally more practical, multi-tasking, purposeful, self-directed, experienced, and less open-minded and receptive to change. All these traits affect their motivation, as well as their ability

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to learn. Every human being reaches full physical and intellectual maturity during their adult years, which is referred to as adulthood. Every human being goes through an adult stage at which time parental authority is lost and everyone is given their own duties. Legally speaking, the adult stage of life is when a person reaches the major age, which means they become independent and capable of making decisions. Adulthood in its mature state also denotes the development of sexual and psychological maturity. The period in which a person transitions from childhood to adulthood is marked by a variety of events.

Adult survivors of complex childhood trauma can struggle with processing what they survived which can lead to emotional and physical symptoms. One of the largest impacts on adult functioning after surviving chronic childhood trauma includes feelings of anxiety and depression.

Adulthood is a developmental stage marking maturity, typically beginning in the late teens to early twenties and lasting throughout life. It's characterized by assuming adult responsibilities, such as financial management, career pursuit, and family formation. During this period, individuals often gain independence, making significant life decisions and navigating personal and professional challenges. Adulthood involves self-discovery, growth, and the establishment of one's identity and values. It's a time of transition, where individuals develop a sense of autonomy and self-sufficiency while managing relationships, pursuing personal goals, and contributing to society. Adulthood shapes the course of one's life trajectory and personal fulfillment.

CHILDHOOD TRAUMA

Childhood traumas can have profound and long-lasting effects on adult relationships. Here are some ways it can impact an individual's ability to form and maintain relationships they are trust issues, attachment issues, difficulty with emotional regulation, low self-esteem, communication problems, physical intimacy problem. Childhood trauma is the experience of an event by a child that is emotionally painful or distressful, which often by results in lasting mental and physical effects. Bad things happen in life as children grow up. Some are obvious, like a natural disaster that destroys a home, physical abuse or death of a parent. Others can also rock a child's sense of safety and well-being, like community violence or substance abuse in a parent. Something as simple as being in a car accident or a child overhearing frequent, intense arguments between his or her parents can be traumatic for some children.

The common cause of childhood trauma included Accidents:

Bullying/cyberbullying, Chaos or dysfunction in the house (such as domestic violence, parent with a mental illness, substance abuse or incarcerated), Death of a loved one, Emotional abuse or neglect Physical abuse or neglect Separation from a parent or caregiver, Sexual abuse, Stress caused by poverty, Sudden and/or serious medical condition, Violence (at home, at school, or in the surrounding community), War/terrorism.

Childhood trauma can occur when a child witnesses or experiences overwhelming negative events in childhood. Many childhood experiences can overwhelm a child. These can occur in relationships such as with abuse, assault, neglect, violence, exploitation or bullying. This is known as interpersonal trauma—trauma that happens between people. There are unfortunately many types of trauma that can happen to children. While children with trauma do exhibit similar behaviors as a result of experiencing trauma, each child and their traumatic experience are unique.

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When we feel stressed or threatened, our bodies release hormones called cortisol and adrenaline. This is the body's way of preparing to respond to danger, and we have no control over it.

This can have a range of effects, which are sometimes called:

- Freeze – feeling paralyzed or unable to move
- Flop – doing what you're told without being able to protest
- Fight – fighting, struggling or protesting
- Flight – hiding or moving away
- Fawn – trying to please someone who harms you

Some of us who go through trauma may have these feelings, during or afterwards like Anger, Numbness or difficulty feeling any strong emotions, like you have lost your identity or a sense of who you are, scared or panicked, Grief, Worried, Irritable, Confused, Restless, Unsure of what You need or want, Hyper vigilance - which is when you are very alert and aware of your surroundings because you feel something bad might happen, Shock or horror, Shame.

The effects of childhood trauma are often longstanding and chronic. Adult survivors of complex childhood trauma can struggle with processing what they survived in childhood, which can lead to a host of emotional, psychological, and physical symptoms. Equally common are histories of toxic romantic relationships, poor choices in friends, and patterns of self-sabotage based on shame and guilt for what they survived.

People who experience childhood trauma are vulnerable to developing mental health disorders that compromise emotional and behavioral stability, including depression, anxiety, PTSD, and borderline personality disorder. These illnesses can present additional challenges to engaging in healthy interpersonal relationships.

The Traumatic disorders are:

- **Post-traumatic stress disorder (PTSD):** is a mental health condition that's triggered by a terrifying event either experiencing it or witnessing it. Symptoms may include flashbacks, nightmares and severe anxiety, as well as uncontrollable thoughts about the event.
- **Acute stress disorder (ASD):** The symptoms of ASD are similar to PTSD, but occur within the first month after exposure to trauma. Prompt treatment and appropriate social support can reduce the risk of ASD developing into PTSD.
- **Adjustment disorders:** Adjustment disorders are unhealthy or unhelpful reactions to stressful events or changes in a child's life. These reactions can be emotional, such as a depressed mood or nervousness, or behavioral, such as misconduct or violating the rights of others
- **Unclassified and unspecified trauma disorders:** Some emotional and behavioral reactions to trauma do not fit in the diagnostic categories above. This category is used for those cases. Childhood traumatic stress occurs when violent or dangerous events overwhelm a child's or adolescent's ability to cope.

Traumatic events may include:

Neglect and psychological, physical, or sexual abuse Natural disasters, terrorism, and community and school violence, Witnessing or experiencing intimate partner violence, Commercial sexual exploitation, Serious accidents, life-threatening illness, or sudden or

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violent loss of a loved one, Refugee and war experiences, Military family-related stressors, such as parental deployment, loss, or injury

Signs of Child Traumatic Stress

The signs of traumatic stress are different in each child. Young children react differently than older children.

