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Peer Support and Identity Reconstruction in Complex Trauma: A Qualitative Analysis of Healing Narratives on r/CPTSD

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Abstract

Complex posttraumatic stress disorder (C-PTSD) is the result of chronic interpersonal trauma, and is defined by the core symptoms of posttraumatic stress disorder (PTSD) and disturbances in self-organization such as negative self-concept, emotional dysregulation, and interpersonal difficulties. C-PTSD exists as a significant psychological disorder with little research on its social and narrative processes of healing and identity reconstruction in the online forums. The present study sought to understand how individuals with C-PTSD express their self-concept and develop a self-narrative through peer support and healing narratives on the Reddit's platform r/CPTSD subreddit. Drawing on theories of narrative identity, self-concept and social support, the study adopted a qualitative narrative research approach in a constructivist-interpretivist paradigm. 50 r/CPTSD posts and around 300 comments were collected via document analysis, and data was analyzed using hybrid thematic narrative analysis. Results showed self-concept in C-PTSD is shameful, survival-oriented and socially contingent - with participants narrating deep grieving for a true self that was never fully formed and the performance of a normal self to conceal inner disintegration. Trauma was described as neurobiological rewriting, rather than discrete event, with recovery as non-linear, tiring, and institutionally frustrating through inaccurate diagnosis and clinical under-preparedness. Coping mechanisms ranged from cognitive reframing and somatic practices to peer emotional regulation, with r/CPTSD being the most effective coping resource - offering validation, normalization and knowledge about C-PTSD unavailable from official sources. Identity reconstruction was found to be narrative, socially co-constructed, and dynamic, with progress from fragmentation to tentative integration; the online community was a co-constructor, not witness, in identity reconstruction. The research concludes that online peer communities are indeed healing spaces with unique therapeutic qualities, and has implications for clinical practice, mental health policy and trauma-informed digital health.

Keywords: *C-PTSD, identity reconstruction, self-concept, narrative identity, online peer support, digital mental health, healing narratives, complex trauma*

1.0 INTRODUCTION

1.1 Introduction and Background to the Study

Complex posttraumatic stress disorder (C-PTSD) is a mental health disorder that results from chronic and repetitive trauma, usually of interpersonal nature (Huynh et al., 2025). In addition to presenting with the core features of posttraumatic stress disorder (PTSD) namely, re-experiencing of the trauma, avoidance of traumatic cues, and persistent feeling of threat, people with C-PTSD also have a disturbance in self organization (DSO) that includes negative self-concept, dysfunction in relationships, and emotional dysregulation. What makes trauma complex is its repetitive and prolonged nature, as occurs in childhood abuse and in domestic violence cases (Harris et al., 2024).

C-PTSD was included into the International Classification of Diseases 11th Revision (ICD-11) in 2018 and therefore the research in this field is still in early stages (Billings & Nicholls, 2025). The idea of complex trauma was coined by Judith Herman in 1992 whereby she defined complex trauma as prolonged and repetitive trauma. However, while complex trauma is linked to PTSD, some people develop C-PTSD after exposure to a single traumatic incident while other people exposed to prolonged and repeated trauma develop PTSD rather than C-PTSD. Of concern is that C-PTSD is often under-diagnosed as opposed to PTSD.

Global trends reveal various risk factors for developing C-PTSD. According to Li et al. (2025), factors such as being female, young age, exposure to early childhood adversity, unemployment, and work-related stress are risk factors for developing C-PTSD. Interpersonal trauma exposure such as physical assault, sexual abuse, attacks with weapons, and captivity are especially critical in the onset of C-PTSD. Sexual trauma in particular usually has a severe impact and is strongly linked to C-PTSD.

In the Sub-Saharan Africa region, people face many difficulties including poverty, unemployment, lack of health care, and limited access to food, water, shelter, and education (Bovey et al., 2024). Women and girl usually face gender inequalities and are exposed to violence like sexual exploitation, forced marriage, and domestic violence. Such women are usually not able to leave the violent relationships because of lack of financial resources. Additionally, the Sub-Saharan region armed conflicts leading to people fleeing their homes and becoming refugees. All these factors increase the risk of C-PTSD in these populations.

The prevalence of C-PTSD varies among different regions and between the general population and those exposed to trauma. In the general population, the prevalence of C-PTSD is 7.7% in Ireland, 13.7% in Kenya, and 13% in Ghana (Li et al., 2025). Among adults with history of trauma, the prevalence is 3.8% in the United States, 4.1% in Japan, 12.9% in the United Kingdom, 18.2% among firefighters in the United Kingdom, 12.6% among police officers, and 54.2% among veterans seeking treatment. In Kenya, there is scarcity of studies on C-PTSD as most studies concentrate on PTSD.

There is stigma associated with mental health. According to Bitta et al. (2022), stigma against people with mental health related problems leads to negative emotional responses and fear of seeking help, factors that lead to poor disease and treatment outcomes. Peer support, especially through anonymous online platforms is therefore important as it provides a space where people exposed to trauma can share their narratives and receive support in a stigma free environment.

With the growth of social media, many people are increasingly turning to online communities to share their experiences. According to Naslund et al. (2020), there are many people with mental health problems who turn to

social media in order to share their experiences, seek mental health-related and treatment information, and to offer and receive support to and from other people going through similar challenges. r/CPTSD is an online community in a digital platform known as Reddit. It is an online peer support community offering support to people affected by prolonged trauma and C-PTSD (r/CPTSD, 2012).

Marshall et al. (2025) state that online forums help to provide peer led mental health support through social media and have advantages such as accessibility, they are free of charge, and offer anonymity which encourages people to disclose personal problems. The r/CPTSD sub-reddit is publicly accessible and people use usernames for anonymity. The users share personal narratives about trauma, C-PTSD, struggles with identity, their experiences in therapy, and the emotional healing process. The forum is open to those directly affected by C-PTSD as well as families and friends of such victims (r/CPTSD, 2012). This online platform will be used in this study to provide rich narratives about people's experience with complex trauma, healing narratives, and how they reconstruct their identity.

r/CPTSD was chosen for this study as it specifically focuses on CPTSD. The sub-reddit captures naturalistic and real-time narratives of people who self-identify as having been exposed to complex trauma and who have C-PTSD and shows how healing is socially mediated. The peer support offered in the forum is not hierarchical which helps to highlight peer support as a social process instead of a clinical tool. Additionally, the anonymous nature of the forum helps to foster authenticity, the forum allows exchange of traumatic narrative across various cultures, and helps to reveal the process of identity reconstruction.

1.2 Statement of the Problem

The prevalence of people exposed to traumatic experiences is high. According to Huynh et al. (2025), about 70.4% and 30.5% of people have experienced at least one and four or more traumatic events in their life respectively. Additionally, the prevalence of C-PTSD ranges from 1% to 8% in general population and about 50% in populations in mental health facilities. Such statistics reveal the high prevalence of exposure to traumatic events and C-PTSD, which highlights the need for studies in this area.

Exposure to traumatic events such as neglect, abuse, and loss of a loved one leads to negative thoughts, fear, distrust of others, and shame, things that are usually carried into adulthood and impair the development of a positive and stable sense of self (Katoch, 2025). Self-concept has been found to mediate the link between trauma exposure and mental health disorders. C-PTSD in particular leads to negative self-concept where one believes they are a failure, they feel worthless, and such people also have difficulties in interpersonal relationships where they find it difficult to connect and therefore disconnect from others (Hyland et al., 2023).

Previous studies in the area of C-PTSD have focused on things like mediating and moderating factors between trauma exposure and development of C-PTSD and other mental health disorders and current treatment strategies and symptoms reduction (Billings & Nicholls, 2025; Harris et al., 2024). Additionally, many of the available studies use quantitative methodology. There is a scarcity of qualitative research regarding how people with C-PTSD narrate their traumatic and healing experiences and how they reconstruct their self-concept and make meaning from the trauma especially in online communities.

The findings from this study will help to inform trauma therapy in the area of digital mental health and peer support interventions. Online peer support can help fill up gaps in trauma research and healing. According to Nagra et al. (2025), digital peer support can help to normalize struggles with emotions, increase connections, and offer empathy

and validation due to the shared experiences. The study will help to inform mental health practitioners regarding alternative healing processes and add to the body of knowledge in the area of identity reconstruction after exposure to complex trauma.

1.3 Purpose of the Study

The purpose of the study is to explore how people exposed to complex trauma and with C-PTSD describe their self-concept and reconstruct their identity through r/CPTSD's online peer support and healing narratives.

1.4 Research Objectives

1. To explore how people with C-PTSD describe their self-concept in digital narratives on r/CPTSD.
2. To understand how people on r/CPTSD describe their trauma narratives and the healing process.
3. To identify coping strategies articulated in the online posts on r/CPTSD and the role of online community support.
4. To explain how people narrate identity reconstruction during complex trauma recovery on r/CPTSD.

1.5 Justification and Significance of the Study

Lewis et al. (2021) state that complex trauma tends to lead to more severe outcomes and diagnoses like C-PTSD, yet such have not been comprehensively studied in population studies, which leaves a knowledge gap. Many of the existing studies on C-PTSD are clinically oriented, which also leaves a knowledge gap regarding the social healing process and how people make meaning after trauma exposure. This study will explore healing narratives of people with C-PTSD and the dynamic process of identity reconstruction. Because many studies on trauma and C-PTSD are quantitative, the qualitative aspect of this study will also help to fill a methodological gap.

Studies show that trauma exposure and symptomatology among Kenyans is high, with studies shows the prevalence of exposure to severe trauma being as high as 48% (Rousseau & Cook-Cottone, 2018). Many African countries including Kenya face many constraints including access to healthcare services. Some people may therefore choose to rely on online support systems, yet online peer support forums remain under-studied. This study will highlight the role on online peer support forum in shaping healing narratives and identity reconstruction in people with history of exposure to complex trauma.

The study will help to advance theory on identity reconstruction after complex trauma within the context of online peer support and therefore will make important contributions in the field of psychology especially trauma psychology. It will help inform mental health interventions such as developing online peer support forums and other digital mental health platforms and can help to destigmatize mental health challenges. Additionally, the study will inform policies that can help to build digital mental health platforms and increase public awareness of complex trauma and C-PTSD.

