IJEAST

INTERNATIONAL JOURNAL
OF ENGINEERING APPLIED SCIENCE
AND TECHNOLOGY

VOLUME : 7 ISSUE : 02 Print / Issue Publication Date: 05-Aug-2022

ISSN : 2455-2143

DOI : 10.33564/IJEAST.2022.v07i02.041

Indexed In

Google SCHOLAR OPEN ACCESS doi Crossref

WWW.IJEAST.COM

editor@ijeast.com

International Journal of Engineering Applied Sciences and Technology, 2022
Vol. 7, Issue 2, ISSN No. 2455-2143, Pages 263-268
Published Online June 2022 in IJEAST (http://www.ijeast.com)

CHILDHOOD TRAUMA AND PSYCHOLOGICAL ADJUSTMENT IN DAILY LIFE

Aakriti lohiya
New Delhi, India

***Abstract*- This literature review examines whether cognitive distortion and events in childhood have any relationship with psychological adjustment in adulthood or in daily life using various studies conducted in the area. Participants completed the Childhood Trauma Questionnaire, which assessed retrospective accounts of childhood trauma; the Cognitive Distortions Scale, which measured internal attributions and perceptions of controllability; and the attachment style questionnaire, which assessed the attachment attribute of their daily life. Results supported the hypothesis that events and cognitive distortion are related constructs. In other words, events in past influenced cognitive distortion, which in turn influenced the expression of symptoms in adults reporting a history of childhood trauma. The implications for therapy were considered. Some therapy methods that are best suited for the given disorder were also suggested. A self-help model is also suggested with its limitations given.**

***Key Words:* - Cognitive distortion, childhood trauma, attachments, therapy.**

I .INTRODUCTION

Since the early on there is a concern that adults may not be capable of transferring the skills they have gained in their lifetime due to some troubled past. Of greatest concern is whether adults are applying thinking to a topic and can apply them outside of school curricula without any hindering. These concerns have given rise to people studying the childhood trauma as an umbrella term. To demonstrate the childhood abuse and its harm in later life, many studies have been conducted which are successful, it has proven that the efforts in discussion of these experiences are not only low but they result in increase of the un easement of handling different situations in life.

The primary purpose of this review is to ascertain if there is compelling evidence that demonstrate majorly the relation of childhood trauma with psychological adjustment in adulthood and its subparts cognitive distortion and events in childhood also playing the role in it.

Childhood trauma, refers to a dangerous, violent, or life-threatening event that happens to a child (0-18 years of age). This type of event may also happen to someone your child knows and your child is impacted as a result of seeing or hearing about the other person being hurt or injured. When these types of experiences happen, your child may become very overwhelmed, upset, and/or feel helpless. These types of experiences can happen to anyone at any time and at any age; however, not all events have a traumatic impact. Childhood trauma is often described as serious adverse childhood experiences (ACEs). Children may go through a range of experiences that classify as psychological trauma; these might include neglect, abandonment, sexual abuse, emotional abuse, and physical abuse, witnessing abuse of a sibling or parent, or having a mentally ill parent. These events have profound psychological, physiological, and sociological impacts and can have negative, lasting effects on health and well-being such as unsocial behaviours, attention deficit hyperactivity disorder (ADHD), and sleep disturbances. Traumatic experiences during childhood causes stress that increases an individual's allostatic load and thus affects the immune system, nervous system, and endocrine system. Exposure to chronic stress triples or quadruples the vulnerability to adverse medical outcomes. Childhood trauma is often associated with adverse health outcomes including depression, hypertension, autoimmune diseases, lung cancer, and premature mortality. Childhood trauma can increase the risk of mental disorders including posttraumatic stress disorder (PTSD), attachment issues, depression, and substance abuse. Sensitive and critical stages of child development can result in altered neurological functioning, adaptive to a malevolent environment but difficult for more benign environments.