Preschool Children:

- Fearing separation from parents or caregivers
- Crying and/or screaming a lot
- Eating poorly and losing weight
- Having nightmares

Elementary School Children:

- Becoming anxious or fearful
- Feeling guilt or shame
- Having a hard time concentrating
- Having difficulty sleeping

Middle and High School Children:

- Feeling depressed or alone
- Developing eating disorders and self-harming behaviors
- Beginning to abuse alcohol or drugs
- Becoming sexually active

For some children, these reactions can interfere with daily life and their ability to function and interact with others.

Our childhood wounds can have a lasting impact on our mental health in adulthood. While we all experience some form of trauma growing up, not all of us have the chance to heal these childhood wounds. Unhealed trauma can lead to a variety of mental health challenges in adulthood, including depression, anxiety, and addiction. By understanding the link between childhood wounds and mental health in adulthood, we can learn how to start the process of healing trauma and achieve a healthier, happier life. In this blog post, we will explore how unhealed childhood wounds can lead to mental health challenges as adults and how therapy can bring healing.

Unhealed childhood trauma wounds are the emotional and psychological wounds that can be caused by experiences or relationships during our formative years. They can be caused by a variety of traumatic events, such as physical, verbal or sexual abuse, neglect, abandonment, or even just feeling unloved or misunderstood. Unhealed childhood wounds can manifest themselves in a variety of ways, including feelings of fear, low self-esteem, insecurity, PTSD, and difficulty forming trusting relationships.

Attachment theory suggests that we all develop attachments with parents or caregivers that serve as a foundation for our emotional needs as we grow up. When these needs are not met, children can form unhealed childhood wounds that can lead to mental health challenges as adults. For example, children who have experienced physical or verbal abuse may feel fear or

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mistrust of others and may struggle with building relationships. These patterns can continue into adulthood unless they are addressed through trauma therapy or inner child healing.

Trauma therapy is an important way to address unhealed childhood wounds. Trauma therapists work with individuals to help them process their traumatic experiences and come to terms with their feelings. Inner child healing is a type of trauma therapy that focuses on helping individuals heal the wounds of their childhood by going back and addressing the emotions they experienced during these traumatic events. Through inner child healing, individuals can learn to understand and process their emotions and start to rebuild the trust they have in themselves and others.

Childhood traumas are painful experiences endured during early life, often before reaching adulthood. These events, such as abuse, neglect, or witnessing violence, profoundly affect a child's development and sense of safety. Childhood traumas can lead to lasting emotional, psychological, and even physical consequences, influencing how individuals navigate relationships, cope with stress, and perceive the world. They may contribute to issues like low self-esteem, difficulties in forming attachments, and mental health disorders. Addressing childhood traumas through therapy, support networks, and healthy coping strategies is essential for healing and building resilience in affected individuals, promoting healthier futures.

Trauma

Trauma is a term used to describe the challenging emotional consequences that living through a distressing event can have for an individual. Traumatic events can be difficult to define because the same event may be more traumatic for some people than for others. The traumatic events experienced early in life, such as abuse, neglect and disrupted attachment, can often be devastating. Equally challenging can be later life experiences that are out of one's control, such as a serious accident, being the victim of violence, living through a natural disaster or war, or sudden unexpected loss. Trauma is a possible cause of many mental health problems. It can make us more vulnerable to developing them. But for most mental health problems, there are usually other factors involved as well as trauma.

Types of trauma:

Many experiences can be traumatic. And we all experience trauma in unique ways. The types are:

- 1. Childhood trauma:** You may have experienced trauma during your childhood. These experiences could make you more likely to have mental health problems as an adult. This is especially if you didn't have support to manage the trauma. Or if you experienced trauma continuously, over a long period of time.
- 2. Collective trauma:** Collective trauma is when a traumatic event happens to a large number of people at the same time.
- 3. Generational trauma:** Generational or intergenerational trauma is a type of trauma that's experienced across generations of a family, culture or group
- 4. Moral injury:** Moral injury means how you feel when you're put in a situation that goes against your morals, values or beliefs. It's often seen in people who have been in situations where they need to make big decisions about other people's lives.
- 5. Racial trauma:** The impact racism can have on your mind and body is sometimes described as racial trauma.

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6. **Secondary trauma:** Secondary trauma is when you witness trauma or you're closely connected to it. But you don't experience the trauma directly. It's sometimes called vicarious trauma.

Interpersonal Dependency

Interpersonal dependency refers to a complex of thoughts, beliefs, feelings, and behaviors revolving around needs to associate closely with valued other people. Its conceptual sources include the psychoanalytic theory of object relations, social learning theories of dependency, and the ethological theory of attachment. Interpersonal relationship is a strong, deep, or close association or acquaintance between two or more people that may range in duration from brief to enduring. This association may be based on inference, love, solidarity, regular business interactions, or some other type of social commitment.

Forms of Interpersonal relationship:

An interpersonal relationship can develop between any of the following

- Individuals working together in the same organization.
- People working in the same team.
- Relationship between a man and a woman (Love, Marriage).
- Relationship with immediate family members and relatives.
- Relationship of a child with his parents.
- Relationship between friends.

Human beings are innately social and are shaped by their experiences with others. There are multiple perspectives to understand this inherent motivation to interact with others. Relationships are also important for their ability to help individuals develop a sense of self. The relational self is the part of an individual's self-concept that consists of the feelings and beliefs that one has regarding oneself that develops based on interactions with others.

Dependency can be understood in multiple contexts. Generally, dependency is defined as “an over-reliance on another person or a drug”. In psychology, however, interpersonal dependency, is a personality trait that, in its extreme, is characterized by a fear of abandonment and suppressing feelings of interpersonal anger. Furthermore, those individuals who typically score high on self-report measures of dependency evidence a susceptibility to depression. The Public Health Agency of Canada (2002) reports that approximately 8% of all adults will experience an episode of major.

