



# "Exploring The Psychological Impact: Depression, Anxiety, Fear of Happiness, And Dysfunctional Attitudes In Nursing Students With Childhood Trauma History"

Neeta Austin Singha<sup>1</sup>, Dr. Navita Gupta<sup>2\*</sup>, Dr. Sandeep Kumar Goyal<sup>3</sup>

<sup>1</sup>PhD Scholar, "Chitkara School of Health Sciences", "Chitkara University, Punjab, India"

<sup>2\*</sup>Associate Professor, "Department of Allied Health Sciences", "Chitkara School of Health Sciences Chitkara University", Punjab, India"

<sup>3</sup>Senior Consultant", "Department of Psychiatry", "SPS Hospitals", Ludhiana, Punjab, India"

**Citation:** Neeta Austin Singha (2024) "Exploring the Psychological Impact: Depression, Anxiety, Fear Of Happiness, And Dysfunctional Attitudes In Nursing Students With Childhood Trauma History" *Educational Administration: Theory And Practice*, 30(4), 3021-3030  
Doi: 10.53555/kuey.v30i4.1974

## ARTICLE INFO

## ABSTRACT

**Background:** Childhood trauma can impact mental wellness and general well-being in a negative way of a person. Students in nursing, who are about to begin on a career that involves providing care for others, can be more susceptible to the consequences of childhood trauma. In this research, nursing learners with a record of childhood trauma will have their levels of despair, nervousness, fear of joy, and dysfunctional attitudes measured. We can pinpoint possible areas for assistance and intervention by comprehending the psychological effects of childhood trauma on this particular group, which will eventually improve the mental wellness results for students studying nursing.

**Aim:** The objective is to determine the prevalence of anxiety, depression, fear of happiness, as well as dysfunctional attitudes in nursing students who have experienced childhood trauma and to investigate the correlation between these factors.

**Method:** A cross-sectional study was done on 859 nursing students who had a record of Childhood disturbance. The study was conducted in Ludhiana, Punjab, India from October 2021 to January 2022. The data were collected with CTQ, PHQ-9, Zung Self-rating anxiety scale, Fear of Happiness Scale, and Dysfunctional Attitudes Scale-Short Form and were analyzed using SPSS version 25.

**Results:** The majority of students had symptoms of depression, anxiety, fear of happiness, and dysfunctional attitudes with a prevalence rate of 81%, 78%, 43%, and 87% respectively.

**Conclusion:** The researcher found that among those studying nursing with a history of childhood trauma, there are significant rates of anxiety, depressive disorders, and dysfunctional attitudes. This provides a catalyst for curriculum changes in nursing programs and recommends additional studies to assist aspiring nurses in protecting their mental health.

**Keywords:** Depression, anxiety, fear of happiness, dysfunctional attitudes, childhood trauma.

## Introduction:

Childhood trauma (CT) refers to harmful or potentially harmful behaviors directed toward minors, encompassing physical, sexual, and emotional harm. Various forms of CT include emotional, physical, sexual abuse and emotional neglect and physical neglect. This pervasive issue poses a significant global threat, with approximately one in two children worldwide experiencing some form of CT (Hillis, Mercy, Amobi, & Kress, 2016). Its effect can be long-lasting, contributing to challenges in work and relationships, as well as academic underachievement, and mental health issues (Abbasi, Saeidi, Khademi, & Hoseini, 2015; Chapman et al., 2004).

The abuse and neglect of children is a serious public health issue that has long-term detrimental effects on social, psychological, and health outcomes (Norman et al., 2012a). CT is also associated with depression (Kuzminskaite, Vinkers, Milaneschi, Giltay, & Penninx, 2022; Negele, Kaufhold, Kallenbach and Leuzinger-Bohleber, 2015), anxiety (Kuzminskaite et al., 2022), fear of happiness (FOH) (Şar, Türk, & Öztürk, 2019), and dysfunctional attitudes (Akbaba Turkoglu, Essizoglu, Kosger, & Aksaray, 2015; Jugessur et al., 2021).

Depression, a prevalent mental health condition, impacts individuals of all ages worldwide. About 350 million individuals globally experience this disorder, with the World Health Organization identifying it as the foremost cause of disability worldwide. Among populations at risk for depression and suicide, particularly vulnerable are females between 15 to 29 years of age (Van de Velde, Bracke, & Levcque, 2010). Nursing students are included in this group. Additionally, there is strong evidence linking CT to the development and recurring of depressive disorders (Chapman et al., 2004; Ferguson & Dacey, 1997; Lok et al., 2013; Nanni, Uher, & Danese, 2012).

