

# The memory and identity theory of CPTSD

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# 1. Complex PTSD in ICD-11

# ICD-11 PTSD & CPTSD

## Posttraumatic Stress Disorder

1. Re-experiencing in the here and now
  - *Nightmares & Flashbacks*
2. Avoidance of trauma reminders
  - *Internal & External*
3. Sense of current threat
  - *Hypervigilance & Hyperarousal*

## Disturbances in Self-Organisation

4. Affective dysregulation
  - *Hyperactivation & Numbing*
5. Negative self-concept
  - *Failure & Worthless*
6. Disturbed relationships
  - *Distant from others & Hard to stay close to others*

# ICD-11 PTSD & CPTSD – Population Prevalence

Country	PTSD	CPTSD	Total
Germany (2018) *	1.5%	0.5%	2.0%
USA (2019)	3.4%	3.8%	7.2%
Ireland (2019)	5.0%	7.7%	12.7%
Israel (2020)	6.7%	4.9%	11.2%
Germany (2022) *	1.4%	2.5%	3.9%
Lithuania (2022)	5.8%	1.8%	7.6%
Ukraine (2023)	11.1%	9.2%	20.3%
Hong Kong (2024)	1.7%	4.2%	5.9%
Ireland (2024)	2.4%	8.8%	11.2%
Ukraine (2024)	14.4%	8.9%	23.3%
Netherlands (2025)	1.0%	1.6%	2.6%
<b>Mean</b>	<b>5.0%</b>	<b>5.0%</b>	<b>10.0%</b>

\* very limited assessment of trauma exposure.

## 2. The Memory & Identity Theory of ICD-11 Complex PTSD

# CPTSD Theory



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## The Memory and Identity Theory of *ICD-11* Complex Posttraumatic Stress Disorder

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# Two key questions a theory needed to answer

- Prior to ICD-11, there was no distinction made between 'core' PTSD symptoms & DSO symptoms.
  - *Existing theories of PTSD had no need to explain this distinction.*
- The empirical evidence indicated that PTSD and DSO symptoms can be functionally independent – *different causal pathways must therefore exist.*

## **1. What are the mechanisms that can give rise to the PTSD and DSO symptoms?**

# Two key questions a theory needed to answer

- Most theories of PTSD are modelled on a **single overwhelming event** that would **trigger a traumatic response in most people**.
  - ICD-11 places a special focus on repetitive trauma, and there are different outcomes from trauma exposure (PTSD & CPTSD).
  - Multiple, chronic, or early life trauma is a risk factor for CPTSD – but PTSD can develop after these types of trauma and CPTSD can develop after a single traumatic event.
2. **Theory must account for why PTSD & CPTSD can occur following different types of trauma.**