1.6 Scope and Limitations of the Study

This study focused on people on the r/CPTSD sub-reddit on the Reddit platform who self-identified as having experienced complex trauma and with C-PTSD. The data for the study were extracted from the users' posts and

comments, with the posts serving as the primary units of analysis. Qualitative aspects of the data, mainly self-concept, identity reconstruction, peer support, and healing narratives, were analyzed using thematic and narrative analysis, and only posts and comments shared within the previous 12 months were analyzed, that is, between May 2025 and April 2026. The context of the study was specifically the online Reddit environment and not in-person or therapeutic settings.

However, the nature of the study presented several limitations. There was a possibility of sampling bias because only users who posted publicly were selected, and demographic data were unknown; therefore, those selected might not have represented all people with complex trauma exposure and C-PTSD. The self-reported nature of the information made it susceptible to exaggeration or alteration, and the researcher could not independently verify the information. Additionally, peer support interactions in online forums differed from in-person interactions and could have been easily misinterpreted during analysis, and the sub-reddit culture and norms could have changed over time. There were also ethical limitations whereby the content needed to be anonymized even though the posts and comments were publicly available.

2.0 LITERATURE REVIEW

2.1 Critical Synthesis of Scholarly Literature, Identification of Gaps, and Positioning within Academic Debates

Exposure to complex trauma such as early childhood adversities has an impact on self-concept. Exposure to trauma has been linked to self-blame such as the belief that one is responsible for what they experienced, guilt for example of not preventing the trauma from occurring, and shame, all of which can lead to feelings of worthlessness and feeling undeserving (Melia et al., 2025). Negative self-concept is one of the symptoms of C-PTSD under the category of disturbances in self-organization, which is a persistent negative belief about oneself. While there is an agreement on the negative impact of complex trauma on self-concept, most of the existing views self-concept as a clinical symptom and internal cognition instead of a meaning-making process and identity construction that is socially mediated.

Studies show that trauma narratives are usually poor in structure when compared with narrative about positive events due to incomplete processing and use of defense mechanisms such as avoidance (Vanaken et al., 2021). Coherence of narratives is an indication of a person's ability to cope and trauma resilience. People usually make sense of their experiences by narrating them and form identity through not only what they have experienced but also by their interpretation of the events. Therefore, analyzing digital narrative in this study will help give an insight into the different identities people take and how they reconstruct their identity after complex trauma and fill a gap regarding process oriented analysis of identity.

Digital platforms like Reddit provide an avenue where people can express their mental health challenges. According to Kim et al. (2023), social networking services (SNSs) have become a place where people express their feelings and opinions freely including people with mental health conditions who use such services to express their emotions, symptoms, experiences, and opinions. Because of this, social networking services have become valuable resources in the analysis of mental health disorders.

Reddit mental health communities provide spaces where people interact with others, share their experiences, and offer support (Morini et al., 2025). The structure of Reddit that allows creation of topic-specific communities, pseudo-anonymity and even full anonymity, and ability to write long posts of up to 40,000 characters make it a valuable site

for in-depth and personal discussions. The narratives provided are spontaneous and unsolicited and online interactions allow the users to construct and even revise their identity in real time, which makes them a valuable source of primary data. There is a scarcity of data on online forums like r/CPTSD, which highlights the need for this study to add to the body of knowledge.

The above shows that trauma disrupts self-concept and identity, that people reconstruct their identity primarily through narratives, and online digital platforms allow people to provide narrative expressions in an authentic way, yet no one study sufficiently integrates these aspects. This study will help to fill this gap by focusing on digital narratives on r/CPTSD among people exposed to complex trauma and who identity as having C-PTSD and examine how they reconstruct their identity in an ongoing and peer-mediated process.

Trauma narratives, which are detailed accounts of people's traumatic experiences, are usually shared in therapy to help people externalize their experiences rather than internalizing them (Robert, 2024). Examining trauma from a detached perspective helps in understanding and processing it. Narrative reconstruction literature therefore mostly focuses on structured therapeutic settings instead of naturalistic settings like r/CPTSD which leaves a gap regarding understanding how the reconstruction process occurs in unstructured settings.

Many people describe trauma narratives in the here and now, such narratives lack context, use negative words to describe emotions, and are usually described using first person singular pronouns (Knoff et al., 2024). Most of the existing literature on trauma narratives tends to focus on the content instead of the form of the narratives and treats them as event accounts instead of a meaning making process that is ongoing, which limits trauma understanding mainly to linguistics.

Healing from trauma in therapeutic settings is considered to be a process of narrative reconstruction. According to Vanaken et al. (2021), the ability to shape trauma narratives coherently is a reflection of how people cope with traumatic events and forecasts the meaning making and recovery process. Such an approach however seems to ignore the non-linear nature of the healing process and assumes that the ability to articulate narratives equals to progress. Not all people have the ability to produce coherent narratives and it is important to consider other valid responses to trauma such as partial disclosure and silence.

Most of the literature available focuses on general trauma of PTSD and not C-PTSD, most of the data comes from clinical settings and interviews which leaves naturalistic settings like r/CPTSD under-represented, many studies focus on the symptoms and outcomes of trauma without much attention to the healing process, and there is limited consideration of people who either cannot or are unwilling to narrate their traumatic experiences. Additionally, few studies examine how online communities shape healing narratives or the non-linear and relational nature of healing.

People cope with complex trauma in different ways. Danga et al. (2026) states that coping strategies are behaviors and thoughts that people adopt to try and manage stressful events and such coping strategies can either be problem-focused or emotion-focused, something that was proposed by Lazarus and Folkman. Problem-focused coping tries to modify the problem for example through seeking information while emotion-focused coping tries to regulate emotional responses for example through seeking support. r/CPTSD can serve as a forum where people with history of complex trauma go to seek information and support from people with similar experiences.

The coping strategies can also be classified as either adaptive or maladaptive. Maladaptive coping strategies like avoidance tend to avoid the stressor and minimize cognitive processing of the meaning of the stressor while adaptive coping strategies like meditation involve intentional cognitive disconnection and using alternative strategies to manage the stress and adapt their behavior (Figueiredo & Petravičiūtė, 2025). Other less adaptive coping strategies

include venting out emotions, mental and behavioral disengagement, and substance use. However, of note is that classifying coping strategies as either problem-focused versus emotion-focused or adaptive versus maladaptive tends to over-simplify the nature of complex trauma and ignores temporal fluidity, and therefore there is need to challenge such rigid classifications.

Seeking peer support such as that offered in online platforms like r/CPTSD is considered a form of relational coping. According to Kim et al. (2025), peer support is a recognized supportive factor against psychological stress whereby people with shared experiences serve as a primary source of support to each other. Peer support helps to reduce risks associated with psychological distress by increasing connectedness, providing emotional validation, and reducing isolation. It also helps to facilitate psychological recovery, increase the quality of life, reduce trauma-related symptoms, reduce guilt, and helps in processing of traumatic experiences.

With the expansion of digital mental health, there has been a transformation of how mental health care is delivered, with priorities shifting to mental health support among peer online (Yuan et al., 2026). Social media platforms help to equip people with coping skills and improve their mental health wellbeing, with the potential to complement the traditional mental health services. They also help to capture the process of identity reconstruction. However, the effectiveness of online peer support is mixed and studies report potential risks such as social contagion, distress related to reading mental health associated content, problematic online interactions, and non-evidence based advice given by peers.

This study focuses on C-PTSD, examines coping strategies in a naturalistic setting, and analyzes how peer support serves as an active coping mechanism therefore viewing coping as dynamic and socially constructed. The study also helps to position online mental health communities like r/CPTSD within academic debates as sites that can be used by people with mental health challenges for coping and by researchers for knowledge production.

Identity reconstruction is an important process when recovering from trauma. Abd Kadir (2025) indicates that people with complex trauma have significant challenges when reconstructing their identity because it is usually disrupted and fragmented by trauma, with the survivors viewing their identity as profoundly altered and disconnected from who they were pre-trauma, which helps to show how enduring the impact of trauma can be. Among the factors that help to aid identity reconstruction include personal resilience, therapeutic interventions, and social support. However, unfortunately the critical role of social support is often underscored which can hinder the process of identity reconstruction. Literature also seems to view identity reconstruction as an end point instead of an ongoing process.

Identity and narrative reconstruction is a journey. It is non-linear and multidimensional, it is intentional and self-directed and characterized by growth of sense of agency where a person shift from a person to an active sense of self whereby a person tells new stories that can help them overcome adversity and aid in their recovery (Kerr et al., 2019). A person's story shifts from that of chronic disability and stagnation to complex and dynamic life story. Additionally, a person gradually sheds off old self identity and embraces a new more stable and positive identity. People's stories are usually constructed as they interact with other people and the world and therefore the narrative reconstruction process is dynamic and evolving.

Available studies however seem to overlook the idea of conflicting identities and uncertainties people experience in identity reconstruction and do not capture the unfolding of identity reconstruction over time. This current study helps to conceptualize identity reconstruction as narrative, socially co-created, and as an ongoing and non-linear process. It helps to contribute to academic debates by viewing identity reconstruction as something that can be fragmented and

yet meaningful, constrained and yet agentic, unstable and yet evolving, and socially mediated instead of being a fixed outcome in therapy.

2.2 Theoretical Framework

This research is grounded on the narrative identity, self-concept, and social support theories. A narrative identity is an internalized and evolving life story that integrates a reconstructed past with an imagined future and gives people a sense of unity and purpose (McAdams & McLean, 2013). McAdams posits that it is about how people make meaning from their experiences. In complex trauma recovery, narrative identity theory can explain how people re-interpret their experiences, create coherent narratives, and develop agency. It guides data analysis of the narrative structures of people in r/CPTSD, how their identities shifts, and how people shift their perspective from seeing themselves as victims to achieving agency. Additionally, it helps to generate data analysis codes such as fragmentation of narratives versus coherence, reframing of stories, and passivity versus agency. Narrative identity is the central theory in this study.

Self-concept refers to how a person assesses themselves including their values, attitudes and opinions (Raja, 2022). Self-concept includes ideas like self-esteem and has an effect on psychological functioning. People with C-PTSD usually have a negative and unstable self-concept that is defined by trauma. This theory guides data analysis in this study by helping to show how people on r/CPTSD describe themselves, the language they use, and how their self-perception shifts over time. It helps generate codes such as negative self-concept, trauma identity, self-perception language, and emerging self-concept. This theory serves as a psychological anchor to ensure psychological depth in analysis.