An undesirable state of mind that includes tension, concern, and physical excitement and can arise in people for a variety of causes is called anxiety. The expectation of a threat, whether real or imagined, is known as anxiety, whereas fear is a person's emotional reaction to anything they perceive as an impending or potential threat (Penninx, Pine, Holmes, & Reif, 2021). Anxiety and depression are the most frequently assessed effects of CT in a general and clinical population (Rodney et al., 2021).

Positive feelings like pleasure, joy, affection, and security are not always pleasurable and can even be frightening, according to a growing body of research (Gilbert, McEwan, Catarino, Baião, & Palmeira, 2014). For example, some people cannot feel joy or happiness, while others may find it terrifying to feel happy or joyful and would prefer not to (Beblo et al., 2012). This phenomenon, known as fear of happiness (FOH), has been studied in research on severe depression, stress, or self-criticism (Yıldırım & Aziz, 2017). Joshanloo (Differences & 2013, 2013) claims that FOH is a reasonably stable belief area with potentially important real-life consequences. Those who suffer from FOH think that pleasure and joy are the root causes of negative events in their lives. Stated differently, these individuals question the search for happiness and moral principles (Joshanloo, 2018). This conception holds that people repress their genuine happy emotions to prevent negative outcomes that they believe such happy emotions may bring about (Yıldırım & Aziz, 2017).

It is believed that people's reactions to life experiences have an impact on their quality of life and that experiencing traumatic events can have detrimental and impairing effects. For example, a person going through a traumatic experience frequently feels helpless and afraid (Torres, 2013). There are, however, few investigations on the connection between FOH and early trauma. There is a connection between childhood trauma & FOH between college students, according to Sar et al. (Şar et al., 2019). There is not much proof right now that nursing students who have experienced childhood trauma are afraid of happiness.

Stressful experiences all through early life can have an impact on sadness in maturity, indicating that a variety of mechanisms may exist and evolve over time to moderate this effect. Several psychological variables, such as dysfunctional attitudes, regulation of emotions, personality characteristics, and regulation of emotions (Schulz et al., 2017), modulate the relationship between childhood trauma and adult depression. More dysfunctional attitudes are typically reported by those who have gone through more bad experiences in life (Young, LaMontagne, Dietrich, & Wells, 2012). These attitudes are shaped by cognitive distortions that gradually develop from negative childhood experiences. Dysfunctional attitudes are triggered by stressors, such as CT, leading to distorted and extreme cognitive change. While depression is well-documented among persons with a history of CT, there is limited research on the presence of dysfunctional attitudes among survivors of CT, especially among nursing students.

CT profoundly affects individuals due to its widespread occurrence and enduring effects. This impact is particularly noteworthy for nurses, who are tasked with providing care to others. Nurses are involved in all aspects of care, from preventive measures to end-of-life support, making them pivotal in mitigating the adverse effects of trauma for those with a history of it. However, nurses themselves are not immune to trauma and its repercussions. Given the known prevalence and the documented adverse effects linked with CT, there is an urgent call for studies that can shed light on the comprehensive extent and harshness of its impact on nursing students. These nursing students hail from communities where the prevalence of CT is well-documented. More research is necessary to improve the understanding of whether this group has a history of CT and to what degree this trauma has impacted their mental well-being. Recognizing the impact of infancy trauma on nurses can significantly shape their approach to patient care. Exploring the link between CT and depression, anxiety, fear of happiness, and dysfunctional attitudes can provide insights and suggest interventions. This study seeks to investigate this relationship by addressing the next questions:

- What are the levels of depression, anxiety, fear of happiness, and dysfunctional attitudes among nursing students with a history of childhood trauma?
- Is there any relationship that exists between these variables?

This study intentions to improve the knowledge of the relationship between childhood trauma & various adult psychological consequences in the nursing community. This is significant because it gives a greater understanding of the mental health conditions that may be most common among students in nursing with a history of traumatic childhood experiences.

## **2. Methods**

### **2.1 Design:**

It was a descriptive and cross-sectional study and was conducted between March 2021 to October 2021.

### **2.2 Aims & Objectives:**

- To determine the prevalence of depression, anxiety, fear of happiness, and dysfunctional attitudes among nursing students with a history of Childhood trauma and
- To investigate the correlation between these variables.

### **2.3 Participants:**

The study enrolled nursing students from nine different nursing colleges in the Ludhiana district of Punjab using a multistage sampling method. Initially, a survey was conducted to screen 1347 nursing students for CT. Twenty-one incomplete data sheets were discarded, leaving 1326 students for the analysis of CT prevalence. Out of 1326 nursing students, 861 students (65%) had a history of CT based on a cut-off score (>35). To determine the degrees of depression, anxiety, fear of happiness, and dysfunctional attitudes, all students who scored higher than 35 on the CTQ were contacted for the second screening phase. Informed consent was obtained from 859 students who had a history of CT, and they were then recruited.

