Disturbances of self-concept in young adults exposed to psychological traumatization as targets for psychotherapeutic intervention

Anna G. Faustova, Margarita O. Safronova*

Department of Clinical Psychology, Faculty of Clinical Psychology,
Ryazan State Medical University named after Academician I. P. Pavlov, Ryazan, Russia

Abstract

Objective: This pilot study aims to identify disturbances of self-concept in young adults exposed to psychological traumatization to determine potential targets for psychotherapeutic interventions focused on correcting personality functioning.

Methods: The sample consisted of 51 individuals aged 18–23 years, with a mean age of 19.255 ± 1.214, including 28 females and 23 males. The differentiation criterion was the results of the Life Experiences Questionnaire (LEQ): the experimental group included 22 participants who had experienced psychological traumatization of various origins (natural disasters, domestic violence, road traffic accidents, robberies), and the control group included 29 participants with no history of psychological traumatization. The following instruments were used: *Self-Concept Clarity Scale (SCCS); the Self-Image Variability Assessment;* the classical version of *the Dembo-Rubinstein Self-Esteem Test; the Self-Attitude Questionnaire;* and *the Behavioral Self-Regulation Style Questionnaire (BSSQ).* For statistical analysis, the Mann-Whitney U test and Spearman's rank correlation coefficient (r) were applied.

Results: The level of self-concept clarity in young adults exposed to psychological traumatization is significantly lower than in those who have not encountered traumatic experiences; they also demonstrate an undifferentiated variability of self-image. The experimental sample is characterized by moderately formed self-representation, relative consistency of its components, and stability over time. They also show medium and low values of the general level of self-regulation, which may indicate the negative impact of psychological traumatization on self-regulation mechanisms. Half of the respondents from the experimental sample exhibit a pronounced feeling "for oneself", indicating their ability to withstand negative influences and maintain a positive attitude towards themselves. The other half experiences the opposite feeling — "against oneself". This may be related to exposure to more serious psychological traumas that evoke negative emotions and doubts about their own worth.

Conclusions: The formation and strengthening of positive self-attitude, increasing the clarity of self-concept, and training self-regulation skills are important components in psychotherapeutic work with the consequences of psychologically traumatic events.

Keywords: Self-concept, young adulthood, targets for psychotherapeutic intervention, psychological traumatization.

Received: Dec 3, 2025
Accepted: Jan 22, 2026
Published: Mar 1, 2026

For citation:
Faustova AG, Safronova MO. Disturbances of self-concept in young adults exposed to psychological traumatization as targets for psychotherapeutic intervention. *Psychotherapy Science Today.* 2(2):55–62. https://doi.org/10.64435/koxw9115.

Introduction

In modern society, representatives of various age groups often face a significant number of factors provoking psychological traumatization. According to the World Health Organization (WHO), more than 70% of people are exposed to psychologically traumatic factors at least once in their lives, such as physical or psychological abuse, loss of loved ones, natural disasters, accidents, terrorist acts [1, 2]. Encounters with psychologically traumatic events are accompanied by serious consequences for mental health, especially for young adults at the stage of active personality formation [3–5]. Young adulthood

* Corresponding author, e-mail: anne.faustova@gmail.com.

is a critical period when a person forms a system of basic life priorities and values, adjusts and refines cognitive schemas regarding their own personality, others, and the world as a whole, which determines vulnerability to the negative consequences of psychologically traumatic events [6, 7].

According to WHO, up to 70% of people aged 18–23 have experienced a psychologically traumatic event at least once in their lives, related to violence, loss of loved ones, natural disasters, or social conflicts [1, 8]. Among youth aged 18 to 23, post-traumatic stress disorder (PTSD) is diagnosed in 7–8% of those affected [2, 9, 10]. In this age group, women are 2 times more likely to experience PTSD than men, which is primarily associated with a higher probability of sexual violence and social discrimination [11].

The consequences of psychological traumatization can vary: depressive states develop in 18% of young adults with traumatic experience [11–14]. Up to 15% of youth with severe post-traumatic experiences report suicidal intentions [8, 12, 15].