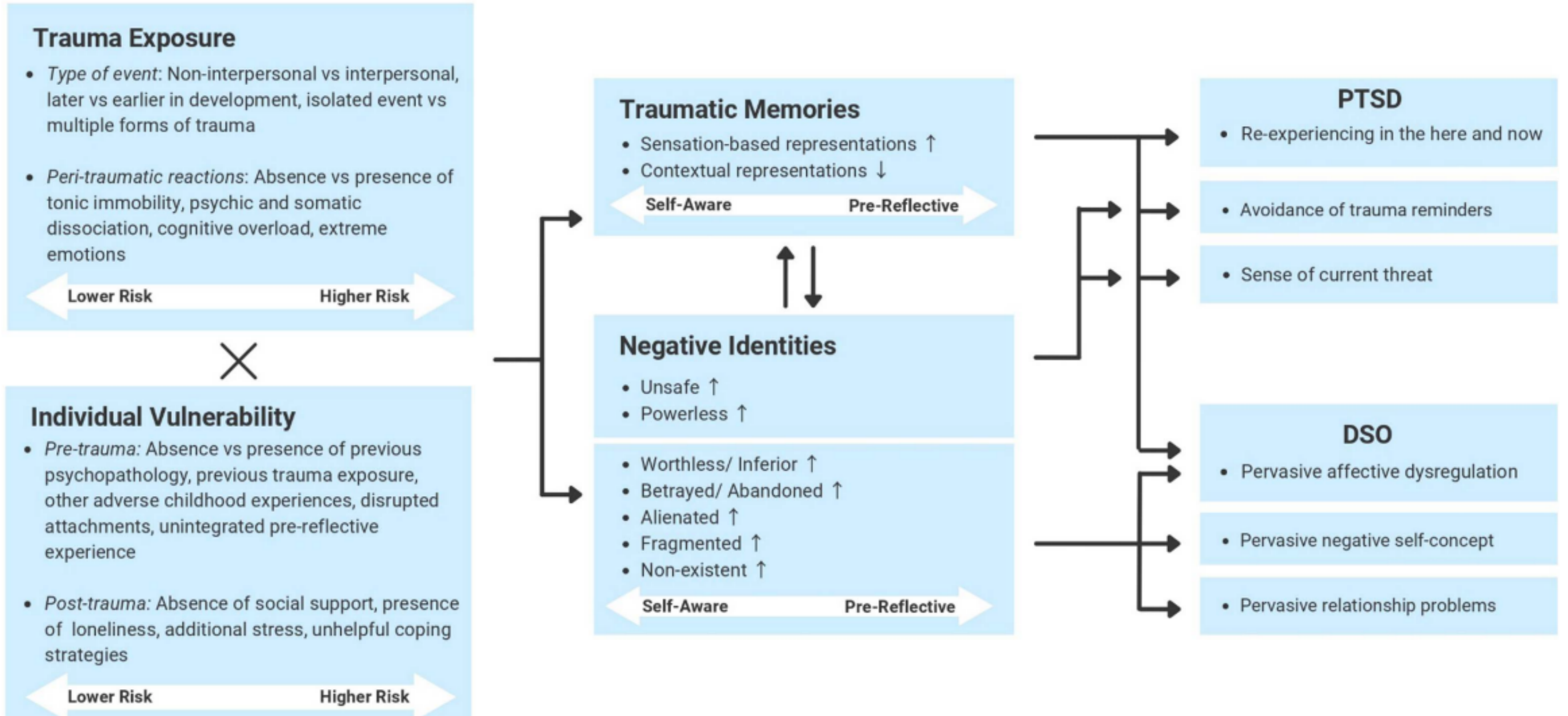


# Foundations of the theory – memory and identity

- Not proposing anything radically new in this theory.
- PTSD has long been recognized as a disorder of memory and identity.
- We focused on these well-established causal mechanisms to explain how PTSD and DSO symptoms can occur after different types of trauma.



**Figure 3**  
*The Memory and Identity Theory of ICD-11 Complex Posttraumatic Stress Disorder*



### 3. Empirical testing of the Memory & Identity Theory of ICD-11 CPTSD

# CPTSD Theory Testing

- I will summarise findings from two studies we have done.
- Hyland, P., Shevlin, M., Martsenkovskyi, D., Ben-Ezra, M., & Brewin, C. R. (2024). Testing predictions from the Memory and Identity Theory of ICD-11 Complex Posttraumatic Stress Disorder: Measurement development and initial findings. *Journal of Anxiety Disorders*, 105, 102898.  
<https://doi.org/10.1016/j.janxdis.2024.102898>
- Hyland, P., Broughill, M., Shevlin, M., & Brewin, C. R. (2025). Memory and identity processes in ICD-11 complex posttraumatic stress disorder: Tests of a new theory. *Journal of Anxiety Disorders*, 114, 103055.  
<https://doi.org/10.1016/j.janxdis.2025.103055>

# CPTSD theory testing

- These studies are based on data collected from two general population, quasi-representative samples from...
- Ukraine (N = 2050)
- United Kingdom (N = 975)

# CPTSD theory testing

- First things first, **measurement!**
- Can we measure the core theoretical constructs?
  - Traumatic memories (Experiences of Traumatic Memories Questionnaire)
  - Negative identities (Trauma Identity Questionnaire)
  - <https://www.traumameasuresglobal.com/manditheory>
- Used a mix of exploratory and confirmatory factor analysis to explore the latent structure of these measures. Also assessed the internal reliability of the scale scores.

# CPTSD theory testing

- **Experiences of Traumatic Memories Questionnaire (8 items).**
- Measures 1 factor
  - $\chi^2$  [df = 20, n = 523] = 66.749,  $p < .001$ ; CFI = .962, TLI = .947, RMSEA [90 % CI] = .067 [.050,.085], SRMR = .032
- Internal reliability of the scale items was good ( $\omega = .88$ ).