A traumatic event is a scary, dangerous, or violent event. An event can be traumatic when we face or witness an immediate threat to ourselves or to a loved one, and it is often followed by serious injury or harm. When this happens, it can cause emotions such as fear, loss, or distress. Sometimes people experience these types of strong negative emotions in reaction to the experience or because the person may not have the ability to protect or stop the event from happening. Reactions to a traumatic event can also have lasting effects on the individual's daily functioning including possible changes in a child's mental, physical, social, emotional, and/or spiritual health. For example, many families might need to relocate due to job changes, financial hardship, or military involvement. While these are fairly common occurrences for some families, they could have a lasting traumatic impact. It is also important to remember that all youth in foster care, independent of why they might have entered foster care, have experienced

International Journal of Engineering Applied Sciences and Technology, 2022
Vol. 7, Issue 2, ISSN No. 2455-2143, Pages 263-268
Published Online June 2022 in IJEAST (http://www.ijeast.com)

changes in caregivers and living situations, and it is important to take into consideration how these events may have made an impact. The relationship between trauma and mental illness was first investigated by the neurologist Jean Martin Charcot, a French physician who was working with traumatized women in the Salpetriere hospital. During the late 19th century, a major focus of Charcot's study was hysteria, a disorder commonly diagnosed in women. Hysterical symptoms were characterized by sudden paralysis, amnesia, sensory loss, and convulsions. Women comprised the vast majority of patients with hysteria, and at the time, such symptoms were thought to originate in the uterus. Until Charcot, the common treatment for hysteria was hysterectomy. Charcot was the first to understand that the origin of hysterical symptoms was not physiological but rather psychological in nature, although he was not interested in the inner lives of his female patients. He noted that traumatic events could induce a hypnotic state in his patients and was the first to "describe both the problems of suggestibility in these patients, and the fact that hysterical attacks are dissociative problems— the results of having endured unbearable experiences" (van der Kolk, Weise, & van der Hart, 1996, p. 50). In Salpetriere, young women who suffered violence, rape, and sexual abuse found safety and shelter, and Charcot presented his theory to large audiences through live demonstrations in which patients were hypnotized and then helped to remember their trauma, a process that culminated in the abrogation of their symptoms(Herman, 1992).

Psychological adjustment is the behavioural process by which humans and other animals maintain an equilibrium among their various needs or between their needs and the obstacles of their environments. A sequence of adjustment begins when a need is felt and ends when it is satisfied. Cognitive distortions are negative or irrational patterns of thinking. These negative thought patterns can play a role in diminishing your motivation, lowering your self-esteem, and contributing to problems like anxiety, depression, and substance use.

Attachment is an emotional bond with another person. Bowlby believed that the earliest bonds formed by children with their caregivers have a tremendous impact that continues throughout life. He suggested that attachment also serves to keep the infant close to the mother, thus improving the child's chances of survival.

II. SOME STUDIES INVOLVED IN THE FIELD OF HYPOTHESIS

In this study conducted by(Hyu Jung Huh, 2016)**,** A total of 325 outpatients diagnosed with depression and anxiety disorders completed questionnaires on socio-demographic variables, different forms of childhood trauma, and current interpersonal problems. The Childhood Trauma Questionnaire (CTQ) was used to measure five different forms of childhood trauma (emotional abuse, emotional neglect, physical abuse, physical neglect, and sexual abuse) and the short form of the Korean-Inventory of Interpersonal Problems Circumplex Scale (KIIP-SC) was used to assess current interpersonal problems. They dichotomized patients into two groups (abused and non-abused groups) based on CTQ score and investigated the relationship of five different types of childhood trauma and interpersonal problems in adult patients with depression and anxiety disorders using multiple regression analysis. This resulted indifferent types of childhood abuse and neglect appeared to have a significant influence on distinct symptom dimensions such as depression, state-trait anxiety, and anxiety sensitivity. In the final regression model, emotional abuse, emotional neglect, and sexual abuse during childhood were significantly associated with general interpersonal distress and several specific areas of interpersonal problems in adulthood. No association was found between childhood physical neglect and current general interpersonal distress. The study, although was unable to find relation between childhood neglect aka attachment to interpersonal distress aka psychological adjustment in life. This study partially supported our hypothesis of finding the relation between childhood trauma and psychological adjustment in real life.