Depression at some point in their lifetime, and that it is the most common form of mental illness in the population at large. Not only does dependency play a role in depression, but it has been proposed that it is likely a notable factor in the development of therapeutic relationships. Given the high incident rate of depression along with the role it may play in a therapeutic relationship, one must be concerned with developing fundamental knowledge about, and developing and refining treatments for depression. At that, it has been demonstrated that the therapeutic resolve of negative emotions involves a capacity for emotional awareness.

The concept of dependency is important to an understanding of normative developmental tasks. Dependence occurs when someone relies on other people and the environment for the fulfillment of needs. Various theories about the origin and development of dependency have been proposed. According to psychoanalytic theory, dependence is based on the infant's total

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reliance on a significant person for physical and emotional needs. This initial total dependence is the prototype for all later relationships. Social learning theory defines dependency as, "A class of responses that are capable of eliciting positive and ministering responses from others". Sociocultural theory holds that economic and demographic factors affect the manifestation of dependency within a culture. Dependency as a personality characteristic has been alternately viewed by theorists as a personality trait or a transient state. Pord & Urban state that "trait" behavior refers to "relatively enduring patterns of behavior which can be expected to occur under a wide range of situations." "State" dependent behavior, according to Dediarian & Clough, occurs "when an individual experience a major life change or a situation which is not a daily occurrence."

Interpersonal dependency the tendency to rely on other people for protection and support even in situations in which autonomous functioning is warranted is one of the more widely studied traits in social, personality, and clinical psychology. Individual differences in dependency not only predict important features of social behavior (e.g., help seeking, conformity, and suggestibility) but also have implications for illness risk, health service use, compliance with medical and psychotherapeutic regimens, and success in adjusting to the physical and emotional challenges of aging. This chapter reviews research on the interpersonal dynamics of interpersonal dependency. Following a brief overview of classic and contemporary theoretical models and the most widely used dependency assessment tools, research on dependency as a social construct is discussed. As the ensuing review shows, the construct of dependency is more complex than psychologists initially thought, with investigations in this area shaped by two distinct trends. First, although dependent people often exhibit acquiescent, compliant behavior, studies suggest that in certain situations they may actually behave quite actively even aggressively. Second, although high levels of interpersonal dependency are associated with social and psychological impairment in a variety of contexts, in certain settings high levels of dependency may actually enhance adjustment and functioning.

Interpersonal dependency refers to a reliance on others for emotional support, validation, and decision-making. Individuals struggling with interpersonal dependency often seek constant reassurance and approval from others, sometimes at the expense of their own needs and boundaries. This reliance on external validation can lead to difficulties in asserting oneself, setting healthy boundaries, and making independent decisions. Interpersonal dependency can stem from various factors, including early attachment experiences, past traumas, or low self-esteem. Addressing interpersonal dependency involves developing self-awareness, building self-esteem, and learning healthy relationship skills to foster autonomy and emotional independence. Therapy and support groups can be valuable resources in this process.

Interpersonal dependency refers to a complex of thoughts, beliefs, feelings, and behaviors revolving around needs to associate closely with valued other people. Its conceptual sources include the psychoanalytic theory of object relations, social learning theories of dependency, and the ethological theory of attachment. Interpersonal dependency—the tendency to rely on other people for protection and support even in situations in which autonomous functioning is warranted—is one of the more widely studied traits in social, personality, and clinical psychology. Individual differences in dependency not only predict important features of social behavior (e.g., help seeking, conformity, and suggestibility) but also have implications for illness risk, health service use, compliance with medical and psychotherapeutic regimens, and success in adjusting to the physical and emotional challenges of aging. This chapter reviews research on the interpersonal dynamics of interpersonal dependency. Following a

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brief overview of classic and contemporary theoretical models and the most widely used dependency assessment tools, research on dependency as a social construct is discussed. As the ensuing review shows, the construct of dependency is more complex than psychologists initially thought, with investigations in this area shaped by two distinct trends. First, although dependent people often exhibit acquiescent, compliant behavior, studies suggest that in certain situations they may actually behave quite actively—even aggressively. Second, although high levels of interpersonal dependency are associated with social and psychological impairment in a variety of contexts, in certain settings high levels of dependency may actually enhance adjustment and functions.

Need of the Study

The relationship between childhood traumas and interpersonal dependency among young adults is significant because early experiences can shape later behaviors and relationships. Childhood traumas, such as abuse or neglect, can impact a person's ability to form healthy attachments and trust others, leading to patterns of dependency in interpersonal relationships. If someone goes through tough times early on, like abuse or neglect, they might struggle to trust and rely on others later in life. They could end up seeking constant support from others, making it hard for them to stand on their own. Understanding this helps us support people who've been through rough times and work towards healthier relationships as they grow up.

Key Terms:

- **Adulthood:** Adulthood is a stage of life when a person reaches maturity, typically characterized by taking on adult responsibilities, such as managing finances, making significant life decisions, and possibly starting a family or career.
- **Childhood traumas:** Childhood traumas are distressing or harmful experiences that occur during a person's early years, usually before the age of 18. These experiences can include physical, emotional, or sexual abuse, neglect, witnessing violence, or any other event that overwhelms a child's ability to cope.
- **Interpersonal dependency:** Interpersonal dependency refers to a pattern of relying heavily on others for emotional support, validation, and decision-making. People who struggle with interpersonal dependency may have difficulty making decisions independently, setting boundaries in relationships, or feeling secure without constant reassurance from others

REVIEW OF LITERATURE

Tolman, O. C., & Tumer, S. B. (2023). Conducted a study on topic “**difficulty in emotional regulation as a mediator between childhood traumas and interpersonal dependency**” these study aims to determine the mediating effect of difficulty in emotional regulation in the relationship between childhood traumas and interpersonal dependency level of University students. The participants consisted of 458 University students. The study used the demographic information form, childhood traumas scale, difficulty in emotional regulation scale, and interpersonal dependency scale for data collection. This research is a descriptive study aiming to examine the relationship between childhood traumas, interpersonal dependency and difficulty in emotional regulation through relational screening and meditation analysis. Pearson correlation analysis results indicated that there are statistically significant and positive relationship between childhood traumas and interpersonal dependency. According to the findings of the mediating analysis difficulty in emotional regulation have an indirect mediation effect on the relationship between childhood traumas and interpersonal dependency.