Studying the features of self-concept in young adults exposed to psychological traumatization has important theoretical and practical significance. On one hand, it allows for a deeper understanding of the mechanisms of formation and transformation of self-concept under the influence of traumatic experience. On the other hand, its results can be used to develop clinical-psychological intervention programs aimed at restoring a positive "self" image, increasing self-esteem, and the level of subjective well-being [16–19]. Timely psychotherapeutic work with young adults who have experienced psychological traumatization can prevent the development of chronic mental disorders in them and promote successful social adaptation.

Studying the influence of traumatic events on self-concept will enable the development of psychological and preventive measures aimed at proactively increasing psychological resilience among the younger generation. The formation of emotional and behavioral self-regulation skills, development of stress resistance, and orientation towards social support are important components of such programs [7, 19, 20].

Thus, the study of self-concept features in young adults exposed to psychological traumatization is relevant. It helps not only to understand the nature of changes occurring in the personality under the influence of traumatic experience but also to develop effective methods of psychological assistance and support. In the context of the growing number of crisis situations and psychologically traumatic events in the modern world, this research direction is gaining increasing significance, influencing the improvement of the quality of life and mental health of young people.

Method

An empirical study of disturbances in the self-concept of young adults exposed to psychological traumatization was conducted to determine optimal targets for psychotherapeutic intervention aimed at correcting personality functioning.

The object of the study was the self-concept. The subject of the study is deviations in the functioning of the self-concept in young adults who have experienced psychological traumatization.

The aim of the study is to identify disturbances in the self-concept of young adults exposed to psychological traumatization, to determine potential targets for psychotherapeutic intervention focused on correcting personality functioning.

Research hypotheses:

1. The self-representations of young adults exposed to psychological traumatization lack internal consistency and stability, characterized by dysthymic, dysphoric, and inadequate variability of self-image.
2. Self-regulation in young adults with experience of psychological traumatization is developed at a low level.
3. Self-attitude in young adults exposed to psychological traumatization is distinguished by low levels of self-respect and self-understanding, insufficient self-affection and self-acceptance, combined with a pronounced tendency towards self-blame.

The following standardized psychodiagnostic methods were used in the study:

- *Life Experiences Questionnaire (LEQ),* authors: J. Norbeck, I. Sarason, adapted by N. V. Tarabrina.
- *Self-Concept Clarity Scale (SCCS)* adapted by V. V. Vdovenko, S. A. Shchebetenko.
- *Self-Image Variability Assessment,* author: V. Boyko.
- The classical version of *the Dembo-Rubinstein Self-Esteem Test.*
- *Self-Attitude Test-Questionnaire,* authors: V. V. Stolin, S. I. Pantileev.
- *Behavioral Self-Regulation Style Questionnaire (BSSQ),* author: V. I. Morosanova.

For statistical analysis of empirical data, the Mann-Whitney U test and Spearman's rank correlation coefficient were applied.

The total sample size was 51 people, 28 female, 23 male. Average age: 19.255±1.214 years. The differentiating criterion was the score on *the Life Experiences Questionnaire (LEQ):*

- experimental group — 22 individuals exposed to psychological traumatization of various

origins (natural disasters and catastrophic events, domestic violence, road traffic accidents, robberies/assaults);
- control group — 29 individuals without experience of psychological traumatization.

The main and control samples were comparable in socio-demographic characteristics.

Exclusion criteria:
- traumatic brain injuries;
- chronic cerebrovascular disorders;
- history of neuroinfections;
- brain tumors of various etiologies;
- type 2 diabetes mellitus;
- thyroid diseases;
- chronic avitaminosis;
- alcohol, psychoactive substance abuse;
- diagnosed mental disorders.

The program of empirical research was approved at a meeting of the Local Ethics Committee of Ryazan State Medical University, Ministry of Health of Russia (protocol dated August 28, 2024). At all stages of the research, ethical principles of organizing and conducting psychological research were observed, consisting of voluntary participation, no harm, impartiality, full confidentiality, and anonymity.