This study was conducted by (Mona K Shahab, 2021) in which it was shown that In a total of 2035 adults aged 18–65, they investigated whether childhood maltreatment was associated with insecure adult attachment styles and the quality of intimate relationships and whether this was mediated by depression, anxiety, and alcohol dependence severity (based on repeated assessments of the Inventory of Depressive Symptomatology-Self Report, Beck Anxiety Index, and Alcohol Use Disorders Identification Test respectively). The path model showed an acceptable fit, RMSEA = 0.05, and suggested full mediation of the association of childhood maltreatment with quality of intimate relationships by depression severity and a) anxious attachment ($\beta = -4.0 * 10-2$; 95% CI = $-5.5 * 10-2, -2.7 * 10-2$) and b) avoidant attachment ($\beta = -7.2 * 10-2$; 95% CI = $-9.6 * 10-2, -4.9 * 10-2$). Anxiety and alcohol dependence severity were not significant mediators. Conclusions was that Childhood maltreatment is associated with a lower quality of intimate relationships, which is fully mediated by depression severity and insecure attachment styles. The study fully supports our hypothesis as it resulted in a connection between childhood trauma and psychological adjustment in daily life. The study had its limitations as childhood maltreatment is an umbrella term, which in a way is not directly linked to childhood trauma as childhood trauma is subjective.

This study was conducted by (Lining Sun, 2021) in which One hundred and sixty-five individuals (37 males, 125 females, and 3 who did not provide gender information) currently in romantic relationships were recruited for a study of relationships and health. They ranged in age from 18 to 34 years (M = 19.45, SD = 2.34). Relationship length

ranged from 18 days to 11.36 years (M = 1.53 years, SD = 1.57). Participants received credit toward their introduction to psychology course (44.8%), pay (27.9%), or a combination of credit and pay (27.3%). Paid participants received $5 and $20, respectively, for completing an initial online survey and each of two follow-up surveys. Of the sample, 81.8% were European American/White, 12.1% were Asian, 7.3% were African American/Black, 1.2% were Native American/Alaska Native; 6.7% self-identified as Hispanic/Latino of any race. One hundred and forty-three participants (87%) completed a 2-month follow-up survey. This sample size provides more than 80% power to detect an effect size of f2 = 0.06 (Perry et al., 2007) at $\alpha = 0.05$ according to G∗Power 3.1 (Faul et al., 2007). The study was approved by an Institutional Review Board at The Ohio State University. The results were consistent with the hypothesis of the study that CEM undermines prosocial intentions toward partners over time, which undermines relationship quality. Furthermore, exploratory analyses corroborated previous findings that CEM predicts dissolution of relationships (Mullen et al., 1996) and supported the idea that declining compassionate goals may explain this association. The results of Study supported the hypothesis that CEM predicts decreased compassionate goals over 2 months, which in turn predicts simultaneous decreased relationship quality. This study fully supports our hypothesis and also give us the idea that about people in different races, ethnicities and culture and their views on the hypothesis which in turn provides us a bonus point in it.

