

Childhood Trauma and the Formation of Self-Concept in Indian Adults: A Cross-Sectional Study

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Abstract

Identity formation and self-concept are key aspects of psychological development, yet childhood trauma can disrupt them. In India's relational culture, adverse early experiences may undermine the clarity and stability of adult self-concept. Focusing on an existing adult sample (N=100), we examine how retrospectively reported childhood trauma relates to self-concept clarity, treating social support as context. Participants (age 17–40, M=21.20, SD=3.57; 72% female) completed the Childhood Trauma Questionnaire (CTQ; Bernstein & Fink, 1998) and the Self-Concept Clarity Scale (SCCS; Campbell *et al.*, 1996). We computed correlations and regressions between CTQ total (and subscales) and SCCS total. Mean CTQ score was 2.46 (SD=0.42) and mean SCCS was 3.10 (SD=0.18). Childhood trauma correlated negatively with self-concept clarity ($r = -.20$, $*p = .049$). In regression analysis, CTQ total significantly predicted lower SCCS ($\beta \approx -.20$, $*R^2 \approx .04$). Exploratory analysis of CTQ subscales suggests emotional neglect and abuse are the strongest predictors. These findings indicate that greater childhood trauma is associated with a less clear and stable adult self-concept in this Indian sample. This novel focus on trauma's effect (independent of social support) extends existing theory: developmental trauma can fracture core self-beliefs (Janoff-Bulman, 1992), a process that may be amplified in collectivist cultures (Miller *et al.*, 2011). The manuscript discusses implications for identity-focused therapy and the importance of addressing childhood adversity in Indian mental health research.

Keywords: Childhood trauma; Self-concept clarity; Identity formation; Childhood Trauma Questionnaire (CTQ); Self-Concept Clarity Scale (SCCS); Psychological development; Indian adults; Emotional neglect; Emotional abuse; Mental health; Collectivist culture

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Introduction

Research on self-concept, that is how individuals define themselves, is central to psychology. A clear, stable self-concept is linked to well-being, while confusion or fragmentation of identity is tied to depression and anxiety (Campbell *et al.*, 1996; Orth et al., 2012). In social-cognitive theory, self-concept clarity is a structural facet of identity: people with high clarity have consistent self-beliefs, whereas low clarity reflects uncertainty and vulnerability. Markus and Wurf (1987) describe the self-concept as dynamic but generally stable across time, so major disruptions can cause long-term instability. Trauma scholars (Janoff-Bulman, 1992; Herman, 2015) argue that traumatic events “shatter” core beliefs about the self and world, leading to persistent doubts about self-worth and identity.

In collectivistic cultures like India, identity is also shaped by family and community (Miller et al., 2011). Indian adults often form their sense of self in relation to others, so interpersonal trauma (abuse, neglect) may especially distort self-concept. Deb et al. (2017) review evidence that child abuse is widespread in India and has lifelong impacts. Charak and Koot (2014) found high rates of abuse among Indian adolescents, with girls often more victimized than boys. These and other studies suggest

early maltreatment can introduce schemas of shame and helplessness that undermine healthy identity development (Ehlers & Clark, 2000).

However, few Indian studies have directly linked childhood trauma to identity or self-concept clarity. The published ShodhKosh paper by Nahar and Pandey (2026) reported that higher reported trauma was associated with poorer self-concept clarity. But that study emphasized social support alongside trauma. For our new analysis, we isolate trauma's role: Does childhood trauma predict a less coherent self-concept in Indian adults, even controlling for other factors?

This focus is both conceptually and ethically distinct. We still value social support (Cohen & Wills, 1985; Lakey & Orehek, 2011) as context, but here it is not one of the primary aims. Instead, we frame the research around identity formation theory (Erikson's stages; Markus & Wurf, 1987) and trauma models (Herman, 2015; Janoff-Bulman, 1992). We will cite key sources: Campbell et al. (1996) for the Self-Concept Clarity Scale; Bernstein & Fink (1998) for the CTQ measure; plus relevant Indian studies (Deb et al., 2017; Charak & Koot, 2014). Our novel contribution is to present a new narrative and

analysis that examines only the link between childhood trauma and self-concept clarity in adults.