### **2.4 Data Collection Tools:**

It was done using the sociodemographic information form, CTQ, PHQ-9, Zung self-reporting anxiety scale, fear of happiness scale, and dysfunctional attitudes scale-short form.

#### **2.4.1 Sociodemographic information form:**

Data like age, gender, year of study, place of living, type of family, religion, family income, history of alcohol use, & family history of mental disorders were included in the form.

#### **2.4.2 CTQ:**

The incidence of childhood trauma among nursing students was evaluated using the Childhood Trauma Questionnaire, a standardized instrument (Bernstein, Fink, & 1998, n.d.). A 28-item screening instrument called the CTQ is used to find out if children older than 12 have experienced neglect or abuse in the past. It evaluates five different forms of trauma exposure, including emotional, physical, and sexual abuse as well as emotional and physical neglect. This tool was used during the first stage of the study i.e., screening for CT among nursing students and the details of the result were communicated in the previous manuscript.

#### **2.4.3 PHQ-9:**

A nine-item self-reporting measure is used for assessing depression severity. The possible scores were 0–27. Kroenke and Spitzer created the PHQ-9, a self-reporting tool with nine measures intended for depression screening (Kroenke, Spitzer, & Williams, 2001). Every item on the list corresponded to a major depression diagnostic criterion. Using the following alternatives, respondents indicate whether each symptom was present during the previous two weeks. In the current investigation, a threshold score of five or above was deemed representative of the prevalence of depression.

#### **2.4.4 Zung Self-Rating Anxiety Scale:**

Zung MD (1929–1992) developed this self-report measure, which has 20 items—15 favorably expressed and 5 negatively stated—and it was published in 1971. Responses from the participants were divided into four

categories: sometimes, occasionally, mostly, and a substantial portion of the time. Scores can go up to 80 overall. The ones with negative statements received a reversed score. The self-reporting method used a 4-point Likert scale to gauge anxiety levels. The scores fall between 25 and 100. Slightly or not at all = 1. Sometimes = 2. The majority of the time = 3. For the most part, = 4. In this investigation, a threshold score of 45 or above was deemed representative of the prevalence of anxiety.

#### **2.4.5 Fear of Happiness Scale:**

This five-item self-report calculation was developed by Joshanloo (Joshanloo, 2013). The fear of happiness was measured using a seven-point Likert scale and five items. Scores were between 7 and 35. For the present study, a cutoff score of 14 and higher was considered indicative of “fear of happiness” prevalence.

#### **2.4.6 Dysfunctional Attitudes Scale-Short Form:**

DAS-SF is a 4-point Likert scale to measure negative cognition (Beevers, Strong, Meyer, Pilkonis, & Miller, 2007). The total items were 9 and the score ranged from 9-36 in which a greater score indicated a more dysfunctional attitude. To evaluate the prevalence of dysfunctional attitudes among respondents 18 was taken as the cut-off point.

#### **2.5 Data collection:**

Students were told about the study and given study forms if they wanted to take part in it, once the study received institutional and ethical approval. With the permission of the relevant authorities, the data were gathered in the classrooms. The forms were completed by the pupils in around twenty to thirty minutes.

#### **2.6 Data Analysis:**

MS Excel was used for data entry, and SPSS version 25, was used for analysis. Numbers (percentages) were used to characterize the variables. The scales' reliability was examined using the Cronbach's alpha coefficient. The Kolmogorov-Smirnov test was used to check for normal distribution. The two-tailed Pearson correlation analysis was used. A value of  $P < 0.05$  was used to check for statistical significance. Ethical clearance was obtained from the Institutional Ethics Committee (IEC).

### **3. Results**

#### **3.1 Demographic data:**

Table 1 shows the analysis of 859 participants. Most participants (56.9%) were 18-20 years old, females (79.2%), first-year students (31.1%), and hostelers (57.9%). Approximately 62% of the participants lived in nuclear families, and around 38% of the participants were from the Hindu religion. Most students (35.7%) had a family income between 10001 to 30000 Rs per month. The majority of participants (89.2%) reported no use of alcohol, and there was no family history of mental illness in 94.8% of the respondents' families.

#### **3.2 Prevalence of depression, anxiety, fear of happiness, and dysfunctional attitudes:**

Figure 1 presents the prevalence of the above variables and Table 2 describes the different levels of severity of these variables. The prevalence rates for depression, anxiety, fear of happiness, and dysfunctional attitudes were 81%, 78%, 43%, and 87%, respectively.