Social support on the other hand has been found to promote health by increasing a person's coping abilities, quality of life, and health in the face of stress (Drageset, 2021). This theory helps to explain how people seek support, how the interactions of peers online help to shape narratives, and how peer validation helps in identity reconstruction. It also helps to derive data analysis codes such as advice exchange, emotional validation, shared experiences, and relational influence role on self-concept. This theory helps to situation the process of identity reconstruction within a social context.

2.3 Conceptual Framework

Complex trauma associated with C-PTSD leads to self-concept disruption leading to a negative and shame-based self-concept, guilt, and a fragmented identity. However, the self-concept can be reconstructed gradually by a person reflecting on their experiences and through social support. Narrative construction helps a person to organize trauma narratives, make meaning from the experiences, and express a coherent identity. Online peer support on r/CPTSD is proposed to offer information, emotional support, and help people reframe their experiences and identity. The outcome of the entire process is identity reconstruction whereby a person is able to build a coherent narrative, heal their identity, develop agency, and shift from shame into self-acceptance. Figure 1 is a diagrammatic representation of the conceptual framework.

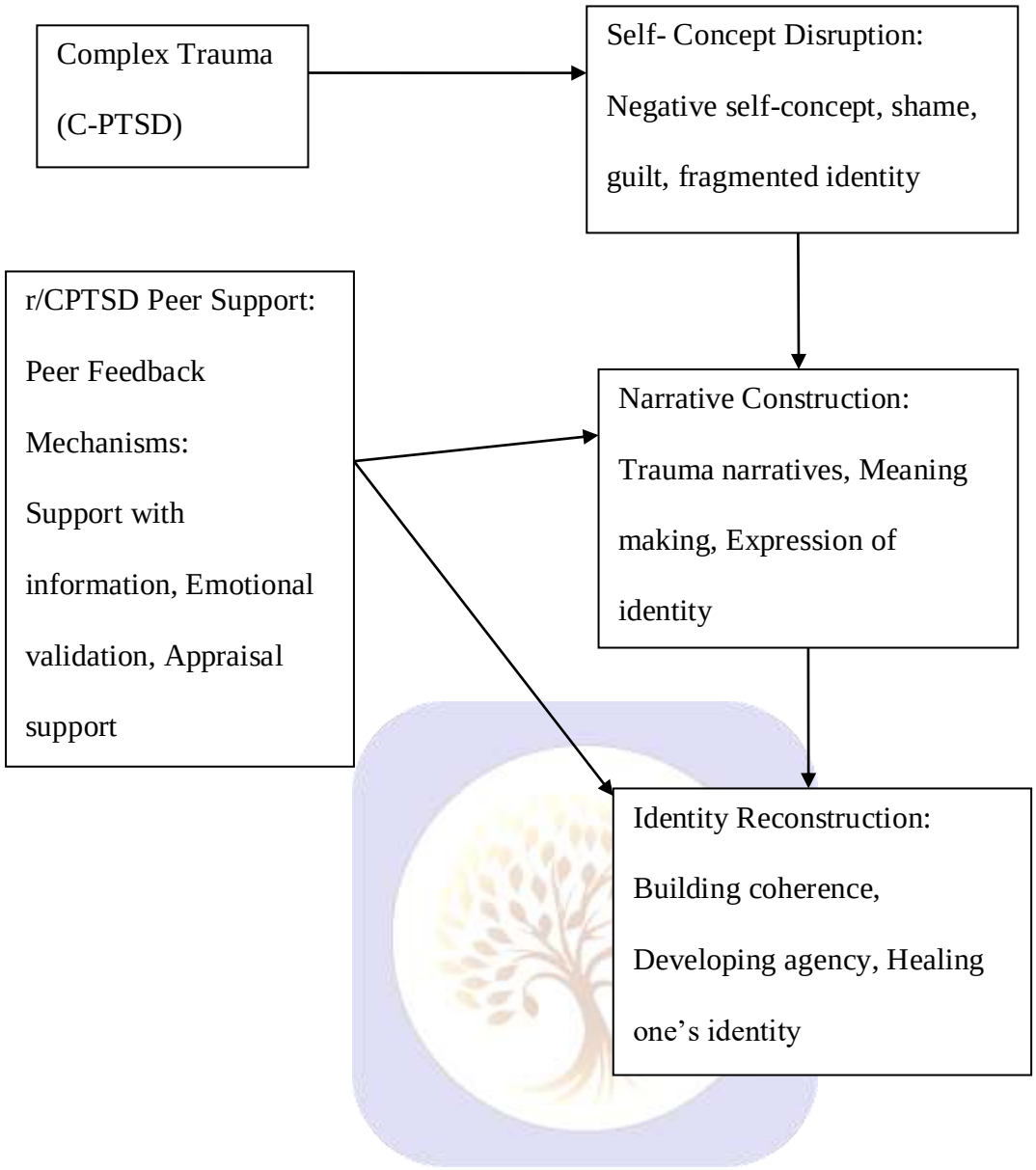

Figure 1: Conceptual Framework

3.0 METHODOLOGY

3.1 Methodological Positioning

This study employed thematic narrative analysis in its methodology. Narrative analysis helps the researcher understand how people create stories and use those stories to make sense of their experiences (Mcleod, 2024). The researcher pays attention to the language used and interprets the stories to identify themes and relationships. Thematic analysis on the other hand helps the researcher identify and interpret themes or patterns and make meaning from the data (Ahmed et al., 2025). Thematic narrative analysis was used in this study to understand how people in r/CPTSD organize their experiences, make meaning from their trauma and reconstruct their identity, and identify overarching themes.

A hybrid thematic narrative analysis was appropriate because it helped to capture both the patterns across the narratives and processes within the narratives. Patterns such as coping strategies expression of self-concept, shared

meanings, and generalizable insights require a thematic approach while the processes of identity construction, narratives of trauma and healing, emergence and/or fluctuation of agency, and contextual depth require a narrative approach. The individual posts on r/CPTSD serve as micro-narratives while the wider patterns across posts provide themes. Because trauma narratives are usually non-linear, fragmented, and repetitive, a hybrid approach to analysis helps to cater for this complexity.

Epistemologically and ontologically, this study used a relativist constructivist-interpretivist paradigm. Relativists believe that reality is subjective and multiple realities exist, constructivists believe that knowledge is subjective and constructed by people based on their experiences, while interpretivists aim to interpret the socially constructed reality and make meaning of people's realities (Pretorius, 2024). This study used the narratives on r/CPTSD as knowledge source and interpreted how people make meaning from their traumatic experiences and during the healing process. The study assumed that the experience of complex trauma for each person is subjective and unique and that the online interactions help to shape healing narratives within this online community.

3.2 Research Design and Procedures

This study was a qualitative narrative research that analyzed the publicly available posts on r/CPTSD to understand how people exposed to complex trauma describe their self-concept, reconstruct their identity, and the role of online peer support and healing narratives in coping. This helped the researcher understand how such people make sense of their experiences (Mcleod, 2024). This sub-reddit is active with people from diverse backgrounds sharing personal experiences and was a rich source of research data.

The researcher analyzed recent posts and comments available on Reddit's sub-reddit r/CPTSD spanning over the previous 12 months. Qiu et al. (2024) note that trauma victims tend to use different linguistic phenomenon like metaphors to describe their subjective feelings and personal experiences. Using data from the last 12 months ensured the use of up to date discourses, ensured trauma conceptualization is current, and helped to ensure the process of identity reconstruction captured is up to date. Additionally, it helped to reflect current peer support norms and practices, helped to uphold coherence in interpretation, prevented the temporal distortion of narratives, and increased the study's validity.

Only detailed posts and comments with rich descriptions of healing narratives, self-concept, identity reconstruction, and community support were included. The data was extracted, anonymized by removing any identifying information like usernames, and then safely stored in password protected files for analysis using thematic and narrative analysis and finally interpreted and linked to existing literature.

3.3 Data Collection Methods

Document analysis was used to collect data for this study. Morgan (2022) indicates that document analysis is a valuable method applicable in both qualitative and quantitative research and involves analyzing both textual and visual materials. In this study, public posts and comments on r/CPTSD sub-reddit were used as documents. Analysis of these texts helped in answering the research questions by choosing only relevant, rich, and interactive posts and comments.

Extraction of data from r/CPTSD followed several steps. First, relevant data were identified using key words such as trauma, identity, self, coping, support, and healing. The posts were screened to include only those relevant to the study, such as those offering personal narratives and trauma experiences, as well as those that included narratives related to self-concept, identity, coping strategies, and healing. Data from the selected posts were then extracted and recorded. The extracted data included the primary posts and any relevant comments that directly responded to the initial post, offered advice or support, and contributed to the identity reconstruction process. The different posts were assigned unique identifiers, with the comments being linked to their respective original posts.

The primary units of analysis for this study were the individual posts on r/CPTSD. This was because the individual posts contained narrative expressions in which users shared their traumatic experiences, how they viewed themselves, their coping strategies, and their recovery or healing journeys. The threads containing the comments, on the other hand, were used as secondary units of analysis. The comments helped in understanding the social context and showed how validation and social support occurred within the group, as well as the social process of shaping identity. Where there were multiple posts by the same user, this helped to show the progression of narratives over time and how identity and coping strategies evolved.

3.4 Population and Sampling

The population for the study included people who posted on Reddit, specifically targeting those who posted and commented on the r/CPTSD sub-reddit. The individuals in this sub-reddit self-identify as either having C-PTSD or as friends and relatives of people with C-PTSD (r/CPTSD, 2012). Only those who self-identified as having been exposed to complex or prolonged trauma and/or having C-PTSD were selected. This sub-reddit was selected purposively because it focuses on C-PTSD, provides naturalistic narratives, is active, and users share personal experiences about complex trauma, its impact, and their healing journeys. Nonetheless, there was potential bias regarding demographics since it is an online community.

Purposive sampling was used to select posts and comments with rich personal descriptions that included themes of self-concept, identity reconstruction, peer or online support, and those that contained healing narratives. Purposive sampling enables the researcher to intentionally select cases relevant to the research question and gain an in-depth understanding of the phenomenon, although it presents a risk of researcher bias (Tajik et al., 2025). Posts that did not contain the identified concepts and those that only offered general information were excluded.