Downey, C., & Crummy, A. (2022) conducted a study on topic “the impact of childhood trauma on children’s wellbeing and adult behavior”. The aim of the study looks at the impact of childhood traumas on children’s wellbeing and adult behavior from the perspective of 9 clinical professionals in Ireland. This research investigates if symptoms related to depression and anxiety, sleep disturbance and low self -esteem are consequences of childhood trauma. Participants were recruited through convenience selection and snowball sampling. Individuals worked in social care, counseling, psychotherapy etc. seven female and two males participated in recorded semi- structure interview. Six interviews were carried out via phone call and face – to -face. Within this study, childhood traumas survivors’ present alcohol and drug dependency issue, deny the negative impact their adversities have on their wellbeing. Early onset of trauma may contrive a low self -esteem and depression and anxiety can surface due to feeling of inadequacy. Sleep disturbance did not appear as a consequence of childhood trauma in this study. Childhood trauma victim’s exhibits low self -esteem and experience depression and anxiety.

Fernandez, S., & John, J. M. (2022). Conducted a study on topic “Interpersonal Dependency and Life Satisfaction among Young Adults”. The aim of this study is observable characteristics of the young adults of this century has claimed their determination to become an independent personality. But for the same they depend on one another. Gender based studies on interpersonal dependency have shown that it plays a prominent role in individuals’ personal life. The present study aims to find “Interpersonal Dependency and Life Satisfaction among Young Adults. The sample size of the study was 91 and the’ data were collected from the college students of age group ranging from 18-24. The method used to select the sample population was a random sampling method. The data was analyzed using the spearman bivariate correlation method. The findings of the study revealed that there is a positive relation between interpersonal dependency and life satisfaction among young adults.

S. Zhang, X. Lin, T. Yang (2020) conducted a study on topic “Prevalence of childhood trauma among adults with affective disorder using the Childhood Trauma Questionnaire: a meta-analysis”. This research aim is Childhood trauma is associated with major depressive disorder (MDD) and bipolar disorder (BD) in adults. However, no meta-analysis was performed on the prevalence of different types of childhood trauma in adults with affective disorders, using the Childhood Trauma Questionnaire (CTQ). Four databases were used to search articles regarding the prevalence of childhood emotional abuse (CEA), childhood physical abuse (CPA), childhood sexual abuse (CSA), childhood physical neglect (CPN), and childhood emotional neglect (CEN) in patients with MDD and BD using the CTQ. A limited number of articles were included in some continents, thus, the heterogeneity in the meta-analysis was generally high. The prevalence of CEA, CEN, and CPN in patients with affective disorders was relatively high, whereas that of CPA and CSA was relatively low. These childhood traumas might be affected by continent and gender.

G. A cayir, M.kalkan (2018) conducted a study on topic “The effect of interpersonal dependency tendency on interpersonal cognitive distortions on youths”. The objective of this study is to investigate the correlation between the interpersonal dependency tendency and interpersonal cognitive distortions. The study group of the research consists of 879 university students from different faculties of Ondokuz Mayıs University. “Interpersonal Dependency Inventory” scale adapted by Ulusoy (2010) and the “Interpersonal Cognitive Distortions Scale” developed by Hamamcı were used in data collection. Data were analyzed with Pearson Moments Correlation, MANOVA, and Simple Regression. As a result of this research, a significant correlation was found between interpersonal dependency tendency and

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interpersonal cognitive distortions. According to the Simple Linear Regression Analysis, in which Interpersonal dependency scores are estimated by Interpersonal cognitive distortions, Interpersonal cognitive distortions significantly predict the interpersonal dependency scores of university students. Also, Interpersonal cognitive distortions and interpersonal dependency show significant differences according to gender.

Greenberg, D. M., Cohen, S. B., et al. (2018). Conducted a study on topic “Elevated empathy in adults following childhood trauma”. The objective of the study is Traumatic events increase the risk of depression, but there is also evidence that adversity can lead to posttraumatic growth, including increased compassion and prosocially behavior. To date there is no empirical research pinpointing childhood trauma to an increase in trait empathy in adulthood. Although somewhat counter-intuitive, this might be predicted if trauma not only increases fear of future threat but also renders the individual more sensitive to suffering in others. We explored this possible link using multiple studies, self-report measures, and non-clinical samples. Results across samples and measures showed that, on average, adults who reported experiencing a traumatic event in childhood had elevated empathy levels compared to adults who did not experience a traumatic event. Further, the severity of the trauma correlated positively with various components of empathy. These findings suggest that the experience of a childhood trauma increases a person’s ability to take the perspective of another and to understand their mental and emotional states, and that this impact is long-standing. Future research needs to test if this is seen on performance measures, and how these findings extend to clinical populations.

ML Molina, RA da Silva, et.al (2016) conducted a study on topic “History of childhood trauma as risk factors to suicide risk in major depression “. The aim of this study was to compare childhood trauma scores domains between Major Depressive Disorder (MDD) patients with and without suicide risk. This is cross-sectional study including a clinical sample of adults. Diagnosed with Major depressive disorder through the Mini International Neuropsychiatric Interview Plus version (MINI Plus). The Childhood Trauma Questionnaire (CTQ) was also used to verify types of trauma scores: abuse in emotional, physical, and sexual and neglect. Adjusted analysis was performed by linear regression. The sample was composed to 473 patients, suicide risk was observed in 16.3% of them. Suicide risk was independently associated with emotional abuse and neglect and sexual abuse, but not with physical abuse and neglect. Different domains of childhood trauma are associated with suicide risk in Major depressive disorder population and emotional trauma should be considered a risk factor for suicide risk in Major depressive disorder patients.