Results

According to the results of applying *the Self-Concept Clarity Scale,* the following data were obtained (Fig. 1). Young adults who have experienced psychological traumatization predominantly demonstrate medium (68.2%, 15 people) and low levels of self-concept clarity (18.2%, 4 people). High self-concept clarity is more characteristic of respondents without traumatic experience (37.9%, 11 people) than those exposed to psychological traumatization (13.6%, 3 people). These differences are statistically significant (Table 1).

Traumatized young adults demonstrate lower self-concept clarity compared to young adults without a history of psychological trauma.

The results of applying *the Self-Image Variability Assessment* show that respondents with experience of psychological traumatization largely demonstrate undifferentiated variability of self-image* (63.6%, 14 people) (Fig. 2). Analysis of the results from *the*

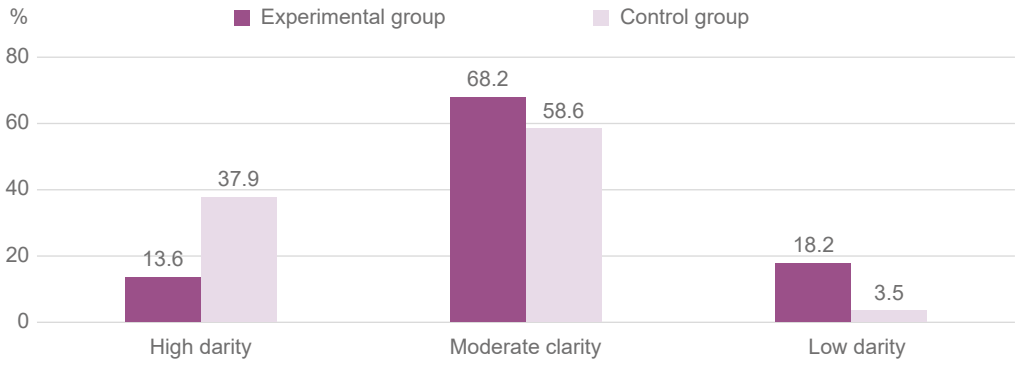

Figure 1. Distribution of respondents by level of self-concept clarity

	Mean (M) in experimental group (N = 22)	Mean (M) in control group (N = 29)	Uemp value
Self-concept clarity	3.00	3.49	194, p ≤ 0.01
Self-assessed current happiness	53.40	70.86	185, p ≤ 0.01
Self-understanding	54.19	75.54	185.5, p ≤ 0.01

Table 1. **Results of intergroup comparison using the Mann-Whitney U test**

* In *the Self-Image Variability Assessment* (Boyko, 1996), "undifferentiated variability" is a specific diagnostic category. It describes a state of self-perception characterized by unstable, contradictory, and fragmented self-descriptions that lack an internal logical pattern or connection to situational factors. This is contrasted with other types of variability, such as "adequate/progressive" (linked to personal growth) or "dysthymic/dysphoric" (linked to low mood or irritability). The presence of "undifferentiated variability" indicates a lack of integration in self-concept, where an individual struggles to form a coherent and stable sense of self.