#### **3.3 Correlation between variables:**

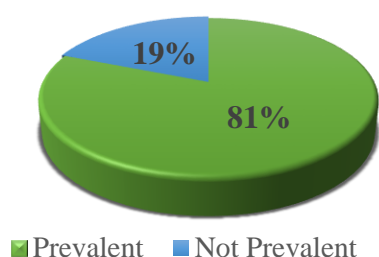
Table 03 presents the correlation between childhood trauma and its subtypes with other variables i.e., depression, anxiety, fear of happiness, and dysfunctional attitudes. There was no relationship found between CT and depression, anxiety, and dysfunctional attitudes ( $r=0.027, 0.037, 0.012$  respectively). The relationship between emotional abuse and fear of happiness ( $r=0.096, p=0.005$ ) was found to be statistically significant. Depression, fear of happiness, and dysfunctional attitudes were also correlated significantly with each other. There were mild to moderate correlations found between the various forms of CT. Physical and emotional neglect showed the strongest connections ( $r=0.404, p \leq 0.001$ ) with each other.

**Table 1: Demographics of study participants**

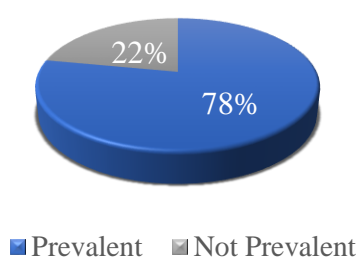
Variables	Sub-Variables	Frequency (n)	Percentage (%)
Age (years)	18- 20	489	56.9
	≥ 21	370	43.1

Gender	Male	179	20.8
	Female	680	79.2
Year of Training	First	267	31.1
	Second	237	27.6
	Third	179	20.8
	Fourth	176	20.5
Place of living	Hosteler	497	57.9
	Day Scholar	362	42.1
Type of Family	Joint	295	34.3
	Nuclear	532	61.9
	Single parent family	32	03.7
Religion	Hindu	324	37.7
	Muslim	153	17.8
	Sikh	254	29.6
	Christian	128	14.9
Family income (Monthly)	Less than 10000	250	29.1
	10001-30000	307	35.7
	30001-50000	189	22.0
	50001-01 lakh	113	13.2
History of alcohol use	Yes	93	10.8
	No	766	89.2
Family history of mental illness	Yes	45	05.2
	No	813	94.8

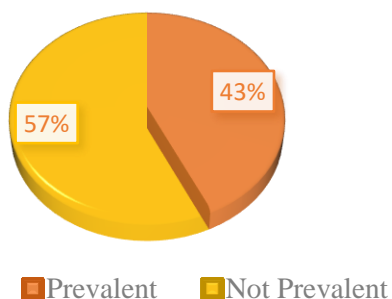
Prevalence of Depression



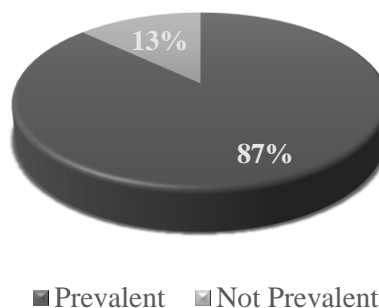
Prevalence of Anxiety



Prevalence of Fear of Happiness



Prevalence of Dysfunctional Attitude



**Figure 1: Prevalence of depression, anxiety, fear of happiness, and dysfunctional attitude among nursing students with a history of CT.**

**Table 2: Prevalence of depression, anxiety, fear of happiness, and dysfunctional attitudes among nursing students with a history of CT**

Variables	Levels (scores)	Frequency	%
Depression	No depression (0-04)	163	19.0
	Mild depression (05-09)	257	29.9
	Moderate depression (10-14)	231	26.9
	Moderately severe depression (15-19)	150	17.5
	Severe depression (20-27)	58	06.7
Anxiety	Normal Range/ no anxiety (<45)	189	22.0
	Mild to moderate anxiety levels (45-59)	424	49.4
	Marked to Severe Anxiety Levels (60-74)	204	23.7
	Extreme Anxiety levels (75-100)	42	04.9
Fear of Happiness (FOH)	Low FOH (07-16)	354	41.2
	Moderate FOH (17-26)	351	40.8
	High FOH (27-35)	154	18.0
Dysfunctional Attitudes (DA)	Low DA (09-18)	110	13.0
	Moderate DA (19-27)	583	68.0
	High DA (28-36)	166	19.0