Mandelli, L., Petrelli, C., et al. (2015). Conducted a study on topic “The role of specific early trauma in adult depression: A meta-analysis of published literature. Childhood trauma and adult depression”. This research investigates that the role of trauma in childhood and risk for psychological disorders in adulthood. Despite several studies performed, to date, it is not clear which weight have different childhood stressors specifically on the risk for depression in adult life. In the present study, we performed a meta-analysis of the literature in order to assess the effective role of childhood traumas as risk factor in the onset of depressive disorders in adults. The quality of studies was evaluated by an adapted version of the New-Ottawa Quality Assessment Scale; bias publication was evaluated by the Egger’s test. Meta-regression analysis was employed to detect potential confounders and/or moderating variables. Results shows the Emotional abuse showed the strongest association with depression. These findings support the role of neglect and emotional abuse as

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significantly associated to depression. Sexual/physical abuse or violence in family may be unspecific risk factors for mental disturbance.

Harris, J. M., Tasker, F., et al. (2013). Conducted a study on topic “**Female interpersonal dependency: genetic and environmental components and its relationship to depression as a function of age**”. Research has shown that female interpersonal dependency is significantly associated with clinical depression but is only marginally related to childhood environmental factors. A genetic model analysis for female twin pairs was made incorporating a scale from the Interpersonal Dependency Inventory, and the association between dependency quartiles and depression for both sexes determined. Dependency data were obtained by questionnaire from 4427 monozygotic and dizygotic twins. The investigation has estimated that nearly half of the variance in female Interpersonal dependency is genetic in origin. It has also confirmed that high levels of such dependency are associated with the incidence of severe depression and this effect reduces with age. The possible reasons for this age-related effect are discussed.

Kuo, J. R., Goldin, P. R., et al. (2011). Conducted a study on topic “**Childhood trauma and current psychological functioning in adults with social anxiety disorder**”. These research state that Etiological models of social anxiety disorder (SAD) suggest that early childhood trauma contributes to the development of this disorder. However, surprisingly little is known about the link between different forms of childhood trauma and adult clinical symptoms in SAD. This study (1) compared levels of childhood trauma in adults with generalized SAD versus healthy controls (HCs), and (2) examined the relationship between specific types of childhood trauma and adult clinical symptoms in SAD. Participants were 102 individuals with generalized SAD and 30 HCs who completed measures of childhood trauma, social anxiety, trait anxiety, depression, and self-esteem. Compared to HCs, individuals with SAD reported greater childhood emotional abuse and emotional neglect. Within the SAD group, childhood emotional abuse and neglect, but not sexual abuse, physical abuse, or physical neglect, were associated with the severity of social anxiety, trait anxiety, depression, and self-esteem.

Schairer, L. C., Dellor, E., Grella, C., et al. (2010) conducted a study on topic “**Childhood trauma and health outcomes in adults with comorbid substance abuse and mental health disorders**”. This study describes the prevalence of childhood traumatic events (CTEs) among adults with comorbid substance use disorders (SUDs) and mental health problems (MHPs) and assesses the relation between cumulative CTEs and adult health outcomes. Exposures to 9 types of adverse childhood experiences were summed and categorized into 6 ordinal levels of exposure. Descriptive analyses were conducted to assess the prevalence and range of exposure to CTEs in comparison with a sample from primary health care. Logistic regression analyses were conducted to examine the association between the cumulative exposure to CTEs and adverse health outcomes. Most of the sample reported exposure to CTEs, with higher exposure rates among the study sample compared with the primary health care sample. Greater exposure to CTEs significantly increased the odds of several adverse adult outcomes, including PTSD, alcohol dependence, injection drug use, tobacco use, sex work, medical problems, and poor quality of life.

Wiersma, J. E., van Oppen, P., et al. (2009). Conducted a study on topic “**The importance of childhood trauma and childhood life events for chronicity of depression in adults**”. Childhood trauma is linked to adult depression and might be a risk factor for a more chronic course of depression. However, the link between childhood trauma and

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chronicity of depression has not been investigated using a large and representative sample. Childhood trauma is linked to adult depression and might be a risk factor for a more chronic course of depression. However, the link between childhood trauma and chronicity of depression has not been investigated using a large and representative sample. The result shows that Chronicity of depression was associated with a significantly higher prevalence of childhood trauma but was not associated with childhood life events. We found the strongest association for those with the highest score on a cumulative index summarizing frequency of childhood trauma. These results suggest that multiple childhood traumas can be seen as an independent determinant of chronicity of depression.

Johnsson, J., Kohn, R., et al. (2008) conducted a study on topic “Childhood trauma, trauma in adulthood, and psychiatric diagnoses: results from a community sample”. This study compared the prevalence rates of various psychiatric disorders in persons with first onset of a potentially traumatic event (PTE) in childhood, persons with first onset of a PTE in adulthood, and those with no history of a PTE in a representative sample of Chileans. The Diagnostic and Statistical Manual of Mental Disorders, Revised Third Edition (DSM-III-R), posttraumatic stress disorder, and antisocial personality disorder modules from the Diagnostic Interview Schedule and modules for a range of DSM-III-R diagnoses from the Composite International Diagnostic Interview were administered to 2390 Chileans. The study found that exposure to a lifetime PTE was associated with a higher probability of psychiatric morbidity than no PTE exposure. A PTE with childhood onset relative to adult onset was related to lifetime panic disorder, independent of the number of lifetime and demographic differences between the 2 groups. Childhood interpersonal trauma compared with interpersonal trauma in adulthood was significantly associated with lifetime panic disorder, agoraphobia, and posttraumatic stress disorder. Our findings suggest that specific disorders are linked to interpersonal trauma and PTEs that occur in childhood rather than later in life.