This study was conducted by (AkikoSuzukia, 2014), in which involved 17 healthy participants with and 24 without a history of childhood trauma; and 21 depressed patients with and 18 without a history of childhood trauma. Salivary cortisol was measured before, during and after participants were shown affectively laden images, including standardised scenes from the International Affective Picture System and also images suggestive of childhood abuse. Cortisol stress reactivity to the passive image viewing was compared between groups. In those who had experienced childhood trauma, cortisol stress responses were overall low and the same in those who were depressed and those who were not (mean stress reactivity variable – depressed: 0.8 nmol/l; non-depressed: 0.72 nmol/l). In contrast, cortisol stress reactivity was raised in depressed subjects relative to those who were not depressed in those without a history of childhood trauma (mean stress reactivity variable – depressed: 3.75 nmol/l; non-depressed: 0.1 nmol/l). A history of childhood trauma has longstanding effects on adulthood cortisol responses to stress, particularly in those depressed individuals with a history of childhood trauma show blunted cortisol responses. However, there were no differences between abused depressed and abused non-depressed subjects on cortisol stress responses, suggesting that such a finding does not explain subsequent susceptibility to depression. On the other hand, patients who experience depression without a history of childhood trauma show enhanced cortisol stress reactivity, which could help explain the aetiology of their depressive illnesses. Differences between the current findings and those using other pharmacological and stress challenge paradigms may relate to the type of stimuli used and to dysfunction at different levels of the hypothalamic–pituitary–adrenal (HPA) axis. This study does not even partially supports our hypothesis but it does introduce us to a new branch that stress level in both the participants were high.

This study was conducted by (Caron Zlotnick, 2007)**,** in which The Chile Psychiatric Prevalence Study was based on a household-stratified sample of people defined by the health service system to be adults (15 years and older). The study was designed to represent the population of the country. This analysis is limited to 3 geographically distinct provinces, chosen as being representative of the distribution of much of the population: Santiago, Conception, and Iquique. The capital city, Santiago, accounts for one third of the nation's population. Concepción is located in the central region of Chile and is its second largest city. Iquique is in the north of the country and is a desert region, with isolated towns. The population of Chile is mainly urban dwellers. The Diagnostic Interview Schedule (DIS) based on DSM, Revised Third Edition (DSM-III-R), diagnostic criteria were used to assess PTEs, lifetime PTSD, and antisocial personality disorder. The DIS PTE question is as follows: "A few people have terrible experiences that most people never go through—things like being attacked (if female: or raped), being in a fire or flood or bad traffic accident, being threatened with a weapon, or seeing someone being badly injured or killed. Did something like this ever happen to you?" If the person answers no, then he or she is asked: "Did you ever suffer a great shock because something like that happened to someone close to you?" The event was then categorized into 1 of 11 categories: military combat, rape, physical assault, seeing someone hurt or killed, disaster, threat, narrow escape, sudden injury/accident, news of a sudden death or accident, other event (eg, kidnapping, torture), or other's experience. Information on age at the time of the event and symptoms as a result of the event were also collected. Overall, the present study suggests that exposure to a PTE is associated with a higher probability of psychiatric morbidity than no history of a PTE. More specifically, this study found that exposure at any age, that is, in childhood or adulthood, compared with no exposure to a PTE was significantly related to higher rates of a psychiatric disorder as well as dysthymic disorder, panic disorder, alcohol or drug use disorder, and antisocial personality disorder. Examining differences in prevalence rates of disorders between a PTE first experienced in childhood and one experienced in adulthood, this study found that, controlling for significant demographic variables among the 3 groups, panic disorder, agoraphobia, and any diagnosis were significantly more likely to be associated

with childhood onset of a PTE than adult onset of a PTE. In addition, PTSD and agoraphobia were found to be significantly related to childhood rape and physical abuse relative to these experiences in adulthood. All 3 diagnoses (ie, panic disorder, agoraphobia, and PTSD) involve strong autonomic arousal, fear response, and fight-flight action tendencies. Early experiences with uncontrollable stressful events may lead to perceptions of lack of control and helplessness; vulnerability factors for the development of these disorder. As the study is cross cultural there may be a slight hinder in its universal application, which is its only limitation. This study entirely and abundantly supports our hypothesis as this study subjectively mentions childhood trauma and psychological disorders in later life and their relation with the mention of anxiety and attachment related disorders.