**Table 3: Correlation analysis between variables:**

	CTQ (Total)	Emotional abuse	Physical abuse	Sexual abuse	Emotional neglect	Physical neglect	Depression	Anxiety	Fear of happiness	Dysfunctional Attitude
CTQ (Total)	1									
Emotional abuse	.574** <0.001	1								
Physical abuse	.607** <0.001	.382** <0.001	1							
Sexual abuse	.622** <0.001	.342** <0.001	.255** <0.001	1						
Emotional neglect	.499** <0.001	-.069* 0.042	-0.007 0.841	0.008 0.818	1					
Physical neglect	.574** <0.001	0.023 0.508	.204** <0.001	.119** <0.001	.404** <0.001	1				
Depression	0.027 0.423	0.033 0.337	0.001 0.986	0.041 0.231	0.007 0.828	0.009 0.785	1			
Anxiety	0.037 0.280	0.062 0.069	0.035 0.312	0.047 0.166	-0.019 0.570	-0.021 0.544	-0.047 0.169	1		
Fear of happiness	0.028 0.418	.096** 0.005	0.002 0.957	0.057 0.093	0.041 0.226	0.037 0.279	.402** <0.001	0.018 0.593	1	
Dysfunctional Attitude	0.012 0.716	0.008 0.815	0.009 0.786	0.040 0.239	0.035 0.308	0.037 0.277	.085* 0.013	0.041 0.235	.136** <0.001	1

\*\* . Correlation  $P < 0.01$  level (2-tailed).

\* . Correlation  $P < 0.05$  level (2-tailed).



## 4. Discussion

### 4.1 *The Prevalence and levels of depression, anxiety, fear of happiness, and dysfunctional attitude:*

Several studies have found a significant frequency of anxiety and depression levels amongst nursing students, although its relationship with CT is understudied in Indian literature. In our research of 859 nursing students, we discovered that 29.9% experienced mild forms of depression, 26.9% had mild to moderate, 17.5% experienced medium to severe depressive disorders, and 6.8% had severe depression. These statistics were higher than those published in an earlier investigation by Kataria et al. in 2016, which found lower rates (13.6% mild depression, 10.6% moderate depression, and 3.5% severe depression) among nursing learners in Punjab. It is worth mentioning that the previous study did not include students in nursing with previous experiences of CT, which might explain the discrepancy in outcomes. A study conducted in Turkey found that the incidence of medium to serious depression amongst nurses with a record of CT was 34.7%, which is lower than in the current study (Gürsoy & Mehmet, 2023). Furthermore, Tung et al. (2018) found a 34.0% incidence of depressive disorders among nursing students who had no history of CT, much greater than the overall population's 4.7%. This shows that nursing students have a significant burden of depression (Tung, Lo, Ho, & Tam 2018). Variations in reported rates of prevalence may be explained by changes in research design, number of samples, sampling procedures, and measuring equipment. The increased frequency of depression in our research may represent a long-term trend, affected by modifications to educational settings and cultural attitudes about mental health.

The prevalence of anxiety in the present study was 78%. In our study the levels of anxiety reported 49.4% of students had mild anxiety, 23.7% had marked to severe levels of anxiety, and 04.9 % of students had extreme levels of anxiety. This result is in contrast with a study done in Turkey where 42.2% of nurses had moderate to extremely severe anxiety with a history of childhood trauma (Gürsoy & Mehmet, 2023). A meta-analysis done on 121 studies concluded that nursing students had mild to reasonable levels of anxiety that ranged from 19.4%-25.1% which is lesser than the present study. Greater awareness and evolving attitudes toward mental health may contribute to the higher reported levels of anxiety among nursing students in our study compared to earlier findings (Kang et al (2021).

In our study, the prevalence of fear of happiness was 43% based on cutoff scores. Out of 859 students, 41.2% of students had a low level of FOH, 40.8% of students had moderate levels and 18% of students had a high level of FOH. Despite our best efforts, we were unable to find any research on nursing students' levels of fear of happiness who had a history of CT. This was most likely the first study looking into this particular characteristic in the nursing community.

When it came to dysfunctional attitudes, 87% of individuals scored higher than the cutoff in our study. Most students (68%) exhibited moderate levels of dysfunctional attitudes, with 13% showing low levels and 19% showing high levels. Previous research has not investigated dysfunctional attitudes specifically among nursing students who had experienced CT. However, as per a study done in China, there is a positive relationship between dysfunctional attitudes and CT among university students (Sun et al., 2023).

While several cross-sectional studies have examined the frequency and degrees of anxiety and depression among nursing learners, there is a dearth of information assessing the mental health implications of these conditions for students who have experienced CT. There is limited literature related to mental wellness such as anxiety levels, sadness, fear of happiness, or dysfunctional attitudes, among Indian nursing students. In that regard, this is a first for India.

### 4.2 *Correlation between variables:*

In line with other research (Akbaba Turkoglu, Essizoglu, Kosger, & Aksaray, 2015b; Ferguson & Dacey, 1997b; Ju et al., 2020; Norman et al., 2012b), we did not find any relationship between CT, dysfunctional attitude, depression, or anxiety. A noteworthy correlation was discovered between fear of happiness and emotional abuse on its own ( $r=0.096$ ;  $p<0.001$ ). This finding is consistent with a Turkish study that found sentimental abuse and emotional neglect sections are independently associated with anxiety and depression in nurses with a record of CT (Gürsoy & Mehmet, 2023). Emotional abuse experience has a stronger association with fear of happiness than with anxiety, depression, or disordered attitudes as per the FOH scale. This might be one reason for the disparity. One's ability for joy and feeling of self-worth can be undermined by emotional abuse, which may result in dread or avoidance of enjoyment. This research emphasizes the distinct influence that emotional abuse may have on a person's emotional health, which may be different from the consequences of other types of traumas.