Brown, D. L., & Kaplan, B. J. (2006). conducted a study on topic “Retrospective reports of childhood trauma in adults with ADHD” studies have documented higher prevalence of abuse in children with ADHD, no studies have investigated childhood reports of abuse in individuals identified with ADHD in adulthood. Forty ADHD women, 17 ADHD males, 17 female controls, and 40 male controls complete the Childhood Trauma Questionnaire and other measures of psychosocial functioning. Emotional abuse and neglect are more common among men and women with ADHD as compared to controls. Sexual abuse and physical neglect are more commonly reported by females with ADHD. Although childhood abuse is significantly correlated with depression and anxiety in adulthood, having ADHD is a better predictor of poorer psychosocial functioning in adulthood. Clinicians are alerted that patients with ADHD symptoms have a high survivors of childhood sexual abuse in therapy”. This study investigated dependency in survivors of childhood sexual abuse (probability of childhood abuse).

Hill, E. L., Gold, S. N., et al. (2000) conducted a study on topic “Interpersonal dependency among adult CSA). The Interpersonal Dependency Inventory (IDI) was administered at intake to 24 men and 85 women seen in therapy at a university-based community mental health clinic. In contrast to findings from earlier studies, no significant gender differences were obtained for IDI whole-scale or subscale scores. Analyses comparing CSA IDI scores with the IDI scores of previously studied groups indicated that among women, CSA survivors obtained higher dependency scores than non-CSA psychiatric patients, community adults, and college students. Findings for men were less consistent. Follow-up analyses revealed that commonly investigated CSA characteristics were unrelated

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to survivors' dependency scores. Implications of these findings for future research and clinical practice are explored.

METHODOLOGY

Research is a systematic and organized process of inquiry that aims to discover new knowledge, validate existing theories, solve problems, or explore phenomena. Methodology refers to the overarching framework or approach that guides a researcher's systematic investigation or study. It encompasses the principles, procedures, techniques, and tools used to conduct research and collect data.

Research methodology refers to the systematic approach or framework used by researchers to conduct their studies, gather data, analyze findings, and draw conclusions. It encompasses various techniques, procedures, and tools employed to answer research questions or test hypotheses effectively. Common research methodologies include qualitative, quantitative, and mixed-method approaches, each with its own set of techniques and principles suited to different research objectives and contexts.

Aim: To study the relationship between childhood traumas and interpersonal dependency on young adults.

Research Design

Research design encompasses the blueprint for conducting a study, delineating the methodologies to address research inquiries or hypotheses effectively. This design typically involves several key components.

Firstly, it necessitates formulating clear and focused research questions or hypotheses. Secondly, it entails identifying and categorizing variables, including independent, dependent, and potentially confounding variables. Thirdly, it involves sampling techniques to select representative samples from the target population. Fourthly, researchers must choose appropriate data collection methods, such as surveys, experiments, interviews, or observations. Fifthly, they need to determine suitable data analysis techniques to interpret collected data and test hypotheses. Moreover, research ethics are paramount, ensuring compliance with guidelines, obtaining informed consent, and safeguarding participant confidentiality. Additionally, researchers must estimate the timeframe and budget required for the study. Lastly, ensuring validity and reliability is critical, ensuring that the research measures what it intends to measure and yields consistent outcomes.

Overall, a meticulously crafted research design is indispensable for generating credible and impactful findings in various fields of inquiry.

Participants:

The participants were 236(118 males and 118 women), the age ranges from 20 to 40 years old people. Provide Google form with consent of participants

Sampling: Google form methods was used to collect data from the participants. Researcher technically collected data from Tamil Nadu and Kerala

Variables:

- Independent variable: childhood traumas
- Dependent variable: interpersonal dependency

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Measures:

The questionnaires such as interpersonal dependency inventory and adverse childhood experiences questionnaire were administered to the participants to collect data. In addition to these standardized measures, socio demographic data is also included.

Socio demographic data:

A socio-demographic data sheet was used in order to collect information regarding the participants by assuring confidentiality in the personal details collected. The personal details like gender, age, residential etc. followed were mentioned.

Procedure and Administration

In order to schedule the objective of the present study investigator visited around 236 young adults. Simple random sampling method was used. Interpersonal dependency inventory, adverse childhood experiences questionnaire was used for data collection. At the beginning, the data were collected through google forms by everyone between that age limit. The samples were informed about the purpose of the study. After completion of the questionnaire the research collected it participants were notified about the study, and informed consent was given to the participants. From the participant and expressed the gratitude for their co-operation. The form collected some basic demographic details and questions were presented in order. Data was entered in the MS Excel sheet and analyzed using SPSS.

SCORING:

Adverse childhood experiences questionnaire: Adverse childhood experiences questionnaire (ACE-Q) developed by Felitti. V.J., Anda. R.F., et.al in 1998. The ACE-Q checks for the client's exposure to childhood psychological, physical, and sexual abuse as well as household dysfunction including domestic violence, substance use, and incarceration.

The Adverse Childhood Experiences Questionnaire (ACE-Q) is a 10-item measure to quantify instances of adverse or traumatic experiences that the client has had before the age of 18. Each items is scored from yes: 1 and no: 0. Scores of 4 or more are considered clinically significant.

Reliability and validity: ACE questionnaire has good test retest reliability ranging between .64 to .86. The internal consistency is 0.701 and the scale has concurrent validity.

Interpersonal dependency inventory: Interpersonal dependency inventory developed by Hirschfeld, klermann, et .al in 1977. The IDI is a 48-item instrument designed to measure the Thoughts, behaviors, and feelings revolving around the need to associate closely with valued people. Rating to every statement, 4 = very characteristic of me, 3 = quite characteristic of me, 2 = somewhat characteristic of me, 1 = not characteristic of me. The mean for "normal" samples averages around 50.