Ahmed (2025) states that in qualitative research, the sample size can range from five to 30 participants, but emphasizes flexibility and context sensitivity when determining the sample size. Considering that the narratives found on r/CPTSD are shorter than those obtained, for example, through in-depth interviews, the study's sample size was set at 50 posts and 300 comments posted between May 2025 and April 2026.

Each post on r/CPTSD required line-by-line coding, analysis of the structure of the narrative, and interpretation in context, meaning that a relatively small number of posts generated a substantial analytical workload. Additionally, the study employed a hybrid thematic narrative analysis, meaning that analysis occurred at multiple levels, which enhanced the richness of the findings. The sample also allowed for diverse variation in trauma narratives and facilitated comparison of different narratives and identities.

3.5 Data Analysis Plan

Thematic narrative analysis was used to analyze data obtained from r/CPTSD. The researcher first read through the r/CPTSD Reddit posts and comments while taking reflexive notes on emerging impressions. Open coding of the posts was done to identify concepts and phrases related to self-concept, identity reconstruction, peer or online support, and healing from complex trauma and C-PTSD. Thereafter, axial coding was done to link the initial codes into broader categories. Selective coding was then conducted to develop themes from the categories. Thematic analysis followed Braun and Clarke's six-step recursive process as illustrated by Byrne (2022). Thematic analysis was done across the posts in order to identify trauma patterns, self-concept, and coping strategies.

Thematic analysis complemented narrative analysis. Narrative analysis helps to interpret stories, understand the content of the stories told, the narrative structure such as the use of metaphors, and the co-construction of narratives through interactions with others (Mcleod, 2024). Narrative analysis, which was the dominant approach for enabling in-depth examination of identity reconstruction, was done within posts and helped the researcher understand how people exposed to complex trauma make meaning and how their self-concept shifts as they narrate their experiences on r/CPTSD. To ensure rigor in analysis, identified themes were cross-checked with the structure of the narratives to ensure consistency, the researcher compared many posts in order to develop robust themes, and journaling was done to document researcher bias and how coding and interpretive decisions were reached. NVivo 15 was used for the qualitative data analysis in this study.

3.6 Trustworthiness and Ethical Considerations

To enhance credibility in this study, the researcher did familiarize themselves with the data on r/CPTSD, compare multiple posts and comments to ensure consistency of themes, and provide rich descriptions grounded in the data relevant to the study. Transferability was ensured by detailing the nature of r/CPTSD sub-reddit and its emphasis on complex trauma and C-PTSD narratives, the research population and sampling strategy was clearly outlined, and in-depth descriptions provided that were transferable to trauma psychology, whether online or offline.

An audit trail detailing the research process including the coding process and theme development from r/CPTSD with clear documentation of the research methodology helped enhance the dependability of this study. On the other hand, journaling the decision making and interpretive process, incorporating anonymous excerpts from r/CPTSD in the report, and maintaining an audit trail ensured the research is confirmable.

Ethical bodies like the Association of Internet Researchers (AoIR) provide ethical guidelines to ensure internet-based research is conducted ethically. According to Harris et al. (2024), where data is not in public domain, informed consent should be obtained. Additionally, the researcher protected the participants from harm through measures like anonymizing data to protect them from any harm that can arise from analyzing online data. Because the content in r/CPTSD is publicly available, informed consent was not sought from the participants. However, the anonymity of the participants was upheld by removing identifying information such as usernames and profile links. Where possible, quotes were paraphrased to minimize traceability.

According to r/reddit (n.d.), public content on Reddit includes usernames and profiles, posts and comments, public karma scores, among others. The site supports the non-commercial use of public content for research purposes. While the site offers anonymity or pseudo-anonymity, Brown et al. (2018) note that complete anonymity is almost

impossible because the users tend to chip away their anonymity when they create accounts through their interactions, comments, posts, and their activity. Therefore, even though the content on r/CPTSD is public, the researcher respected the expectations of the user regarding context and vulnerability and avoided using traceable quotes.

Another ethical concern was the vulnerability of trauma survivors. Vulnerability in research comes about when participants are incapable of protecting their interests, due an inability to understand or give informed consent, or due to power dynamics which increases their risk of being harmed, whether intentionally or unintentionally (González-Duarte et al., 2019).

4.0 RESULTS

4.1 How People with C-PTSD Describe Their Self-Concept in Digital Narratives on r/CPTSD

The analysis of the digital narratives on r/CPTSD yielded five interrelated themes describing how people with C-PTSD perceive and experience their self-concept: the shame-laden self, the survivor self, the lost self, the othered self and the awakened self. Overall, these themes provide a picture of the self-concept as not an internal structure but a trauma-organized, shattered, and socially constructed experience. This echoes Hyland et al. (2023), who propose a memory and identity theory of ICD-11 C-PTSD in which negative self-concept is a central facet of disturbances in self-organization, taking the form of enduring beliefs of worthlessness, failure and shame. The narratives here confirm and elaborate this clinical description of these beliefs as lived, expressed, and negotiated in digital interactions, not just in the therapy room. Figure 2 below is a network diagram for self-concept showing how people with C-PTSD describe their self-concept.

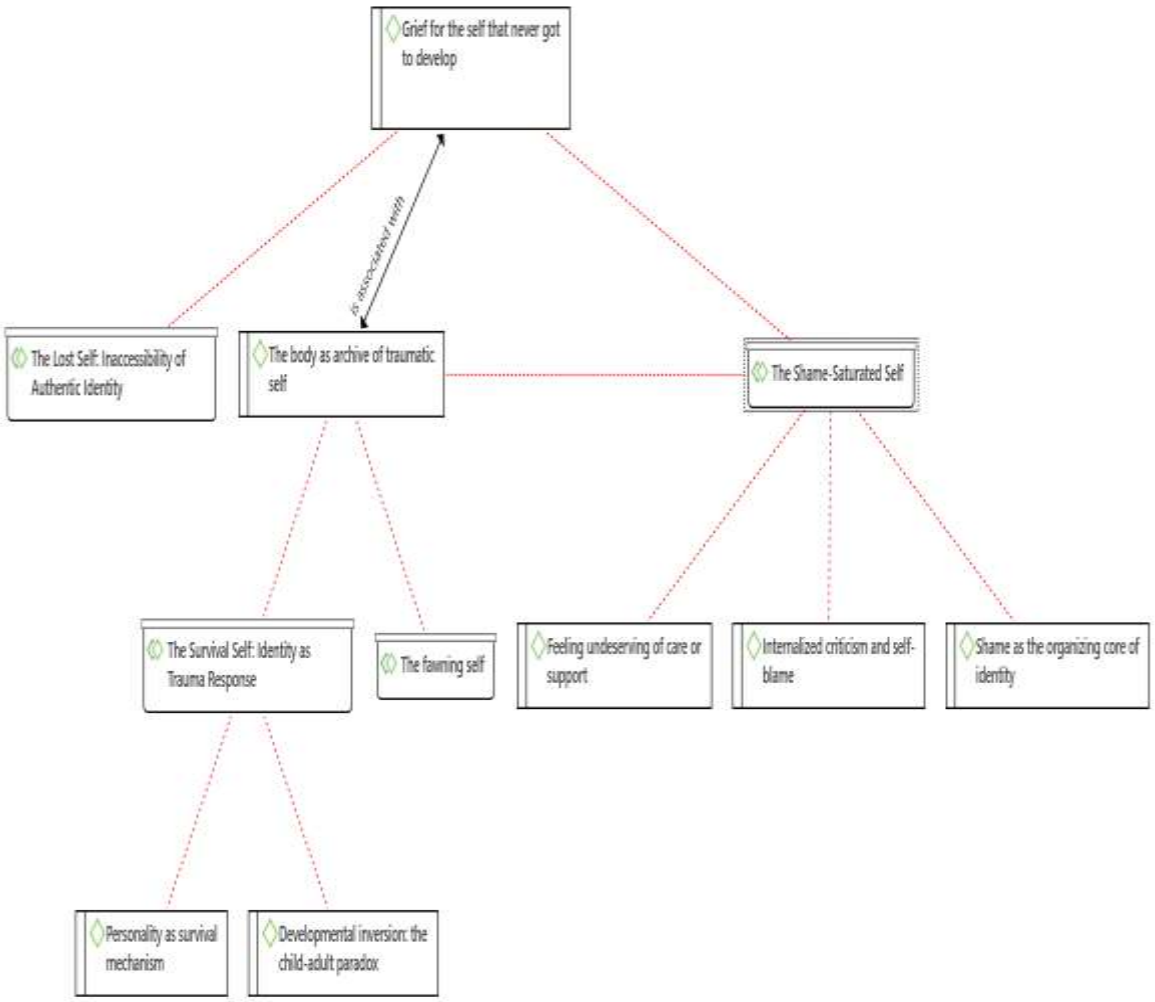

Figure 2: Network Diagram for Self-Concept

Shame as the defining feature of identity was by far the most frequent theme in the data. Rather than shame being an occasional emotion, participants described it as the lens through which they viewed themselves - framing their sense of self, failures, needs and relationships. This finding is consistent with Melia et al. (2025), who discovered that clinicians view negative self-concept in C-PTSD as entrenched and difficult to change, and often precedes awareness. Relatedly, the concept of the survival self was one whereby participants repeatedly articulated their personality characteristics, relational styles, and behavioral patterns not as a direct reflection of "who they are" but as a survival response to adversity. The subtheme of developmental inversion was noteworthy; participants felt emotionally stunted as adults because they were forced to take on adult roles in childhood, a theme Katoch (2025) attributes to the role of adolescence trauma in adult self-concept development.

A third and poignant theme was the lost self - the sense of an inauthentic or lost sense of self: an inability to find or develop a coherent sense of identity. Participants lamented not just the trauma experienced but the self that never was, expressing the loss of potential lives, relationships and capabilities. This grieving self-narrative echo the deep sense of identity disruption and fragmentation that Abd Kadir (2025) observes in complex trauma survivors, in which the self is perceived as disconnected from the self before trauma and from the self in the future. Participants also described the creation of a "mask" of normalcy presented to the world while the internal self remained obscured and disfigured - an observation that extends Abd Kadir's (2025) clinical insights into the naturalistic context of online communication,

and demonstrates that identity masking is not a passive outcome but an active and tiring coping strategy. A synthesis of the same is as presented in Figure 3 below.