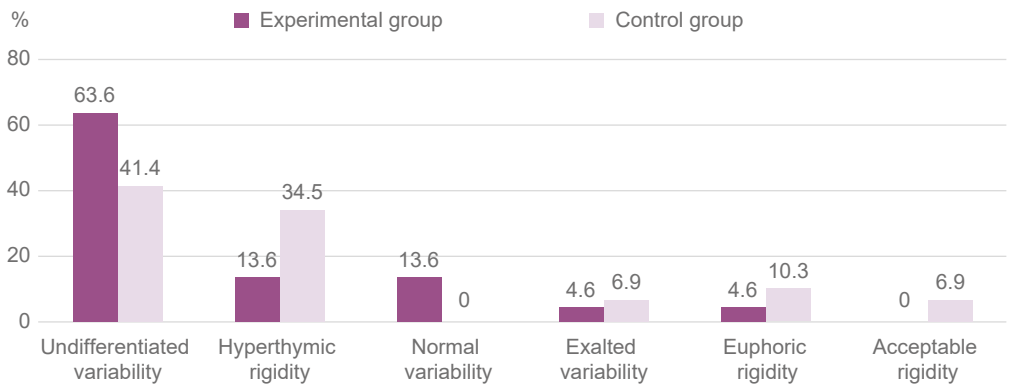

Figure 2. Distribution of respondents by type of self-image variability

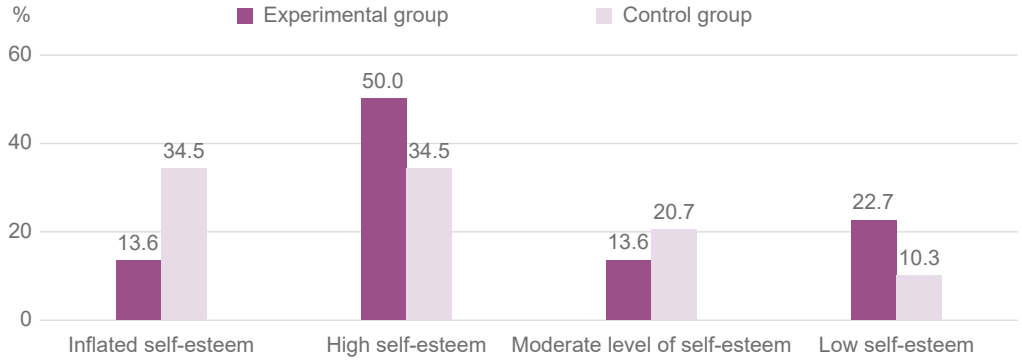

Figure 3. Distribution of respondents by level of self-esteem

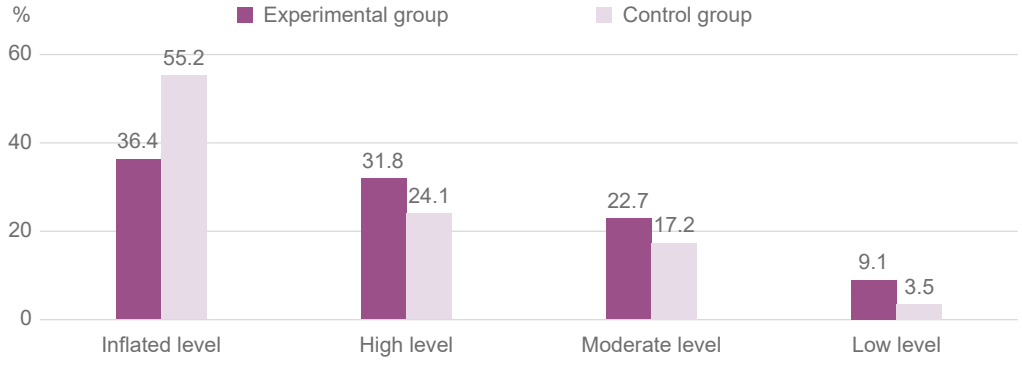

Figure 4. Distribution of respondents by level of aspiration

Dembo-Rubinstein Self-Esteem Test shows that half of the respondents in the experimental group demonstrate high self-esteem (50%, 11 people), and only one-fifth have low self-esteem (22.7%, 5 people) (Fig. 3).

The Dembo-Rubinstein Self-Esteem Test also allows establishing levels of aspiration in each group of respondents (Fig. 4). Among young adults exposed to psychological traumatization, inflated (36.4%, 8 people) and high (31.8%, 7 people) levels of aspiration are observed.

Based on the results of *the Self-Attitude Questionnaire (SAQ),* the following data were obtained (Fig. 5). More than half of the respondents in the experimental group exhibited a strongly positive attitude toward themselves ("for oneself") (59.1%, 13 participants). Fewer than one-quarter of respondents reported the opposite feeling — a negative attitude toward themselves ("against oneself") (22.7%, 5 participants).

The results from *the Behavioral Self-Regulation Style Questionnaire* demonstrate that young adults with traumatic experience have medium (31.8%, 7 people) and low values of the general level of self-regulation (68.2%, 15 people) (Fig. 6).