Reliability and validity: The IDI has good internal consistency, with split-half reliabilities that range from .72 to .91. No test-retest data were reported. And good concurrent validity.

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Statistical Techniques:

The statistical techniques selected were based on the objectives and the hypothesis formulated. The statistical techniques used are as follows:

1. Independent sample t – test

The independent samples t-test compares means of two groups to determine if they're significantly different. It assumes normal distribution within groups and equal variances. Hypotheses state no difference (H₀) versus a significant difference (H₁). The test calculates a t-statistic, the ratio of mean differences to their standard error, with degrees of freedom based on sample sizes. Comparing the calculated t-value to a critical value from the t-distribution or obtaining a p-value determines significance. Rejecting the null hypothesis suggests significant differences between group means, while failing to reject it indicates insufficient evidence for a significant difference.

2. Pearson correlation

Pearson correlation assesses the strength and direction of a linear relationship between two continuous variables. It measures how much one variable changes when the other changes. Ranging from -1 to +1, a correlation of +1 indicates a perfect positive linear relationship, -1 indicates a perfect negative linear relationship, and 0 indicates no linear relationship. The calculation involves dividing the covariance of the two variables by the product of their standard deviations. A correlation coefficient close to 1 or -1 suggests a strong linear relationship, while close to 0 indicates weak or no linear relationship.

Objectives:

- To find the relationship between childhood traumas and interpersonal dependency
- To find the gender differences in childhood traumas among young adults
- To find the gender differences in interpersonal dependency among young adults

Hypothesis:

1. There is no relationship between childhood traumas and interpersonal dependency.
2. There is no gender differences in childhood traumas among young adults.
3. There is no gender differences in interpersonal dependency among young adults.

Ethical Considerations

Ethical considerations in research are critical. Ethics are the norms or standards for conduct that distinguish between right and wrong. They help to determine the difference between acceptable and unacceptable behaviors. The ethics given below are followed throughout the research;

- All participants were informed that the responses are collected from each participant is kept confidential.
- A Consent form was given to all participants before collecting the data.
- Researcher informed the doctors that the details of the hospital are kept confidential.
- Treatment process and details about medication of patients did not reveal in their research.
- Researcher avoided unnecessary or embarrassing questions to each patient.
- The researcher safeguarded the right to privacy of the participants.

RESULTS

This chapter presents different statistical analysis tests such as t- test and correlation analysis were carried out to analyse the calculated data and the results obtained are discussed under the following sessions. The t- test carried out to know significant difference between two groups selected for the study and correlation analysis done to find out the relationships between the variables under study.

Preliminary analysis

Preliminary analysis entails the fundamental descriptive statistics like, minimum, maximum, arithmetic mean, SD, of the variables childhood traumas and interpersonal dependency In the main purpose of the preliminary analysis is to get general idea about the nature of the variables. The details are presented in the table 1.

Table 1

	N	Minimum	Maximum	Mean	Std. deviation
CT	236	0	9	1.09	1.742
IDI	236	47	188	117.05	23.927
Valid N	236				

Table 1 shows the descriptive statistic values of the current study. The variables under investigation are not much deviates from normal distribution. Hence the data collected is viable for parametric statistical analysis.

HYPOTHESIS 1

H0: There is no relationship between childhood traumas and interpersonal dependency

Table 2 shows the correlation between childhood traumas and interpersonal dependency

		Childhood traumas	Interpersonal dependency
Childhood traumas	Pearson correlation	1	.126
	Sig(2-tailed)		.054
	N	236	236
Interpersonal dependency	Pearson correlation	.126	1
	Sig(2-tailed)	.054	
	N	236	236

Table 2 shows the correlation between childhood traumas and interpersonal dependency. While considering the Pearson Correlation, the Pearson correlation value obtained for childhood traumas and interpersonal dependency is .126. This indicates that there is positive correlation between the variables childhood traumas and interpersonal dependency. This denotes that null hypothesis is been rejected. In other case, by considering the sig (2-tailed) value, the 2-tailed value is 0.054, which is lower than 0.05. So we can say that the correlation is significant at the 0.01 level. It means that when the respondents childhood traumas increases which leads to increase in interpersonal dependency.

Table 3

Si.no		Levene test for equality of variance				
		F	Sig.	T- Value	df	Sig (2-tailed)
1	Equal variance assumed	.014	.906	-.370	233	.712
	Equal variance not assumed			-.370	232.977	.712
2	Equal variance assumed	2.529	.113	-.193	233	.847
	Equal variance not assumed			-.193	226.121	.847

Table 3 shows the t-test result between the gender of the respondent and childhood traumas and interpersonal dependency

HYPOTHESIS 2

- H0: There is no gender differences in childhood traumas among young adults.
- It is inferred from the above table that there is no gender differences in childhood traumas among young adults.
- T-test was applied to test the above hypothesis the above hypothesis and is found that there is no gender differences in childhood traumas among young adults (.712 > 0.05). The calculated value is less than the table value at 5% level of significance. Hence the research hypothesis 2 is accepted

HYPOTHESIS 3

- H0: There is no gender differences in interpersonal dependency among young adults.
- It is inferred from the above table that there is no gender differences in interpersonal dependency among young adults.
- T-test was applied to test the above hypothesis the above hypothesis and is found that there is no gender differences in interpersonal dependency among young adults (.847 > 0.05). The calculated value is less than the table value at 5% level of significance. Hence the research hypothesis 3 is accepted.
- This shows that there is no gender difference in interpersonal dependency among young adults, that is, both males and females have same level of interpersonal dependency, no gender difference is seen.
- Therefore, the hypothesis that there is no gender differences in interpersonal dependency among young adults is accepted.