Thinking about the most prominent image or memory, please read each statement below and indicate **how true each is for you?**

Almost never true	Rarely true	Occasionally true	Often true	Almost always true
0	1	2	3	4

**When this image or memory of the traumatic event (or events) reoccurs...**

1. It seems to come out of nowhere.	0	1	2	3	4
2. I feel it vividly in my body.	0	1	2	3	4
3. It seems like time stops.	0	1	2	3	4
4. I feel like I have travelled back in time to when the event (or events) occurred.	0	1	2	3	4
5. I feel disconnected from the world around me.	0	1	2	3	4
6. I feel that I am completely unable to control what is happening to me.	0	1	2	3	4
7. It replays in my mind like a film or movie.	0	1	2	3	4
8. I see it happening again but I'm watching myself from the outside.	0	1	2	3	4

# CPTSD theory testing

- **Trauma Identity Questionnaire (21 items)**
- Measures 4 factors: Vulnerable, Inferior, Disconnected from Others, Fragmented.
  - $\chi^2$  [df = 183, n = 707] = 616.108,  $p < .001$ ; CFI = .941, TLI = .933, RMSEA [90 % CI] = .058 [.053,.063], SRMR = .040
- Vulnerable ( $\omega = .86$ ), inferior ( $\omega = .83$ ), disconnected from others ( $\omega = .91$ ), and fragmented ( $\omega = .94$ ).

**Instructions:** The following statements are about how you *typically think and feel about yourself*. Please read each statement and indicate how strongly you agree or disagree with each statement.

(People who answer 4, 5, or 6 to each question can be presented with the follow-up question in the right-hand column.)

<b>1. I can't stop bad things from happening.</b> (1) Disagree very strongly (2) Disagree strongly (3) Disagree (4) Agree (5) Agree strongly (6) Agree very strongly	Which of the following statements is most appropriate for you? (a) I did not use to feel this way before the traumatic event but I do now. (b) I have always felt this way.
<b>2. I'm a weak person.</b> (1) Disagree very strongly (2) Disagree strongly (3) Disagree (4) Agree (5) Agree strongly (6) Agree very strongly	Which of the following statements is most appropriate for you? (a) I did not use to feel this way before the traumatic event but I do now. (b) I have always felt this way.