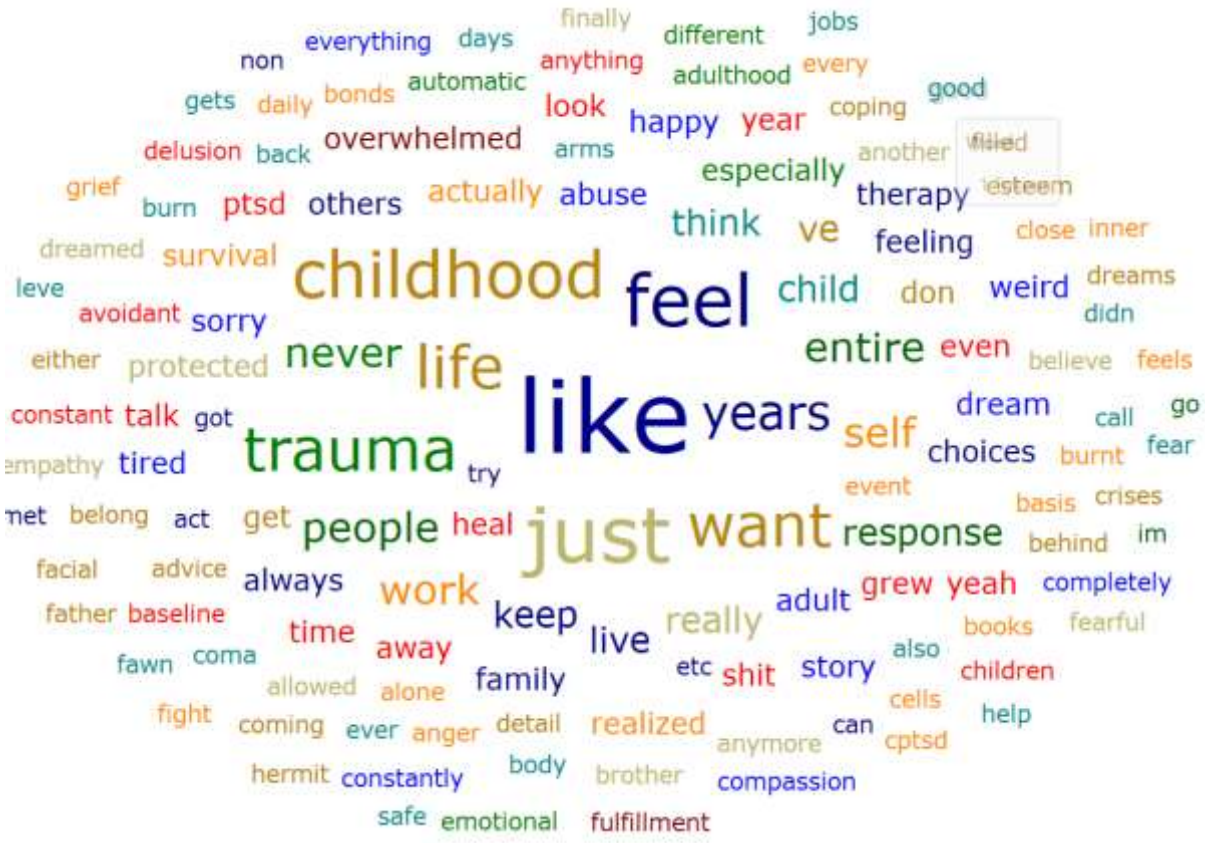

Figure 3: Word Cloud for Self-Concept

The fourth theme - the othered self - demonstrated that the self-concept of this community is heavily mediated relationally, in relation to non-traumatized others, as well as through social exclusion and misunderstanding. Participants situated themselves as othered, outside the norms of social acceptability, and unrecognizable to social others who had not endured complex trauma. Being invalidated by therapists, misunderstood by partners, and stigmatized by society consistently reinforced rather than challenged their negative self-concept, showing that self-concept in C-PTSD is not simply an internal cognitive construct but is also a construct that is reinforced or challenged by social interaction. This finding is in line with social support theory applied to this study, where Drageset (2021) highlights social interaction as an important predictor of psychological self-perception, and in line with Naslund et al. (2020), who comment that social environments, including online environments, are constitutive of how people with mental health issues perceive themselves.

Despite the dominance of these four themes, four other themes of theoretical significance also emerged from the data set - the awakened self. Several participants described epiphany moments whereby they reconstructed their self-concept: conceptualizing their own laziness as the trauma-induced avoidance of self-presence; their own fawning as a trauma-induced survival response rather than a personality defect; their own toxic shame as the root cause of lifelong patterns. These "aha" moments, often prompted by new information, therapeutic intervention, or empathic community response, reflect the onset of narrative identity reconstruction, as conceptualized by McAdams and McLean (2013), in which people reframe their past experiences in ways that create new self-understanding and new possibilities for the future. Crucially, the r/CPTSD community served as an external mirror for this process - peer feedback offered

affirmation, language, and empathetic reflection that the participants had not received from their immediate social worlds. This highlights online peer support as not just a coping tool, but as a site of self-concept development, with important implications for how online mental health communities are conceptualized and harnessed in trauma recovery.

4.2 How People on r/CPTSD Describe Their Trauma Narratives and the Healing Process

4.2.1 Trauma as a Rewiring, Not an Event

A foundational pattern across the dataset was the consistent framing of trauma not as a discrete incident to be processed and moved past, but as a fundamental and enduring transformation of the person's neurobiology, physiology, and developmental trajectory. Participants described trauma's impact in terms of brain rewiring, cellular deterioration, and nervous system dysregulation, narratives that locate trauma firmly in the body and biology rather than in memory or cognition alone. Figure 4 shows the emotional distribution across the respondents.

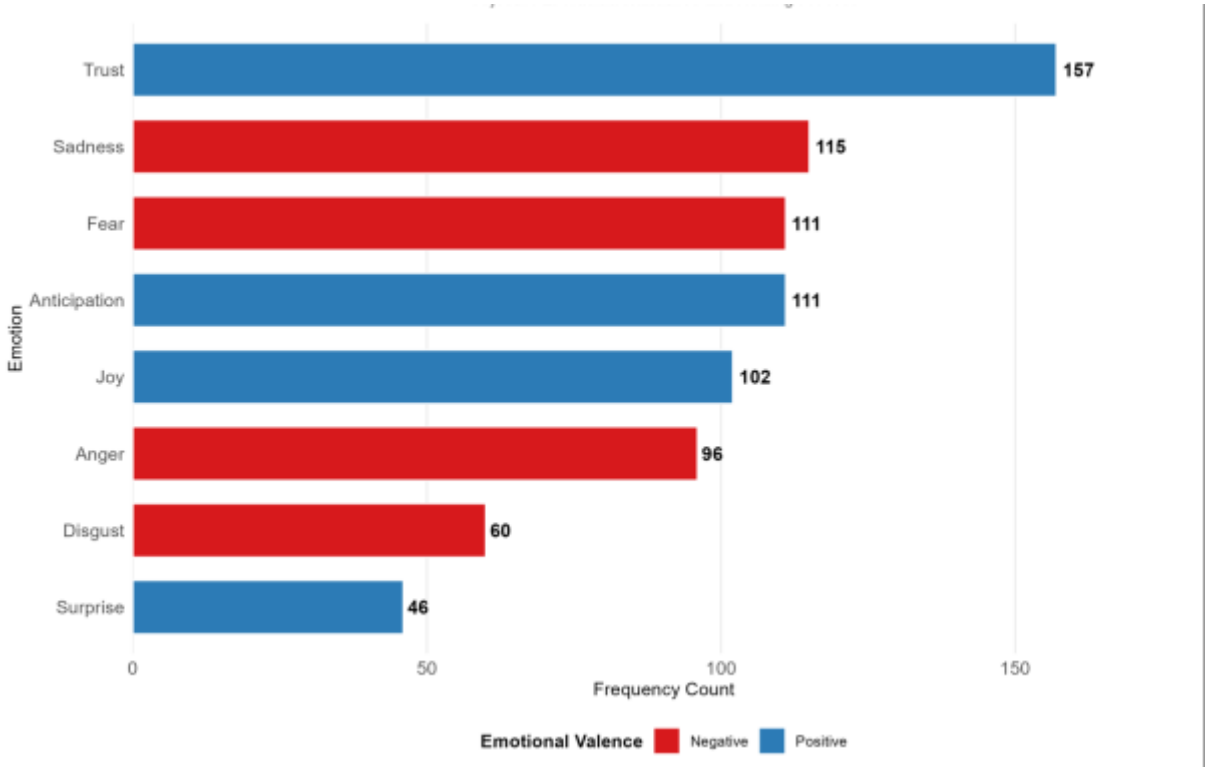

Figure 4: Emotional Distribution of Participants

This framing is strongly supported by emerging research on the biological embedding of trauma, with Huynh et al. (2025) confirming that C-PTSD involves systemic physiological dysregulation extending well beyond psychological symptomatology. Particularly significant was the subtheme of developmental derailment - participants did not describe trauma as something that happened to a formed self, but as something that prevented the self from forming at all.

This resonates with Harris et al. (2024), who identify early interpersonal trauma as uniquely damaging precisely because it occurs during critical developmental windows, shaping the architecture of the self before it has the resources to resist or process such experiences.

4.2.2 The Non-Linear and Exhausting Nature of Healing

The healing process was narrated across the dataset with striking consistency as non-linear, disproportionately costly, and frequently interrupted. Participants described investing enormous quantities of energy, money, and emotional resources into recovery - resources they did not choose to need and resented having to spend. The injustice of this burden featured prominently.

This finding extends Billings and Nicholls (2025), who note that current treatment frameworks for C-PTSD often underestimate the cumulative burden of sustained therapeutic engagement on survivors already depleted by years of chronic stress. Non-linearity was equally prominent, with participants describing healing as painfully gradual and frequently reversed.

A particularly analytically significant subtheme was what participants described as "recovery hibernation" - a phase following sustained survival mode in which the body demanded radical rest and withdrawal.