Statistically significant differences were found between the experimental sample and the control group in the degree of self-concept clarity, the level of self-assessed current happiness, and self-understanding (Table 1).

Correlational analysis of variables measured in the experimental group showed the presence of statistically significant relationships (Table 2).

Discussion of Results

This empirical study aimed to identify deviations in

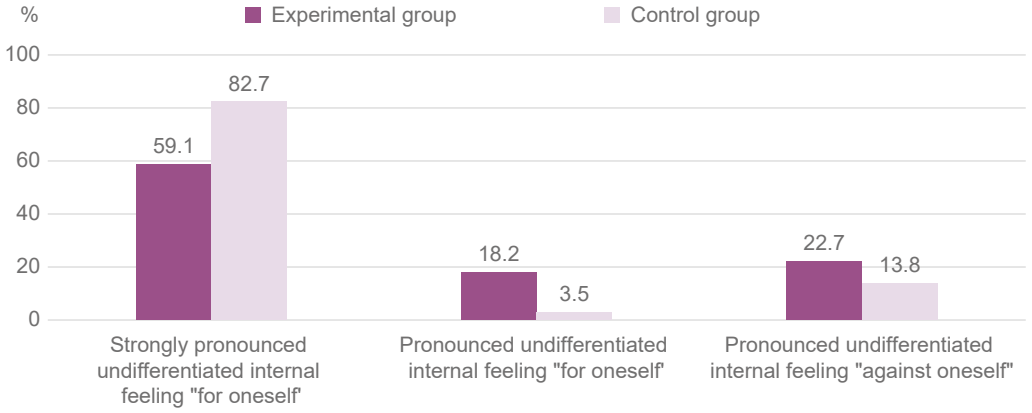

Figure 5. Distribution of respondents by severity of global self-attitude

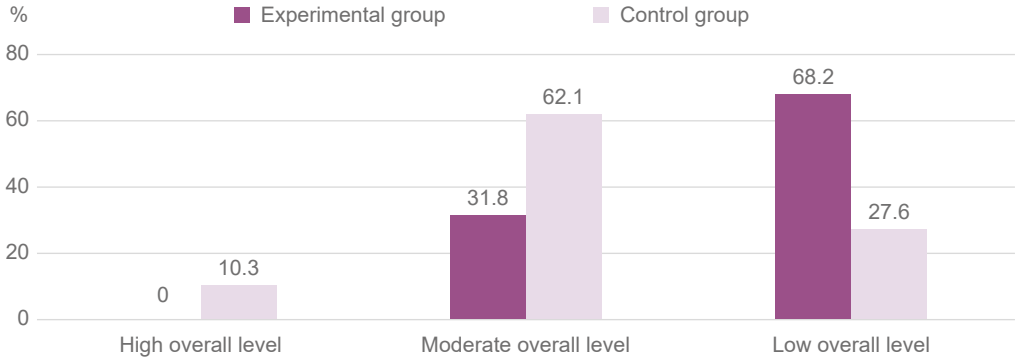

Figure 6. Distribution of the sample by value of general level of self-regulation