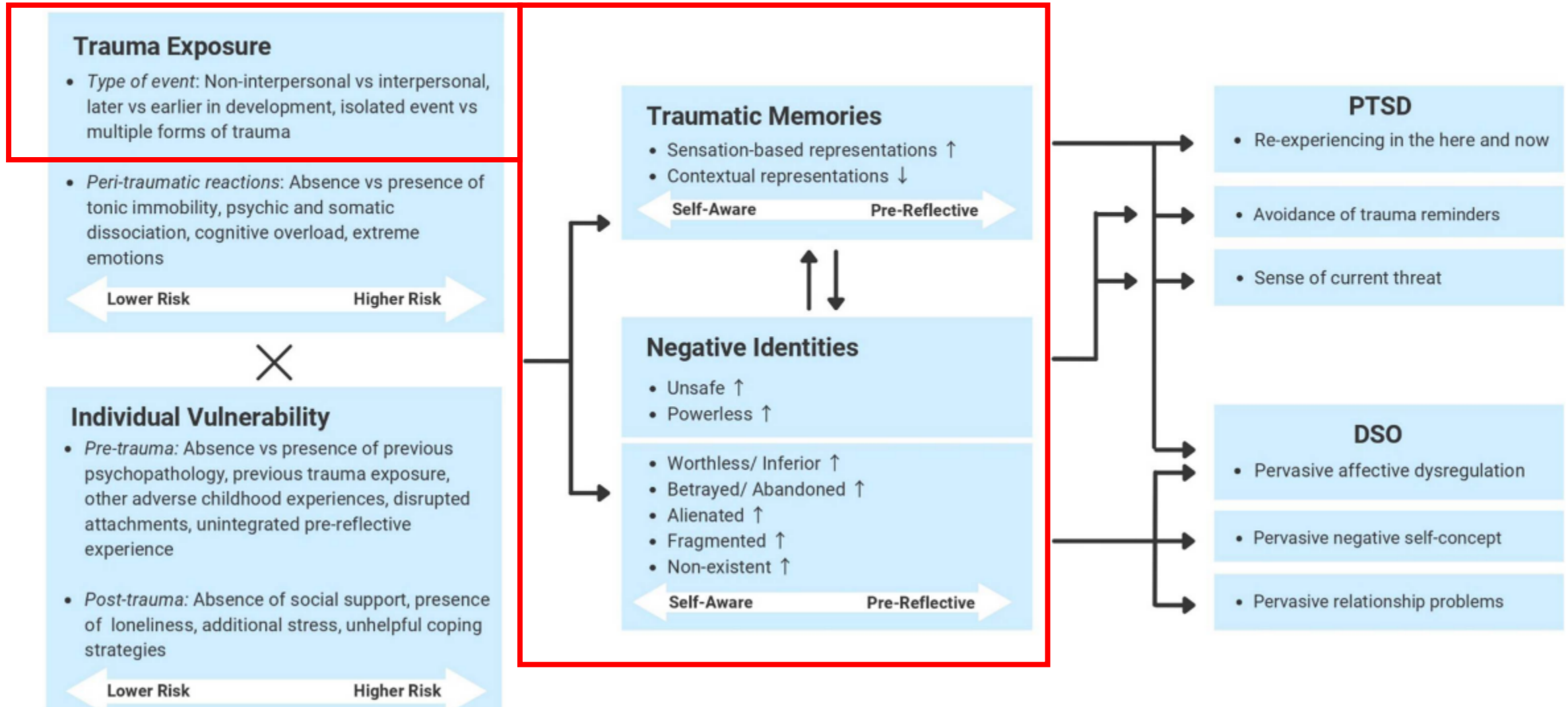


# CPTSD theory testing

- We were happy that we were able to measure the core theoretical constructs with acceptable levels of reliability and validity.
- Could turn our attention to the proposed relations between the variables in the model.

**Figure 3**

*The Memory and Identity Theory of ICD-11 Complex Posttraumatic Stress Disorder*



# CPTSD theory testing

- Three predictions:
  1. **Interpersonal traumas** should be more strongly related to memory & identity problems than non-interpersonal traumas.
  2. Trauma in **early life** should be more strongly related to memory & identity problems than trauma in later life.
  3. Exposure to **multiple forms of trauma** should be more strongly related to memory & identity problems than exposure to a single trauma.

# CPTSD theory testing

1. ***Interpersonal traumas should be more strongly related to memory & identity than non-interpersonal.***
- Regressed memory & identity latent variables onto 21 traumatic life events.
  - Only interpersonal events were positively associated with memory & identity processes...

# CPTSD theory testing

	Trauma memories	Vulnerable	Inferior	Disconnected	Fragmented
Diagnosed with a life-threatening illness	.06	.02	-.03	-.02	-.02
Someone close to you died in an awful manner	.05	.07	.03	.06	.05
Someone close to you had a life-threatening illness or accident	-.02	.00	.03	.04	.01
Someone threatened your life with a weapon	.03	.04	.05	.07	.06
<b>Physical assault by a parent/guardian</b>	.03	.06	.08	<b>.08*</b>	.04
Physical assault by a non-parent/guardian	.01	-.03	.01	.02	-.01
Sexual assault by a parent/guardian	.01	.05	.07	.01	.05
<b>Sexual assault by a non-parent/guardian</b>	<b>.09*</b>	.04	.01	.05	.03
<b>Sexual harassment (unwanted comments/actions)</b>	.08	<b>.09*</b>	<b>.10*</b>	.07	<b>.09**</b>
Exposure to war or combat	.02	-.04	-.04	-.01	-.06
Held captive and/or tortured	-.04	-.03	-.03	-.05	-.04
<b>You caused extreme suffering/death to another person</b>	.02	.01	<b>.10*</b>	.01	<b>.08*</b>
Witnessed extreme suffering or death to another person	.08	.00	-.05	-.02	-.02
Accident where your life was in danger	.04	-.05	.00	-.02	-.03
Natural disaster where your life was in danger	-.10	.03	.01	-.01	.02
Human-made disaster where your life was in danger	-.03	-.07	-.06	-.02	-.03
Stalked by another person	.05	-.02	-.05	.02	.03
Bullied online or offline	-.05	.02	.04	.04	.01
<b>Humiliated, put down, or insulted by another</b>	.02	<b>.12**</b>	.05	<b>.11**</b>	.05
<b>Made to feel unloved, unwelcome, or worthless</b>	<b>.13*</b>	.08	<b>.12*</b>	<b>.13**</b>	<b>.14**</b>
<b>Neglected, ignored, rejected, or isolated</b>	.08	.09	.10	<b>.11*</b>	<b>.13**</b>
R <sup>2</sup>	<b>15.1%***</b>	<b>14.4%***</b>	<b>16.6%***</b>	<b>22.8%***</b>	<b>17.9%***</b>

