



**University
of Victoria**

Graduate Studies

Notice of the Final Oral Examination
for the Degree of Master of Science

of

CARA SAMUEL

BA (Hons) (University of Winnipeg, 2017)

**“Conceptualizing Complex Post-Traumatic Stress:
The Roles of Dissociation, Attachment, and Type of Traumatic Event”**

Department of Psychology

Thursday, December 5, 2019
10:00 A.M.
Cornett Building
Room A228

Supervisory Committee:

Dr. Marsha Runtz, Department of Psychology, University of Victoria (Supervisor)
Dr. John Sakaluk, Department of Psychology, UVic (Member)
Dr. Erica Woodin, Department of Psychology, UVic (Member)

External Examiner:

Dr. Tim Black, Department of Educational Psychology and Leadership Studies, UVic

Chair of Oral Examination:

Dr. John Dower, Department of Biology, UVic

Abstract

Those who experience relational traumatic events (i.e., traumatic events wherein there is a pre-existing relationship with the perpetrator such as intimate partner violence or some types of child maltreatment) often present with issues of affect regulation and poor self-concept, as well as functional impairment; which can be characterized as complex post-traumatic stress disorder (Complex PTSD). The roles of dissociation, adult attachment style and traumatic event type in Complex PTSD have yet to be fully examined. Using an undergraduate sample ($n = 580$), I examined the symptom structure of Complex PTSD using confirmatory factor analysis to test a model with four first-order latent variables and one second-order latent variable, each consisting of three to four observed variables: (1) PTS (re-experiencing, avoidance, hypervigilance); (2) Affect Dysregulation (skill deficits, instability, tension-reducing activities); (3) Dissociation (depersonalization, derealization, disengagement and emotional constriction); (4) Negative Self-Concept (self-blame, self-criticism, helplessness); and (5) Interpersonal Difficulties (difficulty with intimacy, interpersonal conflicts, fearful-avoidant adult attachment style); and the second-order latent factor of (6) Complex PTS. The model demonstrated a good fit with moderate to high factor loadings. Next, I used structural equation modelling to examine if relational traumatic events were associated with Complex PTS, and if non-relational types of traumatic events were associated with PTS. The model demonstrated a good fit with moderate to high factor loadings, however the association between PTS and non-relational traumatic events was not significant. I then used latent profile analysis to examine whether those who endorse Complex PTS symptoms represent a distinct population from those who endorse only PTS symptoms. A two-group solution was the best fit to the data wherein one group endorsed low levels of all symptoms and the other high levels. Lastly, I used hierarchical regression analyses to examine whether Complex PTS is associated with higher levels of impaired functioning, such as substance use, suicidality and psychosocial functioning over and above PTS alone. Complex PTS accounted for 25.81% more of the variance in suicidality, however the change in substance use (1.5%) and psychosocial functioning (6.18%) was minimal. This research will enhance clinicians' ability to capture variability in symptom presentation, thus increasing the potential for more effective assessment and treatment of trauma survivors.