Scales of Methods	Coefficient Value	Significance Level
Number of experienced traumatic experiences (LEQ) x Reliability (BSSQ)	–0.457	p ≤ 0.05
Number of experienced traumatic experiences (LEQ) x General level of self-regulation (BSSQ)	–0.426	p ≤ 0.05
Degree of influence of traumatic experiences on respondent's life over the past year (LEQ) x Reliability (BSSQ)	–0.494	p ≤ 0.05
Self-concept clarity (SCCS) x Mean self-assessment (Dembo-Rubinstein)	0.479	p ≤ 0.05
Self-concept clarity (SCCS) x Evaluation of results (BSSQ)	–0.603	p ≤ 0.01
Self-concept clarity (SCCS) x Reliability (BSSQ)	0.535	p ≤ 0.05
Mean self-assessment (Dembo-Rubinstein) x Integral self-attitude (SAQ)	0.507	p ≤ 0.05
Mean self-assessment (Dembo-Rubinstein) x Self-respect (SAQ)	0.442	p ≤ 0.05
Mean self-assessment (Dembo-Rubinstein) x Self-affection (SAQ)	0.503	p ≤ 0.05
Mean self-assessment (Dembo-Rubinstein) x Persistence (BSSQ)	0.427	p ≤ 0.05
Discrepancy between aspiration level and self-assessment (Dembo-Rubinstein) x Flexibility (BSSQ)	–0.437	p ≤ 0.05
Self-respect (SAQ) x Programming of actions (BSSQ)	0.575	p ≤ 0.01
Self-respect (SAQ) x Persistence (BSSQ)	0.477	p ≤ 0.05
Self-respect (SAQ) x General level of self-regulation (BSSQ)	0.616	p ≤ 0.01
Self-affection (SAQ) x Programming of actions (BSSQ)	0.458	p ≤ 0.05
Self-affection (SAQ) x General level of self-regulation (BSSQ)	0.446	p ≤ 0.05
Self-guidance (SAQ) x Modeling significant conditions for achieving goals (BSSQ)	0.439	p ≤ 0.05
Self-guidance (SAQ) x Programming of actions (BSSQ)	0.605	p ≤ 0.01
Self-guidance (SAQ) x Persistence (BSSQ)	0.48	p ≤ 0.05
Self-guidance (SAQ) x General level of self-regulation (BSSQ)	0.678	p ≤ 0.01
Self-blame (SAQ) x Programming of actions (BSSQ)	–0.443	p ≤ 0.05
Self-blame (SAQ) x General level of self-regulation (BSSQ)	–0.46	p ≤ 0.05
Self-interest (SAQ) x General level of self-regulation (BSSQ)	0.556	p ≤ 0.01
Self-understanding (SAQ) x Persistence (BSSQ)	0.44	p ≤ 0.05

Table 2. **Significant correlational links according to Spearman's rank correlation coefficient in the experimental group (N = 22)**

self-concept potentially associated with experienced psychological traumatization and to determine corresponding targets for psychotherapeutic intervention.

It was found that experienced traumatic events have a multidirectional impact on various aspects of personality functioning. On one hand, psychological traumatization reduces the stability of mental regulation and the clarity of self-concept, thereby complicating the adaptation of the affected individual. At the same time, high indicators of self-esteem, self-respect, self-affection, and self-guidance indicate sufficient awareness and confidence in one's own abilities, forming the foundation for coping with the consequences of traumatic events. Additionally, young adults who have experienced psychological traumatization exhibit an insufficient level of self-understanding, which limits them in understanding and becoming aware of their emotional experiences.

The results of the conducted correlational analysis can be interpreted as follows.

The more traumatic events an individual has experienced, and the more significant their impact, the lower the identified abilities for conscious regulation of mental activity, behavior, and activity in complex life situations.

Self-concept clarity positively correlates with self-esteem. People with a clear and stable self-representation have higher self-esteem, accompanied by confidence in their abilities, capacity for self-regulation, and more adequate assessment of their actions.

High self-esteem, in turn, promotes the development of a more positive attitude towards oneself, confidence in one's own abilities, perseverance in achieving goals, as well as a benevolent attitude toward oneself. People with stable high self-esteem demonstrate greater

persistence, internal consistency, and ability to control their lives. Conversely, low self-esteem is accompanied by a tendency towards self-blame, distrust of oneself, and fixation on one's shortcomings.

A benevolent attitude towards oneself (self-affection), a high level of self-respect and self-understanding contribute to conscious planning of actions, perseverance in achieving goals, and development of the system of conscious behavior regulation.

The tendency towards self-blame negatively correlates with conscious construction of actions and building a system of behavior regulation. People with a low level of self-blame plan their actions more effectively and achieve better results.

The obtained results allow identifying the following targets for psychotherapeutic intervention aimed at achieving subjective well-being in young adults with traumatic experience:

- low level of self-concept clarity;
- undifferentiated variability of self-image;
- low self-esteem;
- inflated level of aspiration;
- negative self-attitude;
- low level of self-regulation.