# CPTSD theory testing

## ***2. Trauma in early life should be more strongly related to memory & identity than trauma in later life.***

- Regressed memory & identity latent variables onto total number of traumatic life events in childhood and adulthood.
- Childhood and adulthood traumas were positively associated with memory & identity processes...

# CPTSD theory testing

	Childhood trauma	Adulthood trauma	Wald $\chi^2$	<i>p</i>
Trauma memories	.18***	.27***	5.73	.017
Vulnerable	.23***	.17***	0.01	.931
Inferior	.32***	.11**	6.06	.014
Disconnected from others	.31***	.22***	0.17	.681
Fragmented	.30***	.15***	3.16	.075

# CPTSD theory testing

***3. Exposure to multiple forms of trauma should be more strongly related to memory & identity than exposure to a single form of trauma.***

- Regressed memory & identity latent variables onto a categorical variable (0 = single trauma exposure, 1 = multiple trauma exposure).
- Positive values indicate significantly stronger effect for multiple traumatization.



# CPTSD theory testing

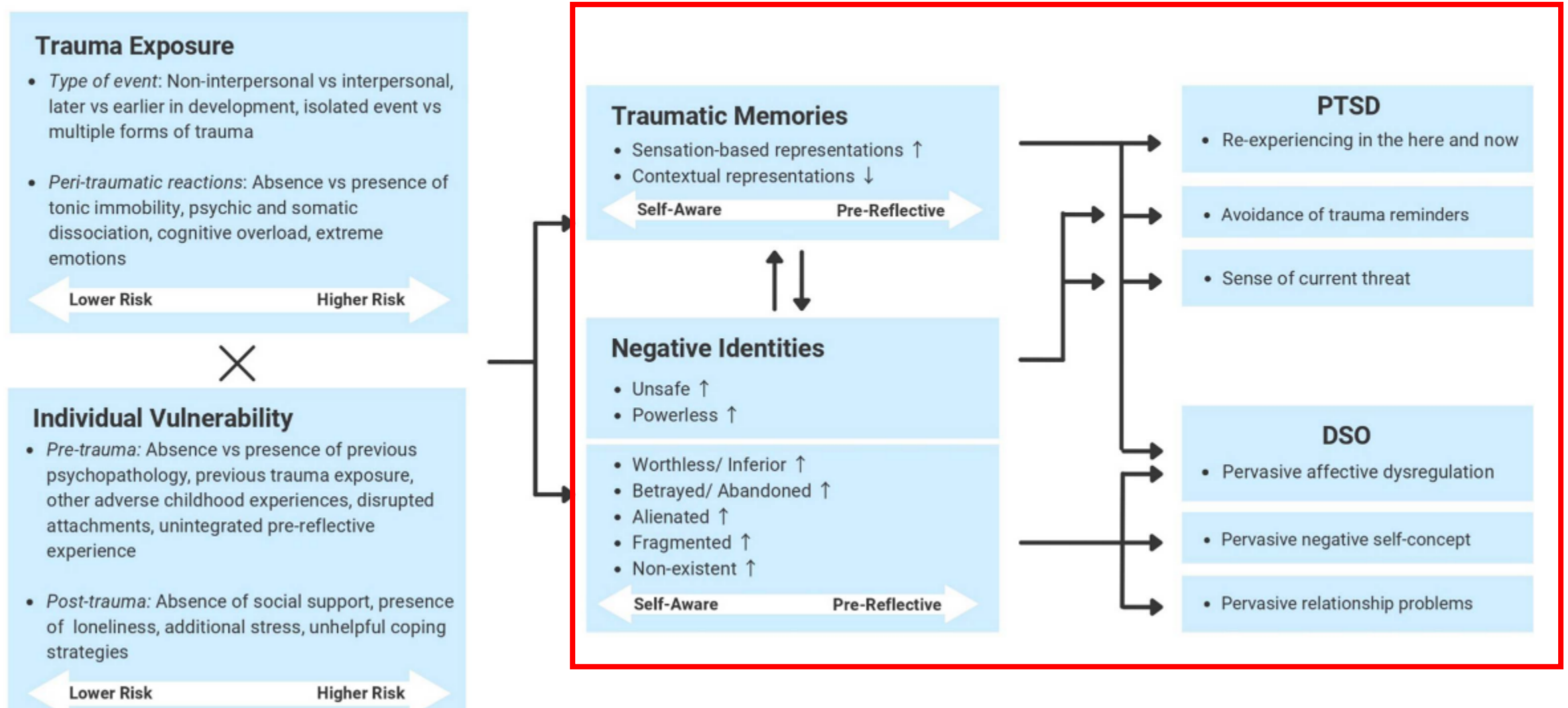
- Multiple traumatization -> trauma memories ( $\beta = .16, p < .001$ )
- Multiple traumatization -> vulnerable ( $\beta = .18, p < .001$ )
- Multiple traumatization -> inferior ( $\beta = .17, p < .001$ )
- Multiple traumatization -> disconnected ( $\beta = .24, p < .001$ )
- Multiple traumatization -> fragmented ( $\beta = .16, p < .001$ )