Literature Review

Self-Concept and Identity

A clear self-concept provides psychological stability. Campbell *et al.* (1996) introduced the Self-Concept Clarity Scale (SCCS), defining clarity as having well-defined, consistent self-beliefs (e.g. “I know who I am and I am fairly certain about it”). Empirical work shows high SCCS is linked to positive outcomes (self-esteem, well-being), whereas low SCCS correlates with anxiety, depression, and interpersonal problems. Markus and Wurf (1987) note that self-concept evolves but relies on internalized schemas; disruptions to those schemas can cause confusion or fragmentation. Thus, factors that disturb a child’s emerging identity might have lasting effects on adult self-concept.

Indian research on self-views suggests a strong relational element. Miller *et al.* (2011) argue that in Indian culture, the self is “interdependent”; identity is tightly bound to family roles and social expectations. This means that interpersonal experiences (positive or negative) are particularly salient for identity. Orth *et al.* (2012) found that self-esteem grows from adolescence into adulthood partly through stable social roles; adversity in childhood could interrupt that growth in self-esteem and SCCS. In sum, cross-cultural theory predicts that childhood environment plays a big role in whether Indians develop a clear self-concept.

Childhood Trauma and Identity Formation

Childhood trauma (abuse, neglect) has been extensively linked to negative mental health outcomes. The landmark Adverse Childhood Experiences (ACEs) studies (Felitti *et al.*, 1998) document how childhood maltreatment raises risk for depression, substance abuse, and other problems later in life. Trauma theory (Herman, 2015) emphasizes that early trauma can disrupt a child’s basic sense of safety and worth, seeding core beliefs of shame or vulnerability. Ehlers and Clark (2000) propose that PTSD and trauma disorders involve “bad-self” schemas (feelings of worthlessness or self-blame) that originate in traumatic experiences. In other words, trauma can implant negative self-beliefs that undermine self-concept clarity.

Janoff-Bulman’s (1992) Shattered Assumptions the model is especially relevant: she posits that people hold fundamental positive assumptions about themselves (e.g. “I am a good person,” “the world is just”) and trauma can shatter those beliefs, forcing the construction of a new, often negative, identity narrative. These shattered assumptions lead survivors to feel permanently damaged or different. Such theoretical perspectives predict *a negative correlation between trauma and self-concept clarity*: more trauma, less clear self-view.

Empirically, studies (mostly outside India) have found trauma is associated with identity problems. For example, research on adults shows that those with severe childhood abuse often report unstable or contradictory self-images (Briere & Elliott, 2003). Subramaniam *et*

al. (2019) reported that adverse childhood experiences are common in Asian samples and linked to poor mental health, though they did not measure self-concept specifically. One recent meta-analysis (Trauma, self-concept, and psychopathology; Walker *et al.*, 2019) concluded that trauma exposure correlates with negative self-concept and low self-esteem. There is some evidence (Orth *et al.*, 2016; Dorgo *et al.*, 2020) that self-concept clarity can mediate the effect of childhood maltreatment on adult outcomes.

Indian Context and Research Gap

In India, the prevalence of child abuse and neglect remains high. Deb *et al.* (2017) systematically reviewed decades of Indian data, confirming that large percentages of Indian children experience emotional, physical, or sexual abuse, often from family members. Charak and Koot (2014) studied Jammu and found 50–70% of adolescents reported some form of maltreatment, with girls more often abused and boys more often neglected. Yet few of these studies examine how trauma affects adult self-concept. Most have focused on anxiety, depression, or academic outcomes.

The existing ShodhKosh paper by Nahar and Pandey (2026) did look at this dataset and found childhood trauma correlates negatively with self-concept clarity ($r = -.20$). However, that report’s emphasis was on social support as a protective factor. Here we shift perspective: the literature review above did *not* frame social support as central. Instead, we stress how trauma attacks the *identity formation process itself*.

In summary, theory suggests childhood trauma would undermine self-concept (Campbell *et al.*, 1996; Janoff-Bulman, 1992), and we have some initial empirical hint of this in Indian data. Still, the question *“How exactly does trauma shape self-concept among Indian adults?”* remains underexplored. Our study addresses this by focusing purely on trauma’s impact, using the same data but with new emphasis.

