



# Does Self-Concept Clarity Buffer the Impact of Childhood Trauma on Dissociation and Maladaptive Daydreaming?

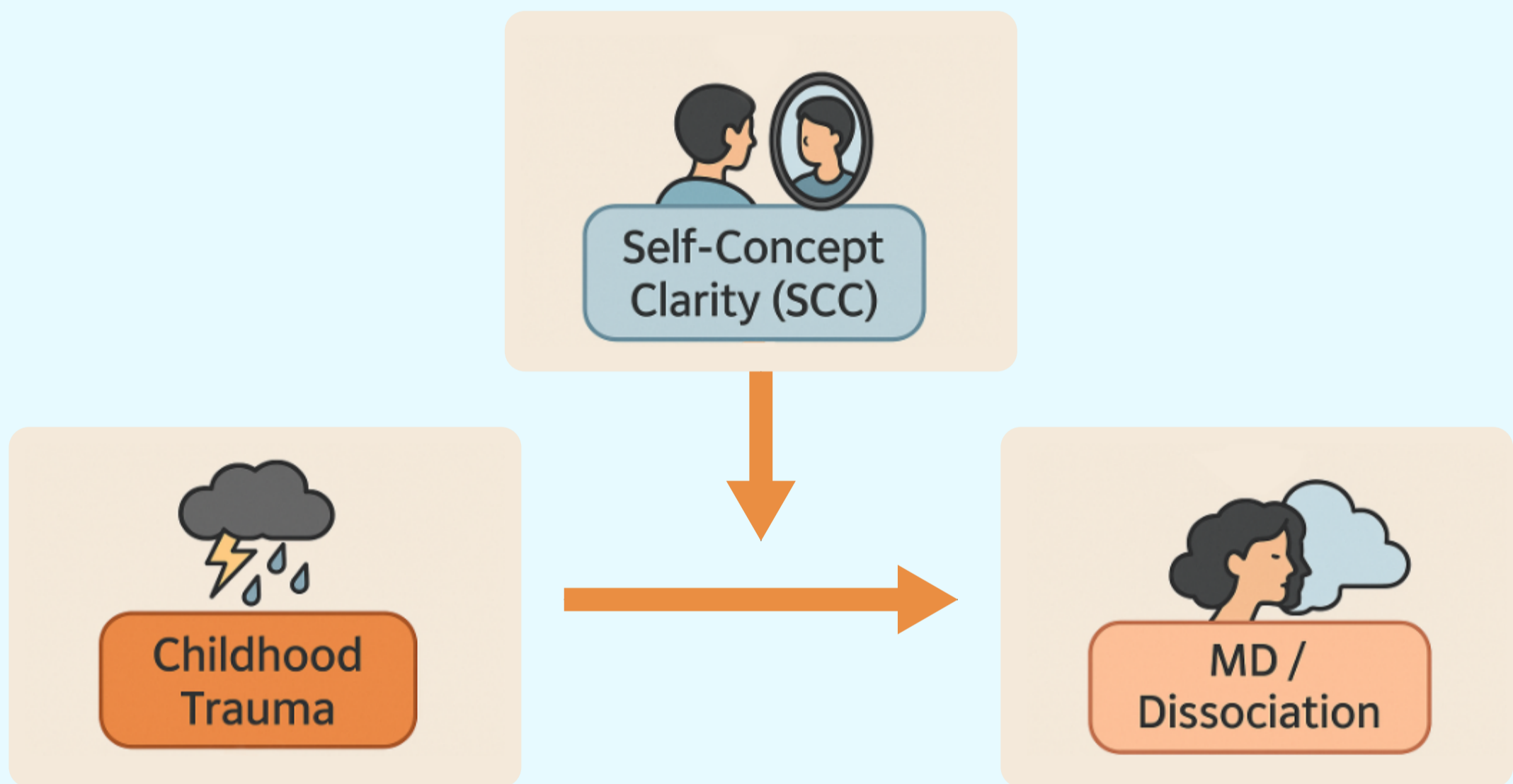


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## Introduction

Childhood trauma, such as emotional neglect or abuse, can impair the development of a stable and coherent self. Without consistent caregiving, children may struggle to integrate emotional experiences, leading to identity confusion and difficulties in regulation (Schimmenti & Caretti, 2014). These disruptions may persist into adulthood. For example, an individual exposed to chronic emotional neglect may grow up with a fragmented self-concept, finding it difficult to understand internal states or respond consistently across situations. Under stress, such individuals may detach emotionally or retreat into fantasy to manage distress. These reactions reflect dissociation—a disruption in the integration of consciousness, memory, identity, or perception (Spiegel et al., 2011). Dissociation spans a spectrum from normative absorption to maladaptive coping. Its severity may depend on self-concept clarity (SCC)—the degree to which one’s self-view is stable and consistent (Dell & O’Neil, 2009; Wong et al., 2018). High SCC promotes resilience, while low SCC increases vulnerability to dissociative responses following trauma (Evans et al., 2015). Maladaptive daydreaming (MD), marked by immersive fantasy that interferes with functioning, is related to dissociation (Somer, 2002). Individuals with low SCC may use MD as a compensatory strategy when facing self-fragmentation or emotional overload (Somer et al., 2020; Wong et al., 2019). Based on these considerations, the study hypothesized that SCC moderates the impact of childhood trauma on dissociation and MD, with higher SCC weakening trauma’s effects. Given the MD group’s greater difficulties with self-integration and reliance on dissociative coping, it was expected that these relationships would be stronger in the MD group compared to controls. Model 1 examined dissociation, and Model 2 examined MD. Extending Lassri et al. (2022), who found that SCC buffers sexual abuse trauma’s effect on dissociation, this study tested this protective role across broader trauma and in relation to MD as well.