Another explanation could be that the other mental health issues examined in the study are influenced by a broader range of factors beyond CT, such as genetic predispositions, environmental stressors, or current life

circumstances. These factors may result in the high prevalence of depression, anxiety, and dysfunctional attitudes among nursing students, independent of their history of childhood trauma.

### Limitations:

The study's boundaries must be considered when we interpret the results. The study was cross-sectional which would hinder the determination of causative factors. A longitudinal study may indicate more evidence of CT's impact on mental health over time. Using self-report measures for assessing CT and mental health issues may introduce recall and social desirability biases, potentially leading to inaccurate prevalence estimates. The study's sample, drawn from selected institutions, may not be representative of all nursing students with CT histories, limiting generalizability. Finally, it is possible that certain confounding factors, such as coping mechanisms and social support, were overlooked in the study and had an impact on the association between CT with mental health results.

### Implication:

The implications of these findings are significant for mental health interventions and support services for nursing students:

Firstly, given the high rates of depression, anxiety, fear of happiness, and dysfunctional attitudes among nursing students, targeted interventions are crucial. Programs that focus on enhancing coping mechanisms, stress management skills, and emotional regulation may be beneficial. Second, our study suggests a strong relationship between psychological abuse & FOH, which emphasizes the need to treat traumatic histories in mental health treatments. Lastly, there is no evidence linking CT to dysfunctional attitudes, anxiety, or depression, which implies that mental health care should be all-encompassing. In addition to addressing prior trauma, services should concentrate on the more general mental health requirements of nursing students.

### Conclusion:

The result of this study emphasizes the need for a holistic approach to mental health support for nursing students, addressing both past trauma and current mental health issues. Targeted interventions, early detection, and education can help improve the mental wellness of nursing students.

### Acknowledgment:

We are thankful to the study participants and the concerned authorities.

### Conflict of interest:

The authors declare no conflict of interest.

### References:

1. Abbasi, M., Saeidi, M., Khademi, G., & Hoseini, B. L. (2015). Child Maltreatment in the World: A Review Article. *International Journal of Pediatrics*. <https://doi.org/10.22038/IJP.2015.3753>
2. Akbaba Turkoglu, S., Essizoglu, A., Kosger, F., & Aksaray, G. (2015a). Relationship between dysfunctional attitudes and childhood traumas in women with depression. *International Journal of Social Psychiatry*, 61(8), 796–801. <https://doi.org/10.1177/0020764015585328>
3. Akbaba Turkoglu, S., Essizoglu, A., Kosger, F., & Aksaray, G. (2015b). Relationship between dysfunctional attitudes and childhood traumas in women with depression. *The International Journal of Social Psychiatry*, 61(8), 796–801. <https://doi.org/10.1177/0020764015585328>
4. Beblo, T., Fernando, S., Klocke, S., Griepenstroh, J., Aschenbrenner, S., & Driessen, M. (2012). Increased suppression of negative and positive emotions in major depression. *Journal of Affective Disorders*, 141(2–3), 474–479. <https://doi.org/10.1016/J.JAD.2012.03.019>
5. Beevers, C. G., Strong, D. R., Meyer, B., Pilkonis, P. A., & Miller, I. W. (2007). Efficiently assessing negative cognition in depression: an item response theory analysis of the Dysfunctional Attitude Scale. *Psychological Assessment*, 19(2), 199–209. <https://doi.org/10.1037/1040-3590.19.2.199>
6. Bernstein, D., Fink, L., ... L. H.-A. of family, & 1998, undefined. (n.d.). Childhood trauma questionnaire. *Psycnet.Apa.OrgDP Bernstein, L Fink, L Handelsman, J FooteAssessment of Family Violence: A Handbook for Researchers and*, 1998•*psycnet.Apa.Org*.
7. Chapman, D. P., Whitfield, C. L., Felitti, V. J., Dube, S. R., Edwards, V. J., & Anda, R. F. (2004). Adverse childhood experiences and the risk of depressive disorders in adulthood. *Journal of Affective Disorders*, 82(2), 217–225.
8. Differences, M. J.-P. and I., & 2013, undefined. (2013). The influence of fear of happiness beliefs on responses to the satisfaction with life scale. *Elsevier*. <https://doi.org/10.1016/j.paid.2012.11.011>



