

Childhood Trauma and the Development of Paranormal Beliefs: A Psychological Perspective

G. Shakthivel¹, Dr. Nadeem Luqman²

¹PhD Scholar, Department of Psychology, Chandigarh University, India

²Associate Professor, Department of Psychology, Chandigarh University, India

ABSTRACT

Background: Paranormal beliefs persist across cultures, potentially linked to early adverse experiences like childhood trauma, yet empirical evidence remains mixed.

Objective: This study tested whether childhood trauma predicts paranormal beliefs in an Indian sample.

Method: Participants (N = 119) completed the Reverse Paranormal Belief Scale (range: 26-154) and Childhood Trauma Questionnaire (range: 26-117). Analyses included descriptives, Pearson correlations, and simple linear regression.

Results: Paranormal belief scores showed substantial variability (M = 104.98, SD = 22.70), while trauma scores were more uniform (M = 62.65, SD = 10.78). Correlation analysis revealed a weak negative, non-significant relationship ($r = -.115$, $p = .211$). Regression confirmed trauma's minimal predictive power ($R = .115$, $R^2 = .013$, $\beta = -.115$, $p = .211$; $B = -.243$), explaining just 1.3% of variance.

Conclusion: Childhood trauma does not significantly influence paranormal beliefs in this sample, implying multifactorial etiology involving cognitive biases, personality (e.g., openness), or cultural factors. Cross-sectional limitations and self-report biases noted; longitudinal studies with mediators recommended.

Keywords: childhood trauma, paranormal beliefs, dissociation, meaning-making, emotional abuse, compensatory control

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INTRODUCTION:

Mystical are anything that breach the basic leading of science (Tobacyk, J.J. 2004). Certain fact finder assume that belief of paranormal are illogical, atheistic tales about specific exceptions (Tobacyk, J.J. 2004). Human beings have always been curious about knowing the phenomena that seem to be not explained by nature. Ghost sightings through the extrasensory perception, paranormal beliefs are still common among cultures and generations as it is possible to presume that human beings need psychological significance in their life beyond the physical world. Although these beliefs are widely interpreted as superstition, there is an increasing number of researchers that find them to be the manifestation of deeper cognitive, emotional and developmental mechanisms (Irwin & Watt, 2007). Specifically, there is an increasing amount of evidence that childhood trauma can have a profound effect on the way people perceive reality and decode ambiguous or threatening situations (Lawrence et al., 2019). This knowledge of the psychological origins of paranormal beliefs hence contribute us an idea about how the human mind will create meaning as a reaction to distress and uncertainty. Childhood is a sensitive developmental stage where cognitive schemas, emotional regulation and world views are formed. Trauma to a childlike abuse, neglect, or deprivation of the security can disturb normal processes of

psychological development (McLaughlin et al., 2014). These disturbances commonly result in dysfunctional coping strategies, such as hypervigilance, dissociation and hyper sensitivity to environmental stimuli. Such psychological reactions can, in their turn, predispose people to the tendency to explain ambiguous stimuli supernaturally. As an example, increased arousal or abnormal perception may be interpreted as the existence of a spirit or other supernatural power and give the person a sense of purpose or power over events that otherwise may be perceived as chaotic or frightening (Irwin, 1994). In this way, psychologically speaking, paranormal beliefs may be regarded as a coping mechanism as well as the interpretive system that allows addressing the fear or emotional pain that cannot be resolved or meditated through other methods that drew their origin in early trauma.

Some researchers have also given empirical evidence to this relationship between childhood adversity and paranormal belief (Lawrence et al., 2019). Recognized individuals at higher levels of childhood trauma suffered more emotional distress and stronger paranormal beliefs. In a similar vein, (Dagnall et al. 2016) people who strongly believe in the paranormal often show certain mental traits things like trans liminality and dissociation that researchers usually link to early psychological trauma. So, it's not just curiosity or cultural influence driving these beliefs. There's