## Results

Two linear regression models assessed SCC’s moderating role on childhood trauma’s effects, separately within the MD and control groups. In the MD group, SCC significantly moderated the trauma–dissociation relationship ( $\beta = -0.02$ ,  $p = .028$ ), supported by bootstrap confidence intervals (95% CI  $[-0.0345, -0.0036]$ ; see Table 1 and Figure 1). CTQ\_total had a significant main effect ( $\beta = 0.33$ ,  $p < .001$ ), while SCC showed no significant main effect ( $\beta = 0.28$ ,  $p = .56$ ). The interaction for MD approached significance ( $\beta = -0.01$ ,  $p = .075$ ; see Table 2 and Figure 2), with a marginal CTQ\_total main effect ( $\beta = 0.15$ ,  $p = .060$ ) and a non-significant SCC effect ( $\beta = 0.49$ ,  $p = .27$ ). In the control group, no significant interactions or main effects emerged for dissociation (interaction  $\beta = -0.01$ ,  $p = .54$ ) or MD (interaction  $\beta = -0.00$ ,  $p = .53$ ).

These results suggest that SCC may moderate trauma’s impact on dissociative symptoms primarily among individuals with MD. This moderation was absent in controls, where trauma and SCC did not significantly predict outcomes.

Table 1. Regression coefficients predicting Dissociation (DES\_TOTAL) in the MD group

Predictor	B	SE	t	P
(Intercept)	12.15	4.71	2.58	.012*
CTQ_total	0.33	0.09	3.78	<.001***
SCC_c	0.28	0.47	0.59	.56
CTQ_total x SCC_c	-0.02	0.01	-2.24	.028*

Note: B=unstandardized coefficient; SE = Standard error; t=t-value; p=significance level. \*p<.05, \*\*\*p<.001.

Table 2. Regression coefficients predicting Maladaptive Daydreaming (MDS\_TOTAL) in the MD group

Predictor	B	SE	t	P
(Intercept)	59.00	4.38	13.48	<.001***
CTQ_total	0.15	0.08	1.91	.060
SCC_c	0.49	0.44	1.12	.27
CTQ_total x SCC_c	-0.01	0.01	-1.81	.075

Note: B=unstandardized coefficient; SE = Standard error; t=t-value; p=significance level. \*p<.05, \*\*\*p<.001.