This phenomenon speaks to Vanaken et al. (2021), who argue that the ability to regulate and pace trauma processing is itself a form of adaptive coping, though the guilt participants expressed suggests that dominant cultural narratives around productivity actively undermine this natural recovery process. Healing fatigue and resistance to the recovery narrative also emerged strongly, with participants expressing exhaustion not just with symptoms but with the entire framing of healing as personal responsibility.

4.2.3 The Delayed Recognition of Trauma

One of the most emotionally charged themes across the dataset was the years and in some cases decades it took participants to recognize their experiences as trauma at all. Participants described long periods during which they attributed their symptoms to personal character defects rather than trauma responses.

This pattern is consistent with Knoff et al. (2024), who identify misattribution of trauma responses as a significant feature of C-PTSD presentation, and with Billings and Nicholls (2025), who note that C-PTSD remains substantially under diagnosed relative to PTSD. A particularly striking subtheme was the "funny story that was actually abuse" - participants describing memories they had long normalized which therapy or community interaction later revealed as abusive.

This narrative inversion illustrates what Melia et al. (2025) describe as the normalization of harmful experiences within dysfunctional family systems. The anger that followed recognition was equally prominent.

4.2.4 Institutional Failures in the Healing Journey

The healing process across the dataset was repeatedly complicated, delayed, or actively harmed by failures of formal institutional systems. Misdiagnosis and diagnostic gaps were prominent, with participants describing years of being treated within inadequate frameworks.

This reflects the diagnostic reality documented by Huynh et al. (2025), who found that within clinical samples already diagnosed with PTSD, 66.8% actually met criteria for C-PTSD. Therapist inadequacy and harm constituted an equally significant subtheme, with participants describing encounters that deepened rather than alleviated their distress.

This is consistent with Marshall et al. (2025), who identify inadequate practitioner training in complex trauma as a significant barrier to effective care. Financial and structural barriers completed this theme, with participants framing access to quality trauma treatment as structurally unequal.

4.2.5 Healing as Meaning-Making and Narrative Reconstruction

Despite the weight of the preceding themes, the dataset also contained powerful examples of participants actively constructing meaning from their trauma - engaging in what McAdams and McLean (2013) describe as narrative identity work. Psychoeducation emerged as a consistent turning point, with new knowledge functioning as a transformative interpretive lens.

This aligns with Robert (2024), who identifies narrative reconstruction as central to trauma healing, and with Kerr et al. (2019), who describe the shift from a story of chronic disability to a complex and dynamic life narrative as a defining feature of identity reconstruction in mental health recovery. Critically, the act of posting on r/CPTSD was itself narrated as part of the healing process - sharing the trauma story to an audience of peers who understood was described as uniquely validating.

A summary of the findings is as presented in Figure 5.

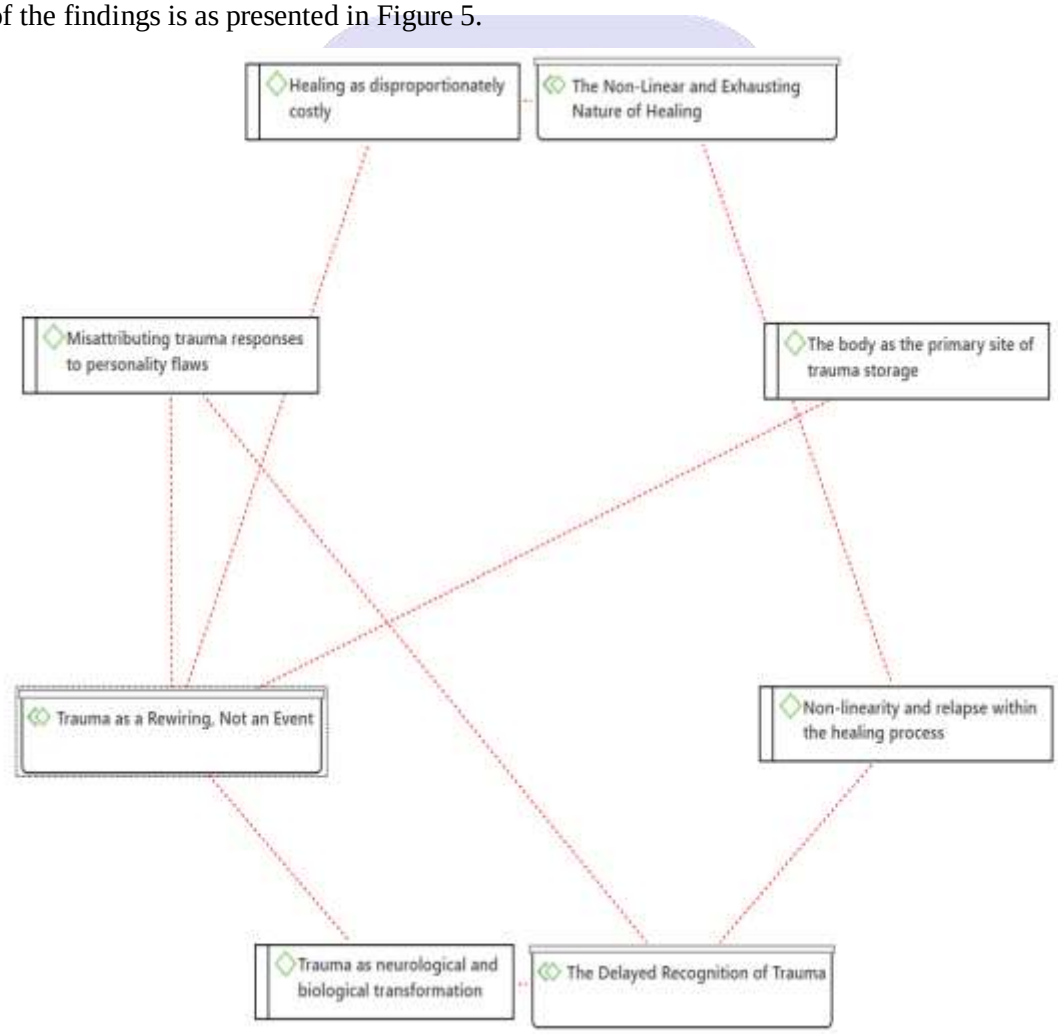

Figure 5: Network Diagram for Trauma Narratives

Community witnessing emerged as a powerful healing mechanism, with peer responses filling a void created by years of dismissal and minimization. This positions r/CPTSD not merely as a support forum but as an active site of narrative reconstruction - a finding that extends Nagra et al. (2025), who identify digital peer support as capable of normalizing emotional struggles through shared experience, by demonstrating that this process operates at the level of identity and narrative, not only symptom management.

4.3 Coping Strategies and the Role of Online Community Support

4.3.1 Cognitive and Meaning-Based Coping

A prominent and recurring coping strategy across the dataset was the active use of cognitive reframing, psychoeducation, and intellectual sense-making to manage the overwhelming impact of complex trauma. Participants described seeking out information about C-PTSD, trauma responses, and neurobiology not merely out of curiosity but as a deliberate and stabilizing coping mechanism - one that transformed years of confusion, self-blame, and misattribution into a coherent explanatory framework. The discovery of trauma-specific concepts was described repeatedly as a turning point, providing participants with language and understanding that their immediate social and clinical environments had failed to offer.

This pattern aligns with Danga et al. (2026), who identify information-seeking as a core problem-focused coping strategy - one that attempts to modify the psychological experience of a stressor by generating understanding and reducing its perceived uncontrollability. Closely related was the strategy of narrative restructuring - participants deliberately reinterpreting past behaviors, traits, and life patterns through a trauma lens as a way of releasing themselves from entrenched self-condemnation. A more subtle but analytically significant cognitive coping strategy was self-witnessing - the practice of narrating one's own experience in real time as a grounding and self-centering tool.

This practice reflects what Figueiredo and Petravičiūtė (2025) describe as adaptive coping through intentional cognitive engagement - using conscious self-awareness as an alternative to the hypervigilant other-monitoring that complex trauma instills.

4.3.2 Relational and Community-Based Coping

The most consistently and powerfully described coping mechanism across the entire dataset was relational - specifically, the seeking and receiving of peer support through r/CPTSD. Participants described using the community not only as an information resource but as a primary emotional regulation tool, a validation mechanism, and a normalizing mirror that reflected their experiences back to them as understandable and legitimate rather than pathological or shameful. Peer validation as emotional regulation was particularly prominent - the experience of being seen and understood by others with shared experience was described as directly reducing distress in ways that formal clinical encounters had frequently failed to achieve.

This is consistent with Kim et al. (2025), who identify peer support as a recognized protective factor against psychological distress, operating through mechanisms of increased connectedness, emotional validation, and reduction of isolation. The community's role in normalizing symptoms and responses that participants had previously

understood as uniquely shameful or bizarre was equally significant. Reading others' stories and recognizing one's own experience within them produced a powerful coping effect - reducing the isolating sense of being fundamentally different or broken.

This normalizing function of shared narrative maps onto what Nagra et al. (2025) describe as digital peer support's capacity to normalize emotional struggles through shared experience, though the data here suggests the effect is more profound than normalization alone - it constitutes a form of collective identity affirmation among people who have been systematically othered by mainstream social environments. The r/CPTSD community therefore functioned as what Yuan et al. (2026) describe as an effective online peer support space for people whose mental health needs are inadequately met by formal services - providing accessibility, anonymity, and the particular credibility of lived experience that clinical relationships cannot replicate.

4.3.3 Somatic and Behavioral Coping

Beyond cognitive and relational strategies, participants described a range of body-based and behavioral approaches to managing trauma symptoms. Engagement with trauma-informed therapeutic modalities – eye movement desensitization and reprocessing (EMDR), Internal Family Systems (IFS), somatic therapy, and group therapy - featured prominently as active coping strategies. Notably, many participants reported discovering these approaches through community recommendations on r/CPTSD rather than through clinical referral, underscoring the community's role as a practical coping resource.

The cascading affirmation visible in this exchange illustrates how the community amplifies and legitimizes individual coping discoveries, transforming personal experience into collective knowledge. This reflects Morini et al. (2025), who identify Reddit mental health communities as spaces where participants share experiential knowledge that complements and sometimes substitutes for formal clinical guidance. Equally significant was the coping strategy of deliberate rest and disengagement from productivity - participants reclaiming stillness, withdrawal, and doing nothing as legitimate healing practices rather than symptoms of failure.