9. Ferguson, K. S., & Dacey, C. M. (1997a). Anxiety, depression, and dissociation in women health care providers reporting a history of childhood psychological abuse. *Child Abuse & Neglect*, 21(10), 941–952. [https://doi.org/10.1016/S0145-2134\(97\)00055-0](https://doi.org/10.1016/S0145-2134(97)00055-0)
10. Ferguson, K. S., & Dacey, C. M. (1997b). Anxiety, depression, and dissociation in women health care providers reporting a history of childhood psychological abuse. *Child Abuse & Neglect*, 21(10), 941–952. [https://doi.org/10.1016/S0145-2134\(97\)00055-0](https://doi.org/10.1016/S0145-2134(97)00055-0)
11. Gilbert, P., McEwan, K., Catarino, F., Baião, R., & Palmeira, L. (2014). Fears of happiness and compassion in relationship with depression, alexithymia, and attachment security in a depressed sample. *British Journal of Clinical Psychology*, 53(2), 228–244. <https://doi.org/10.1111/BJC.12037>
12. Gürsoy, M. Y., & Mehmet, F. C. (2023). Correlations between childhood trauma and depression, anxiety, and stress levels in nurses. *Archives of Psychiatric Nursing*, 45, 164–168. <https://doi.org/10.1016/J.APNU.2023.06.018>
13. Hillis, S., Mercy, J., Amobi, A., & Kress, H. (2016). Global prevalence of past-year violence against children: A systematic review and minimum estimates. *Pediatrics*, 137(3). <https://doi.org/10.1542/PEDS.2015-4079>
14. Huh, H. J., Kim, K. H., Lee, H. K., & Chae, J. H. (2017). *The relationship between childhood trauma and the severity of adulthood depression and anxiety symptoms in a clinical sample: The mediating role of cognitive emotion regulation strategies*. 213, 44–50. <https://doi.org/10.1016/J.JAD.2017.02.009>
15. Joshanloo, M. (2013). The influence of fear of happiness beliefs on responses to the satisfaction with life scale. *Personality and Individual Differences*, 54(5), 647–651. <https://doi.org/10.1016/J.PAID.2012.11.011>
16. Joshanloo, M. (2018). Fragility of happiness moderates the influence of negative predictors of subjective well-being. *Anxiety, Stress, & Coping*, 31(2), 222–227. <https://doi.org/10.1080/10615806.2017.1422094>
17. Ju, Y., Wang, M., Lu, X., Sun, J., Dong, Q., Zhang, L., ... Li, L. (2020). The effects of childhood trauma on the onset, severity and improvement of depression: The role of dysfunctional attitudes and cortisol levels. *Journal of Affective Disorders*, 276, 402–410. <https://doi.org/10.1016/J.JAD.2020.07.023>
18. Jugessur, R., Zhang, Y., Qin, X., Wang, M., Lu, X., Sun, J., ... Li, L. (2021). Childhood Maltreatment Predicts Specific Types of Dysfunctional Attitudes in Participants With and Without Depression. *Frontiers in Psychiatry*, 12. <https://doi.org/10.3389/FPSYT.2021.728280>.
19. Kang HK, Rhodes C, Thornton CP, Rodney T. Prevalence Of Mental Health Disorders Among Undergraduate University Students In The United States. *Journal Of Psychosocial Nursing • Vol. 59, No. 2, 2021*.
20. Kataria, R. K. M. S. (N)\*. (2016). Self Esteem, Stress and Depression in Nursing Students. *Indian Journal of Continuing Nursing Education*, 17(1), p 30-37.
21. Kroenke, K., Spitzer, R. L., & Williams, J. B. W. (2001). The PHQ-9: validity of a brief depression severity measure. *Journal of General Internal Medicine*, 16(9), 606–613. <https://doi.org/10.1046/J.1525-1497.2001.016009606.X>
22. Kuzminskaite, E., Vinkers, C. H., Milaneschi, Y., Giltay, E. J., & Penninx, B. W. J. H. (2022). Childhood trauma and its impact on depressive and anxiety symptomatology in adulthood: A 6-year longitudinal study. *Journal of Affective Disorders*, 312, 322–330. <https://doi.org/10.1016/J.JAD.2022.06.057>
23. Lok, A., Bockting, C. L. H., Koeter, M. W. J., Snieder, H., Assies, J., Mocking, R. J. T., ... Schene, A. H. (2013). Interaction between the MTHFR C677T polymorphism and traumatic childhood events predicts depression. *Translational Psychiatry* 2013 3:7, 3(7), e288–e288. <https://doi.org/10.1038/tp.2013.60>
24. Nanni, V., Uher, R., & Danese, A. (2012). Childhood maltreatment predicts unfavorable course of illness and treatment outcome in depression: A meta-analysis. *American Journal of Psychiatry*, 169(2), 141–151. [https://doi.org/10.1176/APPI.AJP.2011.11020335/ASSET/IMAGES/LARGE/AJP\\_169\\_2\\_141\\_F003.JPG](https://doi.org/10.1176/APPI.AJP.2011.11020335/ASSET/IMAGES/LARGE/AJP_169_2_141_F003.JPG)
25. Negele, A., Kaufhold, J., Kallenbach, L., & Leuzinger-Bohleber, M. (2015). Childhood Trauma and Its Relation to Chronic Depression in Adulthood. *Depression Research and Treatment*, 2015. <https://doi.org/10.1155/2015/650804>
26. Norman, R. E., Byambaa, M., De, R., Butchart, A., Scott, J., & Vos, T. (2012a). The Long-Term Health Consequences of Child Physical Abuse, Emotional Abuse, and Neglect: A Systematic Review and Meta-Analysis. *PLoS Medicine*, 9(11). <https://doi.org/10.1371/JOURNAL.PMED.1001349>
27. Norman, R. E., Byambaa, M., De, R., Butchart, A., Scott, J., & Vos, T. (2012b). The Long-Term Health Consequences of Child Physical Abuse, Emotional Abuse, and Neglect: A Systematic Review and Meta-Analysis. *PLoS Medicine*, 9(11). <https://doi.org/10.1371/JOURNAL.PMED.1001349>
28. Penninx, B. W., Pine, D. S., Holmes, E. A., & Reif, A. (2021). Anxiety disorders. *The Lancet*, 397(10277), 914–927. [https://doi.org/10.1016/S0140-6736\(21\)00359-7](https://doi.org/10.1016/S0140-6736(21)00359-7)
29. Preventing child maltreatment: a guide to taking action and generating evidence / World Health Organization and International Society for Prevention of Child Abuse and Neglect. (n.d.). Retrieved March 27, 2024, from <https://iris.who.int/handle/10665/43499?show=full>
30. Rodney T, Heidari O, Miller NH, Jenkins E, Kang HK . Posttraumatic Stress Disorder In Nurses In The United States: Prevalence And Effect On Role. *J Nurs Manag*. 2021;1–8.