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something deeper going on sometimes, these beliefs help people turn tough memories or overwhelming feelings into stories that make life feel more understandable or meaningful. Psychological theories like meaning-making and compensatory control help explain this. Meaning-making theory, for example, people naturally look for ways to fit their experiences especially painful or confusing ones into a bigger story that makes sense to them. When life gets chaotic or threatening, they want things to add up (Park, 2010). Paranormal explanations give people a way to make sense of loss, fear, or unfairness by pointing to something bigger than themselves. It's similar to what compensatory control theory says: after trauma, when people feel like they've lost control, they often look for belief systems even supernatural ones to help them feel stable again (Kay et al., 2008). Paranormal beliefs can be comforting, particularly after fighting a traumatic situation they can actually make you look at yourself differently sometimes. But those frightening memories just linger when you use them too much. It gets harder to meet the challenge head-on and start the healing process. You end up hiding from your bad memories instead of facing them if you continue searching for these types of explanations (Drinkwater et al., 2017). In addition, people who believe in every day coincidences or physical feelings as paranormal might feel increased stress or paranoia if these beliefs are nested in cultural or social frames of reference that highlight fear-based supernatural explanations (Dagnall et al., 2016). Hence, grasping the difference between adaptive meaning-making and maladaptive belief maintenance is essential not only for psychological theory but also for clinical practice. Considering the issue from a bigger psychological perspective, investigating the connection between the traumatic experiences in childhood and belief in the paranormal lead to the interaction of the developmental experiences, the cognitive processing, and the emotional regulation. This research not only deepens theoretical knowledge but also provides the means for trauma-sensitive counseling and psychoeducation. Counselors working with clients who strongly interpret their distressing experiences in a paranormal way might find it helpful to consider such convictions as characters of the symbolic communication of the unmet emotional needs rather than just a type of irrationality (Dagnall et al., 2022). Those individuals who claim to have had a paranormal experience or believe in the paranormal are generally considered to be the most gullible ones, yet, contemporary research considers such phenomena as the most significant and not as mere curiosities. While integrative papers and reviews, among other things, points out that such situations

happen quite often in an emotionally very engaging context and that these phenomena should be interpreted from the developmental and clinical perspective, besides being viewed by a skeptic (Rabeyron, 2015).

Such a view enabled the scientific community to not only verify the occurrence of paranormal reports but also to understand the reason why certain individuals, especially those who had a tough upbringing, disproportionately perceive the most ambiguous events as supernatural. On this basis, several empirical pieces of research have been solid in their arguments that there is a consistent relationship between the experience of adversity in childhood and later-time belief in and experience of paranormal phenomena. Mass cross-sectional studies and latent-profile analyses derived from the general population indicate that those who frequently report unusual experiences also reveal in their life stories more incidents of abuse, neglect, or instability. The experience of childhood trauma is associated with increases in trans liminality, dissociative tendencies as well as a stronger need for meaning, which are, ultimately, factors that have a connection with paranormal interpretations (Powell, 2020; Lawrence et al., 2019; Cardone, 2023). These results are consistent with and extend previous models (e.g., mediating trauma belief through fantasy-proneness and avoidant coping), thus indicating a strong empirical association rather than a few isolated cases. Accumulated research has helped to illuminate the possible psychological mechanisms involved. Paranormal belief has been found to be strongly associated with cognitive-perceptual characteristics such as schizotypy, impaired reality-testing, and reliance on intuitive (rather than analytic) thinking; both experimental and survey studies have demonstrated that these characteristics influence the extent to which individuals interpret anomalous experiences as either causing distress or providing a harmless sense of meaning (Dagnall et al., 2016; Drinkwater et al., 2021; Denovan et al., 2018). Modern neurodevelopmental explanations have it that the effect on a child's brain of exposure to threatening situations and deprivation during infancy leads to the alteration of the neuron networks associated with attention, salience detection, and emotion regulation resulting in overly vigilant and pattern detection processes that give the impression that ambiguous stimuli are familiar or have a purposeful nature. These models are of a Mark-style neurocognitive nature (Šrol, 2021). To a large extent, newer syntheses also soften the link between belief in the paranormal and mental health. Dean's systematic review and Dagnall's analyses of large samples suggest that belief in the paranormal is not always a negative factor: it

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frequently gives a sense of purpose and may even lead to positive effects when combined with the use of active coping strategies and social support; nevertheless, in the case that belief is accompanied by high trans liminality, dissociation, or avoidant coping, it is more probable that anxiety, stress, and depression will be the emotional states that this condition co-occurs with (Dean et al., 2022; Dagnall et al., 2022).

Objective: This study aims to examine the relationship between childhood trauma and paranormal beliefs, determine whether early traumatic experiences significantly predict the development of such beliefs, and explore the underlying psychological mechanisms such as coping processes, cognitive biases, and emotional regulation that mediate the link between trauma and belief formation.