This behavioral coping strategy directly challenges dominant cultural narratives around productivity and self-improvement, and reflects what Figueiredo and Petravičiūtė (2025) describe as adaptive disengagement - a legitimate coping response whereby the organism withdraws from overwhelming demands in order to restore regulatory capacity.

4.3.4 Maladaptive and Ambivalent Coping

The dataset also revealed a significant dimension of maladaptive and ambivalent coping - strategies that provided short-term relief while sustaining or deepening longer-term dysregulation and isolation. Compulsive self-soothing through digital consumption was described with notable self-awareness by several participants, who recognized the behavior as trauma-driven while simultaneously feeling unable to interrupt it.

This reflects Danga et al. (2026), who identify behavioral disengagement as a less adaptive coping strategy that minimizes cognitive processing of the stressor rather than facilitating resolution. The ambivalence here is analytically important - participants were not unaware of the maladaptive nature of these behaviors, but recognized them as expressions of a traumatized nervous system seeking safety rather than choices made from agency. Social withdrawal

and self-isolation constituted an equally prominent maladaptive coping pattern, described as simultaneously protective and damaging.

This pattern is consistent with what Figueiredo and Petravičiūtė (2025) identify as avoidant coping in trauma populations - strategies that reduce immediate distress by eliminating the perceived threat of relational exposure, while progressively narrowing the person's social world and deepening their isolation.

The study conducted a network analysis to establish the interrelationship among the identified variables. The findings are as presented in Figure 6.

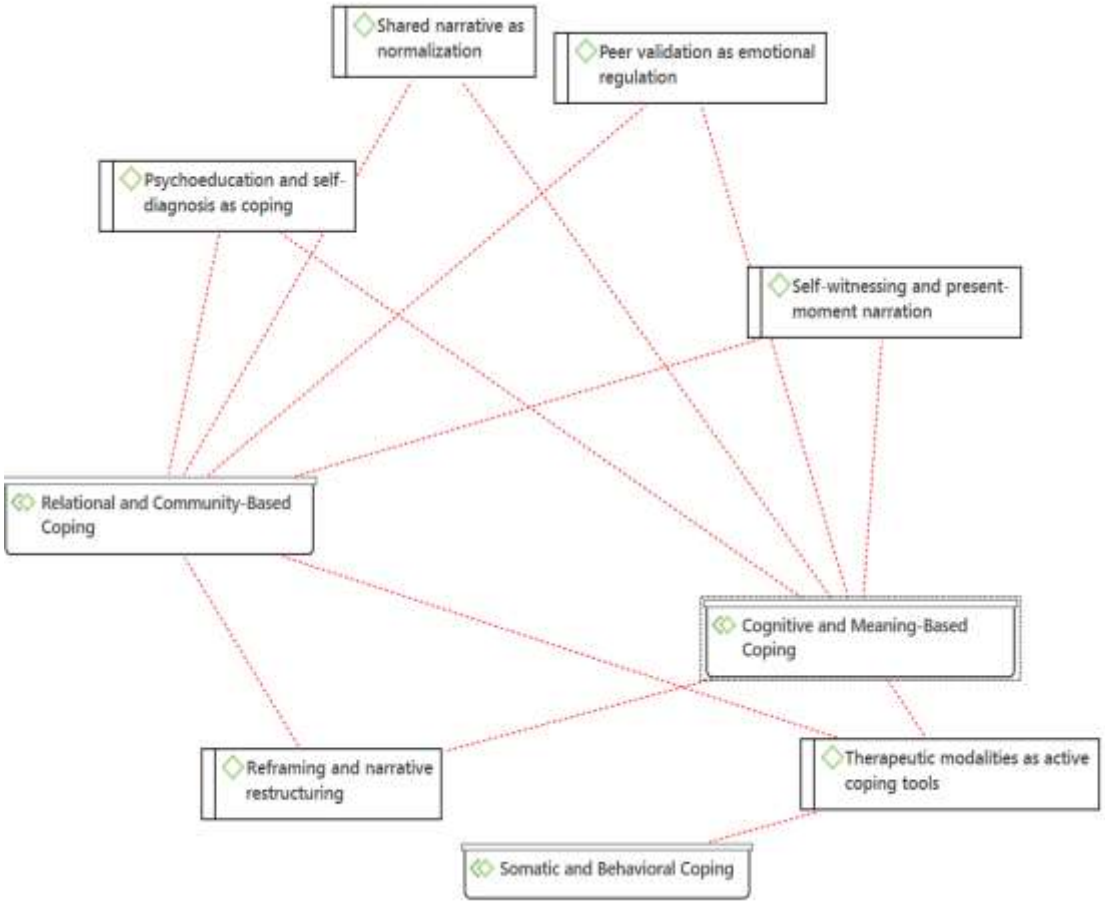

Figure 6: Network Analysis for Coping Strategies

Critically, the r/CPTSD community itself emerged as a nuanced space within this dynamic - simultaneously a relational coping resource and, for some participants, a site of digital avoidance. This ambivalence is theoretically significant, suggesting that the boundary between adaptive relational coping and maladaptive digital self-soothing is not fixed but fluid, context-dependent, and shaped by the individual's current regulatory capacity. This complexity challenges the rigid adaptive versus maladaptive classification proposed by Danga et al. (2026) and calls for a more contextually sensitive framework for understanding coping in complex trauma populations.

4.4 How People Narrate Identity Reconstruction during Complex Trauma Recovery on r/CPTSD

4.4.1 From Victim to Interpreter: The Narrative Turning Point

The most significant movement in identity reconstruction narratives across the dataset was a fundamental shift in narrative positioning from experiencing oneself as a passive recipient of trauma's consequences to becoming an active interpreter of its meaning, causes, and implications for selfhood. First, a sentimental analysis was conducted to establish identity reconstruction narratives. The findings are demonstrated in Figure 7.

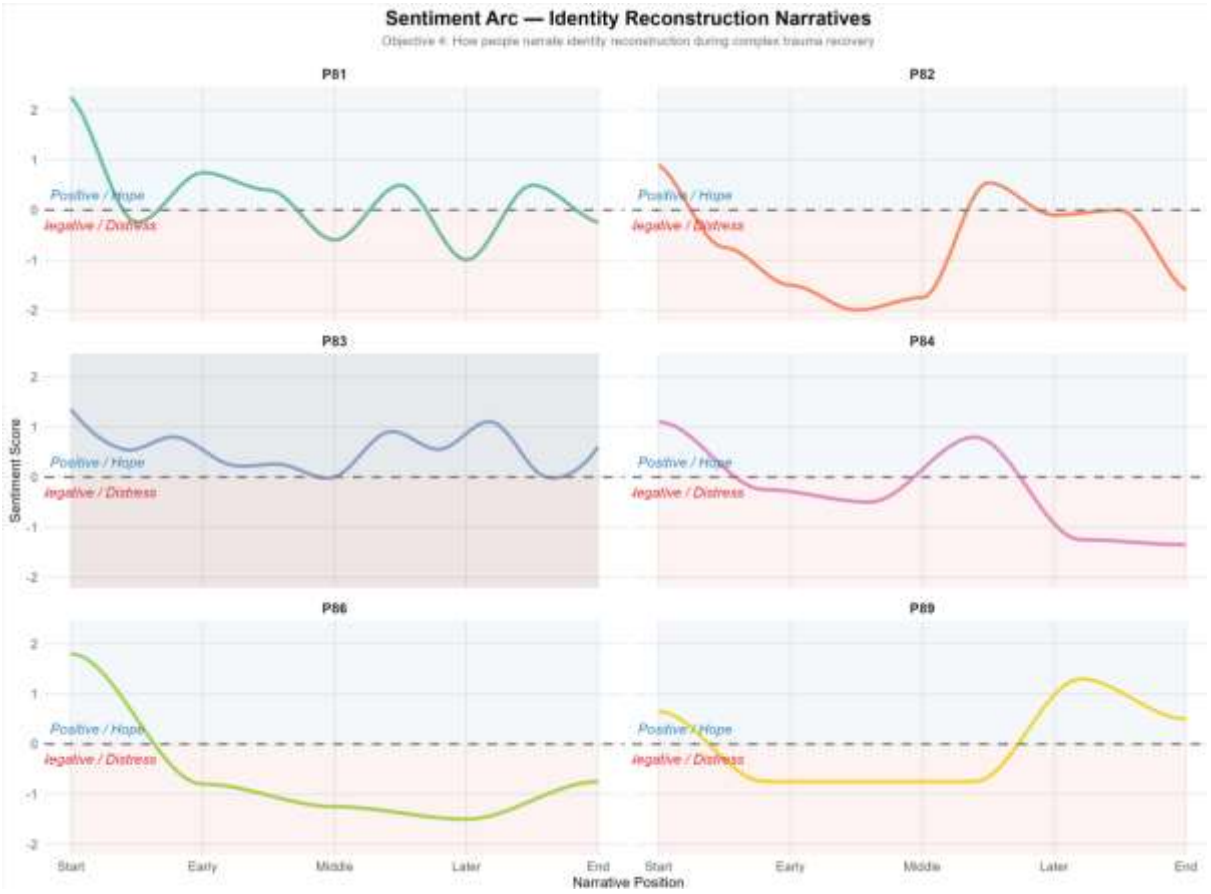

Figure 7: Identity Narratives

This shift did not occur gradually or smoothly but was frequently described as a rupture, a moment of sudden realization that rendered the old self-narrative untenable and opened the space for a new one to begin forming. These epiphany moments were among the most analytically rich passages in the entire dataset, combining cognitive reorientation with profound emotional impact.

These stories exemplify precisely the foundational step of narrative identity reconstruction, as described by McAdams and McLean (2013) - reinterpretation of the past in light of new interpretations, producing a new and more coherent narrative. The transition from victim to interpreter is not just a cognitive shift but an identity-constitutive one: participants' interpretation of their past is also an interpretation of themselves. This is consistent with Kerr et al. (2019) who characterize the shift from chronic disability narrative to dynamic and multifaceted life story as a constitutive element of adaptive identity reconstruction in mental health recovery. The transition to authoring one's own narrative was the natural consequence of this interpretive shift - participants went from narrating themselves as acted upon by others to acting upon themselves.