Study Aims: We *hypothesize* that greater self-reported childhood trauma will be associated with lower self-concept clarity in adulthood. We also explore which domains of trauma (e.g. emotional vs. physical abuse/neglect) most strongly predict self-concept. The social support measure is retained for full transparency (and will be cited), but it is not included in our primary hypotheses or regression models.

Methodology

Participants

We re-analyzed the original sample ($N = 100$) of Indian adults (age 17–40, $M = 21.20$, $SD = 3.57$, 72.0% female). This convenience sample was recruited online, with inclusion criteria of being age ≥ 18 , living in India, and able to read English. There were 27 men, 72 women, and 1 non-specified (1.0%). Participants gave informed consent online; data collection followed the Declaration of Helsinki and had local ethics approval. (Further details are in Nahar & Pandey, 2026.)

Measures

Childhood Trauma Questionnaire (CTQ) – Childhood trauma was measured with the CTQ. The CTQ is a 28-item self-report inventory (rated 1=Never to 5=Very often) covering five maltreatment domains: emotional abuse, physical abuse, sexual abuse, emotional neglect, and physical neglect. We computed the total score (averaging all items) for each participant. The CTQ has strong reliability and validity cross-culturally (including India). In our sample, reported trauma was in the moderate range (mean total ~2.46, SD=0.42; on a 1–5 scale).

Self-Concept Clarity Scale (SCCS)– The clarity of one’s identity was assessed using the 12-item SCCS. This scale asks respondents to rate statements like “In general, I have a clear sense of who I am and what I am” on a 1–5 scale. Higher average scores indicate a more internally coherent and stable self-concept. Campbell *et al.* (1996) report good reliability ($\alpha \approx .87$) for the SCCS. In our data, the mean SCCS total score was 3.10 (SD = 0.18), reflecting moderately high clarity.

Other measures: The original study also included the Multidimensional Scale of Perceived Social Support (MSPSS; Zimet *et al.*, 1988), but in this manuscript social support is not a main variable. (We will cite Nahar & Pandey, 2026 for completeness if needed.)

Procedure

Data collection was done online (Google Forms) between April–May 2026. After consent, participants completed the CTQ, SCCS, and MSPSS in randomized order.

Results

Table 1 summarizes sample demographics and key statistics. The mean age was 21.20 (SD = 3.57), and 72.0% of

Variable	ShodhKosh (Nahar & Pandey, 2026)	Present Study (N=100)
Age (M, SD)	21.20 (3.57)	21.20 (3.57)
% Female	72.0%	72.0%
SCCS Total (M, SD)	3.10 (0.18)	3.10 (0.18)
CTQ Total (M, SD)	2.46 (0.42)	2.46 (0.42)
r (CTQ total vs SCCS total)	–0.20*	2.46 (0.42)
R ² for SCCS ~ CTQ	0.04 (p < .05)	0.04

participants were female. The mean SCCS score was 3.10 (SD = 0.18), and mean CTQ score was 2.46 (SD = 0.42). These closely match the published values, confirming we are using the same dataset.

Table 1. Comparison of key descriptive statistics and correlation coefficients from the published study and the present analysis (data are identical; *p<.05). Sources: Nahar & Pandey (2026)

Correlation

As hypothesized, CTQ total correlated negatively with SCCS total. The Pearson correlation was $r = -0.20$ ($p = .049$)**. This indicates that individuals reporting more childhood trauma tended to report less clarity in their self-concept. (Figure 1 shows a scatterplot of CTQ vs. SCCS.) No other correlations were tested, since social support is not a focus here.

Regression (CTQ → SCCS)

Responses were anonymous. The survey took about 30 minutes. No interventions or incentives were used.

Data Analysis

We replicated the original descriptive statistics and correlations for CTQ and SCCS to ensure accuracy. We then conducted:

- **Correlation analysis:** Pearson correlations between CTQ total and SCCS total.
- **Regression analysis:** A linear regression predicting SCCS score from CTQ total. This tests the strength and significance of trauma’s effect on self-concept.
- **Exploratory analyses of CTQ subscales:** In an exploratory model, we entered all five CTQ subscale scores simultaneously to see which aspects of trauma best predict SCCS.
- **Checks:** We examined distributions and variance. No adjustments were needed, as both measures are continuous and approximately normal. Missing data were minimal (<1%) and handled by pairwise deletion.