Consequently, the tasks of providing psychological assistance to young adults who have experienced psychological traumatization are formulated as follows:

- increasing the level of self-concept clarity, overcoming intrapersonal conflict;
- developing adequate and stable self-esteem, ensuring harmonious personality development;
- optimizing the level of aspiration;
- forming a consistent positive self-attitude;
- developing skills of self-understanding and self-acceptance;
- forming skills of self-regulation and stress resistance.

When providing psychological assistance to young adults who have experienced traumatic impact, the following principles should be followed:

- *consistency and systematicity* — psychotherapeutic intervention begins with creating a safe environment, followed by psychotherapeutic work with emotions, then with cognitive attitudes;
- *individual approach* — consideration of personal experience and personality traits, degree of psychological traumatization, and the scale of its impact on subjective well-being;
- *active participation* — the client should be actively involved in the psychotherapeutic process as much as possible, which contributes to increasing their subjective control over the ongoing changes;
- *resource orientation* — when selecting and implementing psychotherapeutic interventions, the emphasis shifts to the client's personal strengths to restore balance and strengthen the self-concept.

Conclusions

1. The level of self-concept clarity in young adults exposed to psychological traumatization is significantly lower than in those who have not encountered traumatic experience. This category is characterized by: moderately formed self-representation, relative consistency of its components, and stability over time. In psychologically traumatized individuals, representations of themselves, the level of beliefs and motives directed towards oneself are distorted. This group of respondents is characterized by a lower degree of internal consistency of self-concept and self-confidence, which also affects the structure of self-concept as a whole.
2. Young adults who have experienced psychological traumatization demonstrate undifferentiated variability of self-image. They exhibit disturbances in the integrity of self-perception, difficulties in forming a stable self-representation, fluctuations in self-esteem, and complexities in self-identification. It can be reasonably assumed that psychological traumatization significantly influences the formation of self-image, leading to its instability and heterogeneity of manifestations.
3. The majority of respondents from the experimental group who have experienced traumatic situations demonstrate high self-esteem, and only one-fifth of this sample have low self-esteem. Such results allow us to assume that high self-esteem may act as a narcissistic defense, helping to successfully cope with difficulties and adapt to complex life situations.
4. Young adults with experience of psychological traumatization more often exhibit inflated or high levels of aspiration. They strive for extremely high goals and may unrealistically assess their capabilities.
5. About half of the respondents from the experimental sample demonstrate a pronounced feeling "for oneself", indicating their ability to withstand negative influences and maintain a positive attitude towards themselves. On the other hand, some respondents experience the opposite feeling —

"against oneself". This may be related to exposure to more severe psychological traumas that evoke negative emotions and doubts about their own worth.

6. Young adults who have experienced traumatic situations demonstrate medium and low values of the general level of self-regulation, which may indicate the negative impact of psychological traumatization on self-regulation mechanisms, insufficient formation of conscious self-regulation.
7. The formation and strengthening of positive self-attitude, increasing the clarity of self-concept, and training self-regulation skills are important components in psychotherapeutic work with the consequences of psychologically traumatic events.

Considering the pilot nature of the conducted study and the specificity of the obtained results, we consider the following prospects for continuing scientific work appropriate:

- conducting a longitudinal study of the dynamics of self-concept with periodic regular measurements of self-image indicators, self-esteem, and self-attitude over 1–3 years in a sample of adolescents or young adults, which will allow for a more detailed characterization of cause-and-effect relationships between traumatic experience and changes in self-awareness, as well as identifying protective factors determining the resilience and clarity of self-concept.
- conducting comparative studies considering age parameters (age at the time of psychological traumatization; age at the time of participation in the study), which will allow for a more detailed understanding of the role of narcissistic defenses in various age contexts.
- developing and testing a system of psychotherapeutic interventions aimed at stabilizing and increasing the clarity of self-concept, developing skills of emotional and behavioral self-regulation.