Figure 1  
SCC × CTQ\_total Predicting DES\_TOTAL in MD group

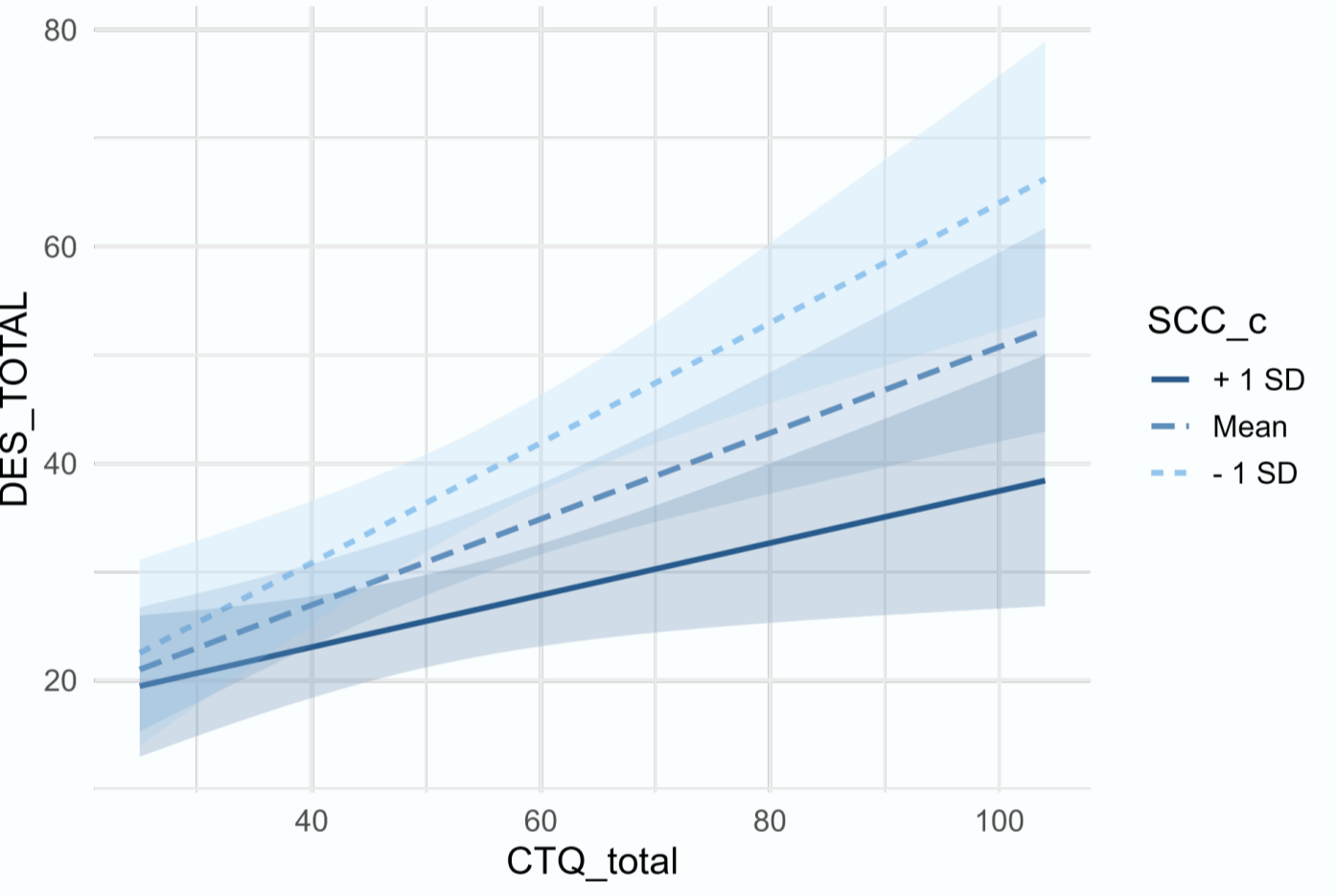
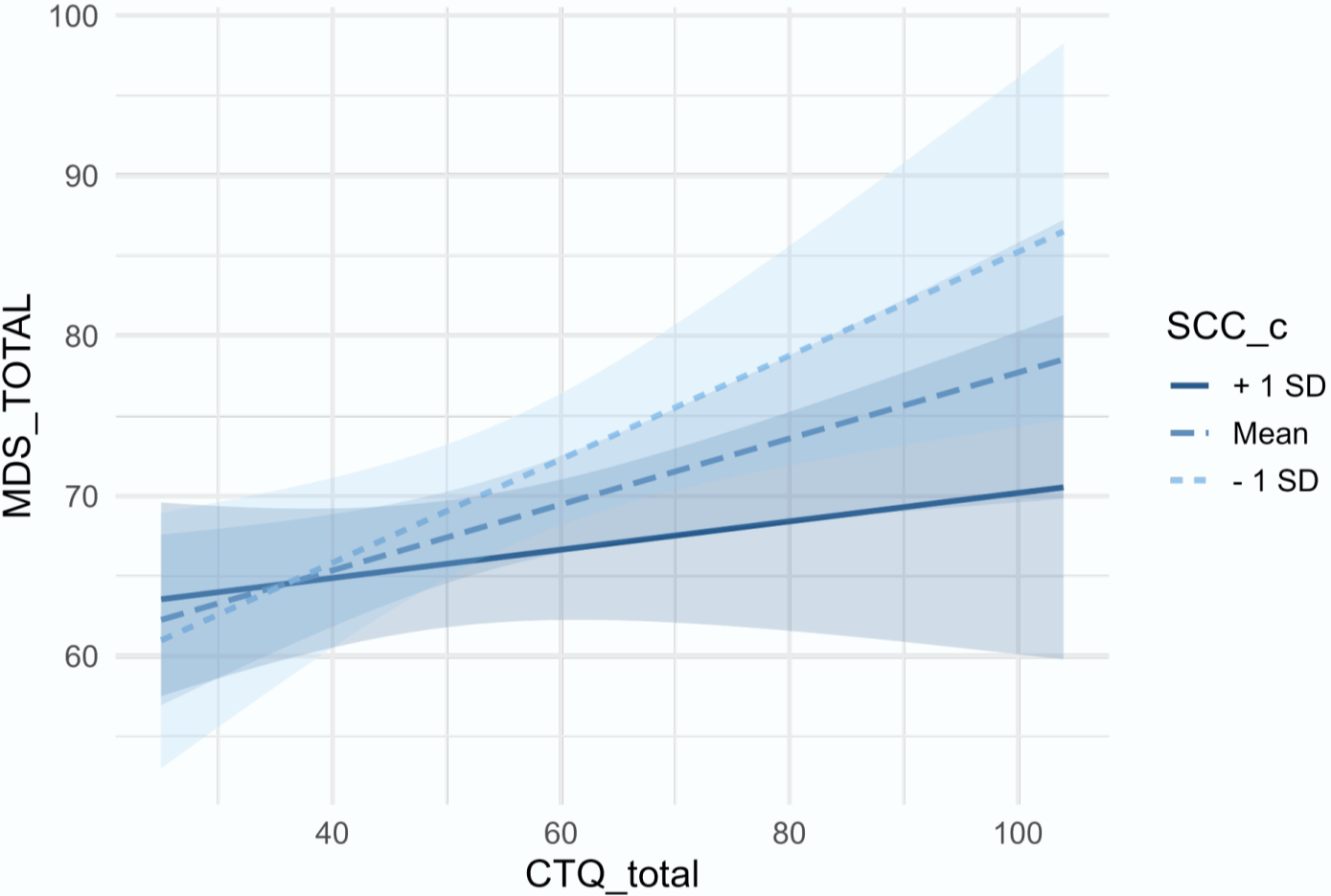