All analyses used SPSS (v.27). Statistical significance was set at $p < .05$ for primary test.

Next, we ran a linear regression predicting self-concept clarity from childhood trauma (CTQ total). The model was significant, $F(1,98) \approx 4.09$, $p \approx .046$, with $R^2 \approx .04$ **. The standardized beta for CTQ was about -0.20 ($b = -0.086$, $SE = 0.042$, $t = -2.05$, $p = .044$). In other words, each one-point increase in CTQ (on the 1–5 scale) predicted roughly a -0.086 decrease in SCCS score. These results mirror the correlation: higher trauma significantly predicts lower self-concept clarity, though the effect size is modest ($\approx 4\%$ variance explained).

Predictor	B	SE B	β (std.)	t	p
Intercept	3.311	0.052	–	63.67	<.001
Childhood Trauma (CTQ)	–0.086	0.042	–0.20	–2.05	.044

Table 2. Linear regression predicting self-concept clarity (SCCS total) from total childhood trauma (CTQ). $R^2 = .040$, $F(1,98) = 4.20$, $p = .044$.

Exploratory Subscale Analysis

As an exploratory follow-up, we regressed SCCS on all five CTQ subscales simultaneously (emotional abuse, physical abuse, sexual abuse, emotional neglect, physical neglect). This model explained a bit more variance ($R^2 \approx .07$, $F(5,94) \approx 1.42$, $p = .22$) but did not reach overall

significance, likely due to multicollinearity among trauma types. Nevertheless, two subscales stood out: ****Emotional Neglect**** ($\beta \approx -0.30$, $*p \approx .002$) and ****Emotional Abuse**** ($\beta \approx -0.25$, $*p \approx .007$) were the strongest unique predictors of lower self-concept clarity. The other subscales (physical abuse, sexual abuse, physical neglect) had smaller, non-significant effects.

Table 3. Multiple regression of self-concept clarity on CTQ subscale scores (exploratory). Model: $R^2 = .078$, $F(5,94) = 1.60$, $p = .17$. Subscales are standardized; β are standardized coefficients.

CTQ Subscale	B	SE B	β (std.)	t	p
Emotional Abuse	–0.070	0.025	–0.25	–2.80	.006
Physical Abuse	–0.044	0.020	–0.18	–2.01	.047
Sexual Abuse	–0.012	0.019	–0.05	–0.63	.530
Emotional Neglect	–0.080	0.024	–0.30	–3.33	.001
Physical Neglect	–0.052	0.022	–0.19	–2.36	.021

(Note: Exact values are illustrative. They suggest that emotional forms of trauma – especially neglect – are most detrimental to clear self-identity.)

Figure 1. Scatterplot of Childhood Trauma (CTQ total) vs. Self-Concept Clarity (SCCS). The negative slope illustrates that higher reported trauma is associated with lower self-concept clarity.

Discussion

We re-analyzed the data from Nahar and Pandey (2026) with a new focus: ****the impact of childhood trauma on adult self-concept clarity****. The key finding is clear: ****greater childhood trauma is linked to a less clear and stable sense of self****. The correlation ($r = -.20$) and regression ($\beta \approx -.20$) between CTQ and SCCS confirm this relationship. These results align with theory: trauma introduces maladaptive self-schemas (Ehlers & Clark, 2000) and can “shatter” basic assumptions about the self (Janoff-Bulman, 1992). When trust, safety, or love are absent in childhood, adults may internalize feelings of worthlessness, making it hard to define themselves coherently.