References

1. Kessler RC, Aguilar-Gaxiola S, Alonso J, et al. Trauma and PTSD in the WHO World Mental Health Surveys. Eur J Psychotraumatol. 2017;8(sup5):1353383. https://doi.org/10.1080/20008198.2017.1353383.
2. Koenen KC, Ratanatharathorn A, Ng L, et al. Posttraumatic stress disorder in the World Mental Health Surveys. Psychol Med. 2017;47(13):2260–2274. https://doi.org/10.1017/S0033291717000708.
3. Берчун АВ, Падун МА. Особенности структурной организации Я-концепции у лиц с посттравматическим стрессовым расстройством. Консультативная психология и психотерапия. 2020;28(3):8–30.
4. Губарева НА. Психотравма и жизненная перспектива личности: теоретический анализ и адаптационные механизмы. Актуальные проблемы психологических исследований. 2025;1(2):45–62.
5. Кочетова ЮА, Климакова МВ, Емельянова ЕА. Психологическая травма в разные периоды детства: влияние на Я-концепцию. Социальная психология и общество. 2025;16(2):112–128.
6. Galea S, Nandi A, Vlahov D. The epidemiology of post-traumatic stress disorder after disasters. Epidemiol Rev. 2005;27(1): 78–91. https://doi.org/10.1093/epirev/mxi003.
7. Truskauskaite-Kuneviciene I, Brailovskaia J, Kamite Y, Petrauskaite G, Margraf J, Kazlauskas E. Does Trauma Shape Identity? Exploring the Links Between Lifetime Trauma Exposure and Identity Status in Emerging Adulthood. Front Psychol. 2020;11:570644. https://doi.org/10.3389/fpsyg.2020.570644.
8. Всемирная организация здравоохранения. Насилие и психическое здоровье. Женева: ВОЗ; 2021. https://www.who.int.
9. Labouvie-Vief G. Postformal thought and adult development. In: Sternberg RJ, editor. Adult development. New York: Praeger; 1990.
10. Pynoos RS, Steinberg AM, Goenjian A. Traumatic Stress in Childhood and Adolescence: Recent Developments and Current Controversies. *Trauma Violence Abuse.* 2005;6(4):345–368.
11. Marcia JE. Development and validation of ego-identity status. J Pers Soc Psychol. 1966;3(5):551–558. https://doi.org/10.1037/h0023281.
12. Всемирная организация здравоохранения. Международная классификация болезней (МКБ-11). Женева: ВОЗ; 2018–2021. https://icd.who.int.
13. Rytwinski NK, Scur MD, Feeny NC, Youngstrom EA. The co-occurrence of major depressive disorder among individuals with posttraumatic stress disorder: a meta-analysis. J Trauma Stress. 2013;26(3):299–309. https://doi.org/10.1002/jts.21814.
14. Yehuda R, Hoge CW, McFarlane AC, et al. Post-traumatic stress disorder. Nat Rev Dis Primers. 2015;1:15057. https://doi.org/10.1038/nrdp.2015.57.
15. Panagioti M, Gooding PA, Tarrier N. A meta-analysis of the association between posttraumatic stress disorder and suicidality: the role of comorbid depression. Compr Psychiatry. 2012;53(7):915–930. https://doi.org/10.1016/j.comppsych.2012.02.009.
16. Cloitre M. The "one size fits all" approach to trauma treatment: Should we be satisfied? Eur J Psychotraumatol. 2015;6:27344. https://doi.org/10.3402/ejpt.v6.27344.
17. Katoch N. Trauma Exposure During Adolescence and Its Impact on Self-Concept Among Adults. Int J Indian Psychol. 2025;13(2):208. https://ijip.in/articles/trauma-exposure.
18. Melamed DM, Botting J, Lofthouse K, Pass L, Meiser-Stedman R. The Relationship Between Negative Self-Concept, Trauma, and Maltreatment in Children and Adolescents: A Meta-Analysis. Clin Child Fam Psychol Rev. 2024;27(1): 220–234. https://doi.org/10.1007/s10567-024-00472-9.
19. van der Kolk BA. The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma. New York: Viking Press; 2014. p. 147–172.
20. Galatzer-Levy IR, Bryant RA. 636,120 Ways to Have Posttraumatic Stress Disorder. Perspect Psychol Sci. 2013;8(6):651–662. https://doi.org/10.1177/1745691613504115.