This study was performed by (Browne, 2007).This study examined whether adult attachment and cognitive distortion mediate the relationship between childhood trauma and psychological adjustment. The participants were 219 students (40 men and 117 women) enrolled in a university degree. Participants completed the Childhood Trauma Questionnaire, which assessed retrospective accounts of childhood trauma; the Relationships Scales Questionnaire, which measured two dimensions of adult attachment (model-of-self and model-of-other); the Cognitive Distortions Scale, which measured internal attributions and perceptions of controllability; and the Trauma Symptom Inventory, which assessed posttraumatic symptoms and was used in this study to measure psychological adjustment. Results supported the hypothesis that model-of-self and cognitive distortion are related constructs. The influence of model-of-self on psychological adjustment however was only via its effect on cognitive processes. In other words, a negative model-of-self influenced cognitive distortion, which in turn influenced the expression of symptoms in adults reporting a history of childhood trauma. The implications for therapy were considered**.** This study fully supports our hypothesis as we stated that cognitive distortion and childhood trauma both combines for a fact which later leads disturbance in psychological adjustments in daily life activities. This study supports our hypothesis as this study subjectively and fully mentions childhood trauma and psychological disorders in later life and their relation with the mention of anxiety and attachment related disorders with giving cognitive distortions a priority.

III. CONCLUSION AND NEED FOR ADDITIONAL RESEARCH

At this point, the evidence is mixed concerning different experiences in different cultures thus endangering its universal application, therefore, the usefulness of critical thinking instruction. The confounded state of research into the subject stems from fundamental disagreement about what is meant by childhood trauma and what comes in it. Some of the evaluation instruments childhood trauma as a subjective term and do not care for the terms versatility. They are unable to account neither for "wrong" answers nor for "right" answers that might be reached through these studies. The evidence also demonstrates the limitations of these studies as a tool to explore these problems. I am most persuaded by the study that defines childhood trauma as requiring both contents. I do, also, acknowledge that different fields privilege different epistemologies, but I do not think that this discredits the existence of our hypothesis and am wary about reifying subject domains. Clearly additional research is needed. Generally emphasis should shift from the childhood trauma being independent to the evaluation of it. Detailed research is needed in the field in order to ascertain if they are actually measuring differentphenomena. Ways of studying them is needed to be created to ascertain whether or not these characteristics have been inculcated through a broader view. More quantitative and qualitative studies are needed to amass sufficient data for macroanalysis. Furthermore the self-help model that I would like to suggest is based on positive psychology. Positive psychology is a scientific approach to studying human thoughts, feelings, and behaviour, with a focus on strengths instead of weaknesses, building the good in life instead of repairing the bad, and taking the lives of average people up to "great" instead of focusing solely on moving those who are struggling up to "normal" (Peterson, 2008). "Positive psychology is the scientific study of what makes life most worth living" (Peterson, 2008). The model I would suggest is the PERMA model. It is P – Positive Emotions: - Part of wellbeing is enjoying yourself in the moment, i.e., experiencing positive emotions; E – Engagement: Having a sense of engagement, in which we may lose track of time and become completely absorbed in something we enjoy and excel at, is an important piece of wellbeing; R – (Positive) Relationships: Humans are social creatures, and we rely on connections with others to truly flourish; M – Meaning: When we dedicate ourselves to a cause or recognize something bigger than ourselves, we experience a sense of meaning that there is simply no replacement for; A – Accomplishment / Achievement: We all thrive when we are succeeding, achieving our goals, and bettering ourselves. Without a drive to accomplish and achieve, we are missing one of the puzzle pieces of authentic wellbeing (Seligman, 2011). The therapy is needed for persons having experienced these disorders. Some of the useful therapies might the CBT, SFBT, Client centred therapy and whichever is most suitable for the subject. The therapies and self-help model are subjective and are not universal and do not have unrestricted application.