METHODOLOGY:

Sample and Sampling Techniques: Population College students and young adults between the ages of 18 and 35 years. Sample Size: Around 119 participants (minimum acceptable $n = 100$ for sufficient statistical power). Sampling Technique: Purposive sampling method will be snowball sampling where, employed to pick those participants who are willing to give their consent voluntarily and are sufficiently literate to comprehend the questionnaires.

Research Design: The current study will use a quantitative, correlational, cross-sectional research design. This design fits the purpose as it enables the researcher to find out how strongly and in which direction childhood trauma (identified through CTQ-SF) and paranormal belief (identified through RPBS) are related without changing any variables. Data will be gathered through self-administered standardized questionnaires that will be made available to respondents both online and offline. The relationships between variables will be assessed through statistical analyses (correlation and regression) that will be used.

Tools Used:

1. **Revised Paranormal Belief Scale (RPBS):** Evolved by Tobacyk (2004). It has 26-items measure that evaluates belief in the paranormal through seven factors, each rate on a 7-point like scale, where a higher score indicate a stronger paranormal belief, it has been extensively validate cross-culturally.

- Reability: (Cronbach's $\alpha > 0.70$) and moderate to high test-retest reliability ($r = 0.77-0.83$)

- Validity:

Factorial Validity: It does not simply give a yes/no response of whether they believe in paranormal or not; it quantifies 7 distinct types (such as Witchcraft vs. Precognition).

Discriminant Validity: It demonstrates that the belief in the paranormal does not correspond to high levels of religiousness or a mental disorder (schizotypy).

2. **Childhood Trauma Questionnaire – Short Form (CTQ-SF):** The CTQ-SF is a 28-item self-report instrument created by Bernstein et al. (2003), which evaluates the five types of childhood maltreatment (emotional, physical, and sexual abuse, neglect) on a 5-point Likert scale, describing the degree of childhood trauma.

- Reability:

Consistency: Cronbach alpha ($\alpha = .80-.95$) is high, which indicates that the test is not just guessing the questions relate to a particular type of trauma.

Stability: Since it is a measure of history, but not of mood, your score today should be equal to your score in months to come.

- Validity:

Factorial Validity: It properly differentiates various tastes of trauma (Abuse vs. Neglect) to avoid being confused with each other.

Convergent Validity: Since high scores are consistent with actual problems that exist in the real world such as depression, we understand that the test is a measure of something that is real and a problem of clinical significance.

Procedure: In this ethical analysis, Google Forms was used to question interdisciplinary students in the university. On informed consent, respondents were given a 20-25 minute questionnaire that contained demographics, the CTQ-SF (five dimensions of trauma), and the RPBS (seven areas of paranormal beliefs). The participants were allowed to withdraw at all times. After a screening of the data in terms of completeness and consistency, a final sample of 120 valid responses was retained. The information was kept under strict secrecy by using secure storage, anonymous and aggregate reporting which ensured that all individual identities would be kept hidden.

Hypothesis:

H₀₁: There is no significant relationship between childhood trauma and paranormal beliefs.

H₀₂: Childhood trauma does not significantly predict the development of paranormal beliefs.

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H₀₃: Psychological mechanisms (e.g., coping style, dissociation) do not significantly mediate the relationship between childhood trauma and paranormal beliefs.

Results:

Table 1 Shows the Descriptive statistics for overall sample.

Descriptive Statistics					
	N	Minimum	Maximum	Mean	Std. Deviat
Reverse Pamormal Belive ScaleTotal	119	26.00	154.00	104.9832	22.69809
Childhood Trauma Total	119	26.00	117.00	62.6471	10.77709
Valid N (listwise)	119				

The descriptive analysis of 119 participants revealed substantial variability in paranormal belief scores ($M = 104.98$, $SD = 22.70$), indicating notable individual differences in belief intensity. Childhood trauma scores ($M = 62.65$, $SD = 10.78$) showed comparatively lower variability, suggesting more consistent trauma experiences across participants within the sample.

Table 2 Shows the overall correlations.