DISCUSSION

Childhood traumas refer to adverse experiences or events that occur during a person's formative years, typically before the age of 18, which can have lasting psychological and emotional effects. These traumas often involve significant emotional, physical, or sexual abuse, neglect, or other forms of maltreatment

Interpersonal dependency refers to a psychological concept where an individual excessively relies on others for emotional support, validation, and decision-making. It can lead to difficulties in asserting oneself, setting boundaries, and maintaining healthy relationships.

HYPOTHESIS 1

H0: There is no relationship between childhood trauma and interpersonal dependency

O. C. Tolman, S.B. Tümer (2023) conducted a study on topic “difficulty in emotional regulation as a mediator between childhood traumas and interpersonal dependency” these study aims to determine the mediating effect of difficulty in emotional regulation in the relationship between childhood traumas and interpersonal dependency level of University students. The participants consisted of 458 University students. The study used the demographic information form, childhood traumas scale, difficulty in emotional regulation scale, and interpersonal dependency scale for data collection. This research is a descriptive study aiming to examine the relationship between childhood traumas, interpersonal dependency and difficulty in emotional regulation through relational screening and mediation analysis. Pearson correlation analysis results indicated that there are statistically significant and positive relationship between childhood traumas and interpersonal dependency. According to the findings of the mediating analysis difficulty in emotional regulation have an indirect mediation effect on the relationship between childhood traumas and interpersonal dependency.

Like wise the present study shows that there is a positive correlation between the variables childhood traumas and interpersonal dependency.

Therefore the hypothesis there is no relationship between childhood traumas and interpersonal dependency is rejected.

HYPOTHESIS 2

H0: There is no gender difference in childhood trauma among young adults

This shows that there is a gender differences in childhood traumas among young adults that is, both males and females have same level of childhood traumas, no gender difference is seen. The absence of gender differences in childhood traumas among young adults can be attributed to several factors. Firstly, within the studied population, both males and females may have been exposed to similar types and levels of childhood traumas, possibly due to shared family environments or societal influences affecting both genders equally. Similar coping mechanisms employed by both genders in response to childhood traumas could lead to comparable outcomes and levels of distress. This could be influenced by factors such as resilience, social support networks, and individual coping styles.

Therefore the hypothesis that there is no gender differences in childhood traumas among young adults is accepted

HYPOTHESIS 3

H0: there is no gender difference in interpersonal dependency among young adults.

Paul. E, Priyadarshini. N, conducted a study on topic “interpersonal dependency, assertiveness and self-efficacy in birth order among emerging adults” the aim of the study is Emerging adulthood (term coined by Jeffrey Arnett) is the period between 18-25 years, where an individual may neither be considered an adolescent, nor an adult. It is a period of Identity exploration, rise in self-efficacy and a greater sense of well- being. The present research study has attempted to understand and explore how interpersonal dependency, self-efficacy and assertiveness could differ based on birth order among emerging adults. The analysis of data from 180 participants revealed that there exists a significant negative relationship between self-efficacy and interpersonal dependency. The research also finds that there is exists no significant difference in the interpersonal dependency, assertiveness

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style, self-efficacy with respect to birth order among emerging adults. The individual differences in the assertiveness may be due to social learning or parenting style.

This shows that there is no gender difference in interpersonal dependency among young adults, that is, both males and females have same level of interpersonal dependency, no gender difference is seen.

Therefore, the hypothesis that there is no gender differences in interpersonal dependency among young adults is accepted.

CONCLUSION

The present study aims to find the relationship between childhood traumas and interpersonal dependency among young adults. From the study it is concluded that the childhood traumas and interpersonal dependency are significantly related. It indicates that the childhood traumas increase the interpersonal dependency also increases. That means the person go through tough times, they might grow up to depend more on others for support and connection.

In the present study it is concluded there is no gender differences in interpersonal dependency among young adults and there is no gender differences in childhood traumas among young adults.

Major Findings of the Study:

- Results shows that there is a significant relationship between childhood traumas and interpersonal dependency
- Results shows that there is no gender differences in childhood traumas among young adult.
- Results shows that there is no gender differences in interpersonal dependency among young adult.

Implication of the Study

The study shows that the relationship between childhood traumas and interpersonal dependency among young adults. The finding is showing that the childhood traumas and interpersonal dependency are equal level in young adults. Research suggests that there may not be significant gender differences in experiencing childhood traumas among young adults. This means that both males and females can face similar challenges and struggles during childhood that may impact them later in life. Firstly, the importance of recognizing the mental health needs of both genders. Mental health treatment and support services should be understood and caring to individuals of all genders who have experienced childhood trauma. Anyone can be affected by childhood trauma, we can promote open to other and encourage individuals to seek help without feeling ashamed. People's perceptions of childhood traumas in females and males can based on cultural, societal, and individual factors. The main stereotype that females are more experiencing certain types of traumas, such as emotional or relational abuse, while males are also experiencing physical abuse as research shows, it becomes clear that both genders can experience a wide range of traumas.

Research suggests that there may not be significant gender differences in interpersonal dependency among young adults. It means that both men and women show similar levels of dependence on others in their relationships. Focus on promoting healthy relationship dynamics without relying on traditional gender stereotypes. This might involve educational

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programs that emphasize communication skills, emotional intelligence, and mutual support, aiming to empower individuals to build strong, equitable relationships regardless of gender.

The study's findings regarding the relationship between childhood traumas and interpersonal dependency among young adults to help individuals process and heal from their childhood experiences, thereby reducing their dependency on others for emotional support, providing therapy or support programs.

Limitations of the Study

- Doubtfulness about the questionnaire may influence the result.
- Only one population was added in this study for the purpose of comparison.
- Honesty of the samples may be affected in the results.

Suggestions for the Future Study

- The future study can be including other socio demographic details such as economic status, family size, details about the income source, occupation etc.
- More sample size can be helpful in generalizing the result.
- In future study more qualitative data and analysis can be included.
- More variables can add for assess more detailed characteristics about the population.

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Conflict of Interest

The author(s) declared no conflict of interest.

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