IV.REFERENCES

[1]. Akiko Suzuki, Lucia Poon, Andrew S. Papadopoulos, Veena Kumari, Anthony J. Cleare, Long term effects of childhood trauma on cortisol stress reactivity in

adulthood and relationship to the occurrence of depression, Psychoneuroendocrinology, Volume 50, 2014, Pages 289-299, ISSN 0306-4530, https://doi.org/10.1016/j.psyneuen.2014.09.007.

[2]. Browne, C., & Winkelman, C. (2007). The Effect of Childhood Trauma on Later Psychological Adjustment. Journal of Interpersonal Violence, 22(6), 684–697. https://doi.org/10.1177/0886260507300207

[3]. Zlotnick, C., Johnson, J., Kohn, R., Vicente, B., Rioseco, P., & Saldivia, S. (2008). Childhood trauma, trauma in adulthood, and psychiatric diagnoses: results from a community sample. Comprehensive psychiatry, 49(2), 163–169. https://doi.org/10.1016/j.comppsych.2007.08.007

[4]. Huh, H. J., Kim, S. Y., Yu, J. J., & Chae, J. H. (2014). Childhood trauma and adult interpersonal relationship problems in patients with depression and anxiety disorders. Annals of general psychiatry, 13, 26. https://doi.org/10.1186/s12991-014-0026-y

[5]. Sun, L., Canevello, A., Lewis, K. A., Li, J., & Crocker, J. (2021). Childhood Emotional Maltreatment and Romantic Relationships: The Role of Compassionate Goals. Frontiers in psychology, 12, 723126. https://doi.org/10.3389/fpsyg.2021.723126

[6]. Shahab, M. K., de Ridder, J. A., Spinhoven, P., Penninx, B., Mook-Kanamori, D. O., & Elzinga, B. M. (2021). A tangled start: The link between childhood maltreatment, psychopathology, and relationships in adulthood. Child abuse & neglect, 121,105228.https://doi.org/10.1016/j.chiabu.2021.105228

[7]. ChildTrauma[2017,312.503.9990]https://cctasi.northwestern.edu/child-trauma/#:~:html

[8]. Basham, K., &Miehls, D. (2006). Transforming the legacy: Couple therapy with survivors of childhood trauma. New York: Columbia University Press.

[9]. Caplan, G. (1961). An approach to community mental health. New York: Grune& Stratton.

[10]. Courtois, C. (2004). Complex trauma, complex reactions: Assessment and treatment. Psychotherapy: Theory, Research, Practice, Training, 41(4), 412–425.

[11]. Diamond, D. (2004). Attachment disorganization: The reunion of attachment theory and psychoanalysis. Psychoanalytic Psychology, 21(2), 276–299.

[12]. Everly, G., & Mitchell, J. (1999). Critical incident stress management (CISM): A new era and standard of care in crisis intervention. Ellicott City, MD: Chevron.

[13]. Ferenczi, S. (1955). The confusion of tongues between the adult and the child: The language of tenderness and the language of passion. In M. Balint (Ed.), Final contributions to the problems and methods of psychoanalysis (pp. 156–167). New York: Brunner/Mazel. (Original work published 1933)

[14]. Figley, C. (1978). Stress disorders among Vietnam veterans: Theory, research and treatment implications. New York: Brunner/Mazel.

[15]. Fisher, J., & Ogden, P. (2009). Sensorimotor psychotherapy. In C. Courtois & J. Ford (Eds.), Treating complex traumatic stress disorders: An evidence based guide (pp. 312–328). New York: Guilford

[16]. Russell, D. (1984). Sexual exploitation: Rape, child sexual abuse, and sexual harassment. Beverly Hills, CA: Sage.

[17]. Schore, A. (2003). Early relational trauma, disorganized attachment and the development of predisposition to violence. In M. Solomon & D. Siegel (Eds.), Healing trauma: Attachment, mind, body, and brain (pp. 107–167). New York: Norton.