Figure 2  
SCC × CTQ\_total Predicting MDS\_TOTAL in MD group



These results suggest that SCC may moderate trauma’s impact on dissociative symptoms primarily among individuals with MD. This moderation was absent in controls, where trauma and SCC did not significantly predict outcomes.

## Conclusion

This study demonstrated that childhood trauma significantly predicts dissociative symptoms in individuals prone to maladaptive daydreaming (MD), with self-concept clarity (SCC) moderating this association. Lower SCC strengthened the link between trauma and dissociation, suggesting that an unstable self-concept intensifies trauma-related dissociative responses. In contrast, trauma did not significantly predict MD, nor was this relationship moderated by SCC. One possibility is that Individuals with MD often maintain a clear and stable sense of identity within their immersive fantasy world, despite some instability in their waking self-concept. This compartmentalization may reduce the influence of SCC as a whole on MD, explaining the weaker moderation observed. Dissociation, involving more pervasive disruptions tied to trauma processing, shows a stronger dependence on SCC. These results highlight both the overlap and subtle differences between maladaptive daydreaming and dissociation. While they share common features, variations in how self-concept clarity influences them point to distinct underlying processes. Future work should clarify these nuances to better guide theory and treatment.

## Methodology

### Participants

A total of 217 participants were recruited online: 97 MD participants and 120 Control participants. Of the MD group, 120 participants were excluded, resulting in a final sample of 97 MD participants. In the control group, 40 participants were excluded, and the final sample consisted of 120 control participants.

The MD group included 97 participants ( $M = 29.75$ ,  $SD = 11.44$ . 69 females, 15 males, and 13 others), ages 18 to 38 years. The control group included 120 Control participants ( $M = 30.16$ ,  $SD = 10.84$ . 87 females, 22 males, and 10 others), ages 18 to 38.

### Measures

#### Childhood Trauma Questionnaire (CTQ; Bernstein & Fink, 1998)

A 28-item self-report questionnaire assessing childhood emotional, physical, and sexual abuse, and neglect, on a 5-point Likert scale (Cronbach’s  $\alpha = .86$ ).

#### Self-Concept Clarity (SCC; Campbell et al., 1996)

A 12-item self-report measure that assesses the clarity and stability of an individual’s self-concept using a 5-point Likert scale (Cronbach’s  $\alpha = .88$ ).

#### Maladaptive Daydreaming (MD; Somer et al., 2016, 2017)

A 16-item self-report measure assessing four components of maladaptive daydreaming (yearning, daily life impairments, kinesthetic activity, and music involvement) using an 11-point Likert scale (Cronbach’s  $\alpha = .96$ ).

#### Dissociation (DES-II; Carlson & Putnam, 1993)

A 28-item self-report measure assessing the frequency of dissociative experiences using an 11-point percentage scale (Cronbach’s  $\alpha = .95$ ).

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