# CPTSD theory testing – conclusion 1

- Memory and identity processes are related to trauma in a manner reasonably consistent with the theoretical predictions.
- The **nature** (interpersonal) and the **number** (multiple) of traumatic events experienced seems to be more important than the developmental timing of the occurrence of traumatic events.

**Figure 3**

*The Memory and Identity Theory of ICD-11 Complex Posttraumatic Stress Disorder*



# CPTSD theory testing

- Model makes several predictions:
  1. Only trauma memories should predict re-experiencing symptoms.
  2. Vulnerable identity should predict PTSD symptoms.
  3. Fragmented, inferior, and disconnected identities should predict DSO symptoms.

# CPTSD theory testing – Ukraine

	Reexperiencing	Avoidance	Threat	Emotions	Self-Concept	Relationships
Trauma memories	.69***	.51***	.55***	.54***	.40***	.55***
Vulnerable	-.03	.17**	.22***	.39***	.25***	.07
Fragmented Self	-.04	-.09	-.09	.06	.06	-.08
Inferior	-.06	-.15*	-.06	-.21**	.18**	.09
Disconnected from Others	.10	.19***	.06	.01	-.06	.25***

# CPTSD theory testing – UK

	Re	Av	Th	AD1: Arousal	AD2: Numbing	NSC	DR
Trauma memories	.66***	.57***	.49***	.24***	.37***	.30***	.40***
Vulnerable	.11	.01	.15	.41***	.08	.17	-.04
Fragmented	.31	.15	.21	.02	.30*	.04	-.14
Inferior	-.14	-.15	-.26	-.14	-.13	.39**	.16
Disconnected from others	-.22	.10	.10	.14	.12	.00	.58***

# CPTSD theory testing – conclusion 2

- Memory and identity processes were related to the CPTSD symptoms in a manner reasonably consistent with the theory.
- Memory problems seem to be central to all symptoms & memory problems may be so important to the PTSD symptoms that the sometimes overwhelm the effect of identity.

# CPTSD theory testing – next steps

- Two big things to test...
  1. Do individual vulnerabilities interact with different types of trauma history to influence memory and identity disturbances?
    - *Need to develop a 'vulnerability index'.*
  2. Do memory and identity disturbances fully mediate the effect of trauma & individual vulnerabilities on PTSD and DSO symptoms.
    - *Need prospective, longitudinal data.*



# Overall conclusions

- The Memory and Identity Theory provides a theoretical basis to understand the development of PTSD or CPTSD following different forms of trauma.
- The Memory and Identity Theory is an empirically testable model, and initial evidence supports several aspects of the theory – some refinement is probably required.
- Materials needed to test the theory can be found here:  
<https://www.traumameasuresglobal.com/manditheory>

Thanks for listening.