[18]. Seery, M., Silver, R., Holman, A., Ence, W., & Chu, T. (2008). Expressing thoughts and feelings following a collective trauma: Immediate responses to 9/11 predict negative outcomes in a national sample. Journal of Counseling and Clinical Psychiatry, 76(4), 657–667.

[19]. Segal, Z., Williams, J., & Teasdale, J. (2002). Mindfulness based cognitive therapy for depression: A new approach to preventing relapse. New York: Guilford.

[20]. Shalev, A., &Ursano, R. (1990). Group debriefing following exposure to traumatic stress. In J. E. Lundeberg, U. Ott, & B. Rybeck (Eds.), War medical services (pp. 192–207). Stockholm, Sweden: ForsvaretsForskningsanstalt.

[21]. Shay, J. (1994). Achilles in Vietnam: Combat trauma and the undoing of character. New York: Atheneum

[22]. Britannica, T. Editors of Encyclopaedia (2018, July 12). Adjustment. Encyclopedia Britannica. https://www.britannica.com/science/adjustment-psychology

[23]. Cognitive Distortions [Elizabeth Hartney November 13, 2021]https://www.verywellmind.com/ten-cognitive-distortions-identified-in-cbt-22412#

[24]. .,Pennebaker, J.W. &Susman, J.R. (1988). Disclosure of traumas and psychosomatic processes. Social Science and Medicine, 26, 327-332.

[25]. Attachment processs [Kendra cherry May 02,2022]https://www.verywellmind.com/what-is-attachment-theory-2795337

[26]. Aknin, L. B., Norton, M. I., & Dunn, E. W. (2009) From wealth to well-being? Money matters, but less than people think, The Journal of Positive Psychology, 4, 523-527.

[27]. Barraza, J. A., & Zak, P. J. (2009). Empathy towards strangers triggers oxytocin release and subsequent

generosity. Annals of the New York Academy of Sciences, 1167, 182-189.

[28]. Baumeister, R. F., Vohs, K. D., Aaker, J., &Garbinsky, E. N. (2012). Some key differences between a happy life and a meaningful life. Journal of Positive Psychology, 8, 505-516.

[29]. Del Valle, C. H. C., &Mateos, P. M. (2008). Dispositional pessimism, defensive pessimism and optimism: The effect of induced mood on prefactual and counterfactual thinking and performance. Cognition & Emotion, 22, 1600-1612.

[30]. Dillard, A. J., Midboe, A. M., & Klein, W. M. P. (2009). The dark side of optimism: Unrealistic optimism about problems with alcohol predicts subsequent negative event experiences. Personality & Social Psychology Bulletin, 35, 1540-1550.

IJEAST

INTERNATIONAL JOURNAL
OF ENGINEERING APPLIED SCIENCE
AND TECHNOLOGY

ABOUT IJEAST

International Journal of Engineering Applied Science and Technology (IJEAST) is a peer-reviewed, open access journal that publishes high-quality research papers in the field of Engineering, Applied Science and Technology.

IJEAST aims to provide a platform for researchers, academicians, and professionals to share their innovative ideas, research findings, and practical experiences with the global scientific community.

FOCUS AREAS

- Engineering
- Applied Science
- Technology
- Innovation & Development
- Interdisciplinary Studies

PEER REVIEWED
All submissions are rigorously peer reviewed to ensure quality.

OPEN ACCESS
Free and unrestricted access to research for all.

GLOBAL REACH
Connecting researchers and professionals worldwide.

TIMELY PUBLICATION
We ensure a swift and efficient publication process.

For more information, visit our website
www.ijeast.com

INTERNATIONAL JOURNAL
OF ENGINEERING APPLIED SCIENCE
AND TECHNOLOGY

editor@ijeast.com
www.ijeast.com
India

2455-2143