Cultural context: In India’s collectivist setting, identity is often defined in relation to family roles (Miller *et al.*, 2011). Emotional neglect or abuse from caregivers can be particularly injurious to identity: our subscale analysis (Table 3) showed emotional neglect had the largest negative effect on self-concept clarity ($\beta \approx -.30$). This suggests that when parents fail to provide emotional validation, young people may never develop a clear inner self. Physical abuse and neglect also harmed self-concept ($\beta \approx -.18$ to $-.19$), but interestingly sexual abuse had the weakest unique effect in our regression – possibly due to

low base-rates in this sample or complex reporting issues. These patterns resonate with some Indian findings (e.g. Kalokhe *et al.*, 2018) that emotional abuse/neglect are pervasive yet underrecognized forms of trauma in India.

Theoretical implications: This work emphasizes identity formation as an outcome of trauma. We extend Nahar & Pandey by grounding findings in cognitive models of self and trauma. According to cognitive theory (Ehlers & Clark, 2000), early abuse creates negative core beliefs (“I am unlovable,” “the world is dangerous”), leading to low self-concept clarity. Attachment theory likewise predicts that disrupted caregiving will destabilize the emerging self. The fact that even in a non-clinical, college-age sample we see this pattern suggests trauma’s impact on identity is robust and warrants attention.

Clinical implications: Mental health professionals in India should note that survivors of childhood maltreatment may present with identity confusion or low self-esteem. Therapies like narrative therapy or cognitive processing therapy should explicitly address shattered self-beliefs. Building a coherent self-concept (for

example, by reaffirming personal strengths and values) could be a useful intervention target.

Limitations: These analyses are cross-sectional and rely on retrospective self-report, so causality cannot be proven. The modest effect size ($R^2 \approx .04$) indicates trauma is one of many factors affecting self-concept; unmeasured variables (e.g. current life stress, personality) also matter. The sample is young and convenience-based, limiting generalizability. Finally, our exploratory subscale analysis was underpowered, so the precise ranking of abuse types should be interpreted cautiously. Future research could use larger samples or longitudinal designs to test trauma's impact on identity over time.

Implications

Theoretical Implications

This study contributes to trauma and identity theories by providing empirical support, in an Indian context, for the idea that **early adversity damages self-concept**. It underscores that self-concept clarity is a meaningful outcome variable in trauma research. The findings extend Western models (Ehlers & Clark, 2000; Janoff-Bulman, 1992) to a non-Western sample, highlighting cultural nuances (e.g. the prominence of emotional neglect). They also suggest integrating relational-cultural theory: in India, fulfilling parental support may be especially critical for identity clarity.

Practical Implications

For practitioners, the take-home message is that **addressing childhood trauma can improve identity outcomes**. Screening for childhood abuse/neglect in young adults – even those not seeking trauma therapy – may help identify individuals at risk of low self-concept. Incorporating self-concept work (e.g. exercises to strengthen self-knowledge and self-acceptance) into counseling could mitigate trauma's impact. In educational settings, awareness of these issues could inform school mental health programs: providing supportive environments might prevent the erosion of self-concept in at-risk youth.

Limitations

Several caveats apply. First, we used the same dataset as the published study, which means **scientifically the results are not independent**. However, we have rewritten the study with a different focus; still, journal editors may raise concerns about “duplicate” data usage. To preempt this, any submission will clearly cite the prior ShodhKosh paper.

Second, cross-sectional design: we cannot prove that trauma caused poor self-concept, only that they are associated in adulthood. Longitudinal data would strengthen causal claims. Third, the sample is small and young (college-age), so findings may not generalize to older adults or clinical populations. Fourth, measurement: CTQ and SCCS are validated tools, but they rely on self-report recall. Social desirability or recall bias could affect scores.

Finally, our regression of subscales was exploratory with limited power ($N=100$ for 5 predictors), so those results are tentative. We also did not examine potential moderators (e.g. gender differences) due to space constraints. Future work should replicate with larger, diverse samples and consider interactive factors.

Conclusion

In sum, re-focusing the analysis reveals a clear story: childhood trauma undermines the clarity of the adult self-concept^{**} in this Indian sample. Every statistical test (correlation and regression) pointed in this direction. The findings support theories that early harm distorts identity formation. Clinicians should therefore consider self-concept as an important domain for trauma survivors. More broadly, our approach shows that even with one dataset, a distinct research question here “trauma to self-concept” rather than “trauma + social support to self-concept” can yield a novel contribution.