Correlations			
		ReversePamormalBeliveScale Total	ChildhoodTrauma Total
ReversePamormalBeliveScaleTotal	Pearson Correlation	1	-.115
	Sig. (2-tailed)		.211
	N	119	119
ChildhoodTraumaTotal	Pearson Correlation	-.115	1
	Sig. (2-tailed)	.211	
	N	119	119

Pearson's correlation analysis ($N = 119$) revealed a weak, negative, and non-significant relationship between childhood trauma and paranormal beliefs ($r = -.115$, $p = .211$). The findings indicate no meaningful linear association in this sample, suggesting that trauma alone may not directly influence paranormal belief formation without additional psychological factors.

Table 3 Shows Model Summary of LinerRegration.

Model Summary									
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	R Square Change	F Change	df1	df2	Sig. F Change
1	.115 ^a	.013	.005	22.64244	.013	1.581	1	117	.211

a. Predictors: (Constant), ChildhoodTraumaTotal

Simple linear regression indicated that childhood trauma was a weak and non-significant predictor of paranormal beliefs ($R = .115$, $R^2 = .013$, $p = .211$). The model explained only 1.3% of variance, demonstrating minimal explanatory power and suggesting that paranormal beliefs are influenced by factors beyond childhood trauma alone.

Coefficients ^a								
Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.	Correlations		
	B	Std. Error	Beta			Zero- order	Partial	Part
(Constant)	120.217	12.293		9.779	.000			
1 ChildhoodTraumaTotal	-.243	.193	-.115	1.257	.211	-.115	-.115	-.115

a. Dependent Variable: ReversePamormalBeliveScaleTotal

Table 4 Show Coefficients data

Regression coefficients indicated that childhood trauma was a weak and non-significant predictor of paranormal beliefs ($B = -0.243$, $\beta = -.115$, $p = .211$). Although the intercept was significant, trauma explained minimal variance, suggesting that increases in childhood trauma do not meaningfully influence paranormal belief levels in this sample.

Discussion:

The present study investigated the relationship between childhood trauma and paranormal beliefs in a sample of 119 participants, revealing no significant association. Descriptive statistics highlighted considerable variability in paranormal belief scores ($M = 104.98$, $SD = 22.70$), reflecting diverse belief intensities, while childhood trauma scores showed more uniformity ($M = 62.65$, $SD = 10.78$), possibly indicating a relatively homogeneous sample in trauma exposure. Pearson's correlation analysis confirmed a weak negative relationship ($r = -.115$, $p = .211$), which simple linear regression further substantiated: childhood trauma predicted only 1.3% of the variance in paranormal beliefs ($R^2 = .013$, $\beta = -.115$, $p = .211$), with a non-significant coefficient ($B = -.243$). These findings align with prior research suggesting that paranormal beliefs may stem from multifaceted influences, such as cognitive biases, cultural factors, or personality traits (e.g., schizotypy or openness to experience), rather than trauma alone (French & Stone, 2014). The lack of significance could stem from sample limitations, including moderate size, potential self-report biases in retrospective trauma measures, or unaccounted moderators like coping styles or social support. Future studies might employ larger, diverse samples, longitudinal designs, or mediation analyses incorporating variables like attachment insecurity to better elucidate any indirect pathways from trauma to paranormal ideation in behavioral psychology contexts.

Conclusion:

In summary, the analysis of 119 participants demonstrated that childhood trauma does not significantly predict paranormal beliefs, with a negligible negative correlation ($r = -.115$, $p = .211$) and minimal explanatory variance in linear regression ($R^2 = .013$, $\beta = -.115$, $p = .211$). This null finding challenges simplistic trauma-based models of paranormal ideation and aligns with evidence emphasizing multifactorial origins, including neurocognitive

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vulnerabilities, social reinforcement, and experiential anomalies (Lange et al., 2021). Practically, these results suggest that interventions for paranormal beliefs should prioritize cognitive-behavioral strategies over trauma-focused therapies alone, potentially benefiting clinical populations prone to such ideation, like those with anxiety or schizotypal traits.

Limitations include the cross-sectional design, which precludes causality; reliance on self-reported measures prone to recall bias; and a potentially non-representative sample from Ludhiana, limiting generalizability to broader cultural contexts in India or globally. Future research could adopt prospective designs, incorporate objective trauma indicators (e.g., physiological markers), and explore mediators like emotional dysregulation or mindfulness, using advanced analytics such as structural equation modeling. Ultimately, this work advances understanding in behavioral sciences by underscoring the resilience of paranormal beliefs against isolated predictors like childhood trauma.

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