31. Şar, V., Türk, T., & Öztürk, E. (2019). Fear of happiness among college students: The role of gender, childhood psychological trauma, and dissociation. *Indian Journal of Psychiatry*, 61(4), 389–394. [https://doi.org/10.4103/psychiatry.IndianJPsychiatry\\_52\\_17](https://doi.org/10.4103/psychiatry.IndianJPsychiatry_52_17)
32. Schulz, P., Beblo, T., Ribbert, H., Kater, L., Spannhorst, S., Driessen, M., & Hennig-Fast, K. (2017). How is childhood emotional abuse related to major depression in adulthood? The role of personality and emotion acceptance. *Child Abuse & Neglect*, 72, 98–109. <https://doi.org/10.1016/J.CHIABU.2017.07.022>
33. Sun, T., Zhang, L., Liu, Y., Wu, S., Yang, B. X., Liu, J. F., ... Cai, Z. (2023). The relationship between childhood trauma and insomnia among college students with major depressive disorder: Mediation by the role of negative life events and dysfunctional attitudes. *Comprehensive Psychiatry*, 122. <https://doi.org/10.1016/J.COMPPSYCH.2023.152368>
34. Torres, D. (2013). *Posttraumatic stress and the emotional experiences of anger and happiness*.
35. Tung, Y. J., Lo, K. K. H., Ho, R. C. M., & Tam, W. S. W. (2018). Prevalence of depression among nursing students: A systematic review and meta-analysis. *Nurse Education Today*, 63, 119–129. <https://doi.org/10.1016/J.NEDT.2018.01.009>
36. Van de Velde, S., Bracke, P., & Levecque, K. (2010). Gender differences in depression in 23 European countries. Cross-national variation in the gender gap in depression. *Social Science & Medicine*, 71(2), 305–313. <https://doi.org/10.1016/J.SOCSCIMED.2010.03.035>
37. Yildirim, M., & Aziz, I. A. (2017). *Psychometric properties of Turkish form of the Fear of Happiness Scale*.
38. Young, C. C., LaMontagne, L. L., Dietrich, M. S., & Wells, N. (2012). Cognitive Vulnerabilities, Negative Life Events, and Depressive Symptoms in Young Adolescents. *Archives of Psychiatric Nursing*, 26(1), 9–20. <https://doi.org/10.1016/J.APNU.2011.04.008>
39. Zung, W. W. K. (1971). A Rating Instrument For Anxiety Disorders. *Psychosomatics*, 12(6), 371–379. [https://doi.org/10.1016/S0033-3182\(71\)71479-0](https://doi.org/10.1016/S0033-3182(71)71479-0)