4.4.2 Fragmented Identity and the Struggle for Coherence

Identity reconstruction in the dataset was far from linear or resolved. Participants consistently described inhabiting profoundly fragmented, contradictory, and unstable self-concepts - holding multiple conflicting identities simultaneously without the capacity to integrate them into a coherent whole. The functional public self and the broken private self coexisted in constant tension, as did the adult self and the wounded child self, the person in recovery and the person still consumed by trauma.

This fragmentation is theoretically anticipated by Abd Kadir (2025), who identifies profound disruption and disconnection of identity as a defining feature of complex trauma survival - the self experienced as simultaneously multiple, contradictory, and inaccessible. The narrative incoherence visible in many posts - the fragmented structure, the unresolved endings, the oscillation between hope and despair - was itself analytically significant, functioning not merely as a stylistic feature but as a direct expression of identity disruption. Vanaken et al. (2021) identify narrative coherence as a marker of trauma coping capacity, and the dataset confirms this relationship in reverse - the degree of narrative fragmentation across posts mirrored the degree of identity disruption participants described, while tentative movements toward narrative coherence corresponded with emerging self-stabilization.

4.4.3 Shedding the Old Identity: Grief, Anger, and Release

A critical and frequently under-acknowledged phase of identity reconstruction visible in the dataset was the process of releasing the old trauma-organized identity - an emotionally volatile and non-linear process involving profound grief, rage, and disorientation. Before a new identity could be constructed, participants needed to mourn the one they were leaving behind - including not only the self defined by trauma but the childhood self who never got to develop, and the adult self who lost decades to survival mode.

This grief is not pathological but necessary - it represents the recognition of real loss that must be acknowledged before a new self-narrative can be constructed on honest foundations. This reflects Kerr et al. (2019), who identify the mourning of the old identity as an integral stage in narrative identity reconstruction, and Abd Kadir (2025), who notes that survivors must first acknowledge the depth of identity disruption before reconstruction becomes possible. Equally significant was the emergence of anger as an identity transition marker - participants expressing rage at perpetrators, at inadequate systems, and at non-traumatized people who could not understand their experience.

This anger, while painful, represents a significant identity development - it requires a sufficient sense of self to feel entitled to fury, marking a movement away from the shame-based, self-blaming identity that complex trauma instills toward one capable of locating responsibility externally where it belongs.

4.4.4 Building the New Self: Agency, Integration, and Becoming

The most forward-looking identity narratives in the dataset showed participants engaged in the tentative, fragile, but unmistakable process of constructing a new and more integrated self - one that incorporated rather than erased the trauma history while refusing to be wholly defined by it. Emerging agency was the most consistent marker of this

phase: participants describing early movements toward self-directed choice, boundary-setting, and action rooted in internal values rather than fear or compliance.

These moments of agency, however tentative, represent what McAdams and McLean (2013) describe as the emergence of narrative agency within identity reconstruction, whereby the person begins to position themselves as the author of their story rather than its subject. Critically, the r/CPTSD community emerged across the dataset as an active co-constructor of this new identity rather than a passive witness to it. Peer responses did not merely validate existing self-narratives but provided new language, interpretive frameworks, and relational experiences that participants incorporated directly into their emerging sense of self.

This co-constructive function of the online community reflects the social support theory framework applied in this study, whereby Drageset (2021) identifies social interaction as a critical mediator of psychological recovery - extended here into the digital peer space as a site of active identity work rather than passive support reception. The most advanced identity reconstruction narratives in the dataset showed participants moving toward integration - incorporating trauma into a broader and more complex life story in which suffering coexisted with growth, agency, and forward movement.

This integrative narrative positioning reflects what Kerr et al. (2019) describe as the hallmark of adaptive identity reconstruction - the transformation of a story of chronic stagnation into a complex, dynamic life narrative in which trauma is neither denied nor definitive. Taken together, the four themes of Objective 4 demonstrate that identity reconstruction in this online community is precisely what the theoretical framework of this study proposed it to be - narrative, socially co-created, non-linear, and ongoing, unfolding not as a clinical endpoint but as a living, dynamic, and fundamentally relational process.

5.0 SUMMARY, CONCLUSIONS, AND RECOMMENDATIONS

5.1 Introduction

This chapter offers the summary of findings, conclusions, and practical, policy, and research recommendations of the study on Peer Support and Identity Reconstruction in Complex Trauma: A Qualitative Analysis of Healing Narratives on r/CPTSD. The aim of the study was to understand how individuals who have experienced complex trauma and have C-PTSD describe their self-concept and rebuild their identity through online peer support and healing narratives on Reddit's r/CPTSD subreddit. This chapter presents the findings of the study according to the four research objectives, and synthesizes the key insights from the narrative analysis of 50 posts and about 300 comments sourced from r/CPTSD between May 2025 and April 2026. The chapter concludes with a discussion of the findings, conclusions and recommendations for practice, policy and research.

Three theories guided the study: narrative identity theory (McAdams & McLean, 2013), self-concept theory (Raja, 2022), and social support theory (Drageset, 2021). A qualitative narrative research design was adopted, using hybrid thematic narrative analysis. The research was situated in a relativist constructivist-interpretivist approach, with the narratives on r/CPTSD seen as socially created knowledge about complex trauma, healing and identity reconstruction. The results from the four objectives coalesce to argue that identity reconstruction following complex trauma is a narrative, co-constructed, non-linear and continuous process that can take place in online peer communities, even without the support of clinical professionals.

5.2 Summary of Findings

5.2.1 How People with C-PTSD Describe Their Self-Concept in Digital Narratives on r/CPTSD

The first aim was to explore how individuals with C-PTSD conceptualize and express their sense of self in the naturalistic online space of r/CPTSD. Five interrelated themes emerged across the data to provide a rich portrait of self-concept in the shadow of complex trauma: the shame-saturated self, the survival self, the lost self, the othered self and the reawakening self.

The most dominant theme was that shame was not only a transient emotion but the core structure of self-concept - a core that participants used to understand their shortcomings, their needs, their relationships and their value. This shame-saturated self was deeply ingrained, mostly subconsciously operating and taking the form of unrelenting self-criticism, self-perception of unworthiness and a relentless sense of being too damaged or too much for others to handle. The next most pervasive theme was the survival self, in which participants regularly spoke of personality, relational and behavioral tendencies not as genuine selfhood but as survival adaptations to chronic interpersonal threat. Central traits, such as compliance, hypervigilance, emotional suppression and people-pleasing, were acknowledged as adaptations for survival rather than the true self, leaving participants perplexed about what they were behind the adaptations.

The theme of the lost self reflected the deep sense of loss participants felt for an authentic self that was either never fully formed or was inaccessible due to trauma. Participants grieved not only the trauma they experienced but also the person they lost - expressing loss of foreclosed possibilities, relationships, and capacities that did not have the opportunity to develop. This was complicated by the work of feeling normal - building and sustaining a workable public self for display while the private self was concealed, divided, and over-burdened. The othered self theme suggested self-concept for this community was in part heavily constituted through relational contrast - participants placing themselves as othered, incompatible with the mainstream social order, and unreadable to people who had not undergone complex trauma. Therapist dismissal, partner misunderstanding and societal dismissal actively perpetuated, rather than challenged, participants' negative self-concept, showing that self-concept in C-PTSD is not an internal cognitive construct, but is formed and reformed in social interaction.

Despite the salience of these four themes, a fifth theme of significant theoretical importance was revealed - the awakening self. In several posts, participants articulated key episodes of self-concept transformation that were occasioned by learning something new, receiving therapeutic intervention, or experiencing community affirmation. These epiphany experiences - identifying laziness as self-erasure, fawning as survival, toxic shame as a unifying explanatory construct - marked the onset of narrative identity reconstruction and had profound implications for theories of self-concept change in naturalistic digital contexts.

5.2.2 How People on r/CPTSD Describe Their Trauma Narratives and the Healing Process

The second aim was to understand how participants made sense of their trauma and healing process. The analysis yielded five themes: trauma as rewiring, not event; the non-linear, costly process of healing; the delayed recognition of trauma; institutional shortcomings in the healing process; and healing as meaning-making and narrative reconstruction.

At the most basic level, participants framed their trauma not as discrete events but as a fixed alteration to their neurobiology, physiology and development. The trauma was narrated as residing in the body (in muscle memory, hypervigilance responses, somatic symptoms, and physiological decay), as having disrupted the foundation of development rather than the self, and as having occurred early in development rather than later. This narrative placed trauma's damage not in the domain of memory and cognition but in the structure of the person's entire biological and developmental system, which has profound implications for recovery efforts.

Healing was described with remarkable consistency as non-linear, disproportionately painful and often interrupted. Participants reported making significant investments in healing while also feeling justified in their anger about having to do so - a paradox that led to a unique form of healing fatigue in which the burden of healing added to the toll of trauma. Recovery hibernation, a period of deep withdrawal and rest following prolonged survival mode, was an important and previously overlooked healing phenomenon, often misinterpreted by participants and their social contexts as depression or defeat, rather than as a necessary biological adaptation to many years of dysregulation.

The recognition delay for trauma was a powerful finding of the study. The participants spoke of decades of living with symptoms that they interpreted as character flaws (laziness, weakness, social ineptitude), before coming to understand these as trauma symptoms. When this recognition occurred, it was simultaneously cathartic and agonizing due to the years of suffering without recognition or support. This was compounded by institutional failures - misdiagnosis, lack of clinician training, bad therapeutic experiences, and financial barriers to accessing high-quality care - which were prominent as complicating, delaying, or even causing harm to survivors' healing experiences. These institutional failures go towards explaining why online peer support communities such as r/CPTSD become the primary sites for healing for many survivors (not by choice, but by necessity).

Amid these troubling themes, healing through meaning-making and narrative reconstruction stood out as a countervailing force. Psychoeducation served as a pivotal moment, offering participants tools to experience their past as new and different, and to retrospectively re-interpret their life histories with newfound empathy. Narrating trauma on r/CPTSD was described as part of the healing process - witnessing by the community filling the void of validation after years of invalidation and misunderstanding, and serving as an active site of narrative reconstruction rather than a passive source of support.

5.2.3 Coping Strategies Articulated in Online Posts and the Role of Online Community Support

The third goal was to explore the coping strategies participants identified and the role the r/CPTSD online community played in those strategies. Cognitive and meaning-based coping, relational and community-based coping, somatic and behavioral coping, and maladaptive and ambivalent coping were the four themes.

Cognitive and meaning-based coping strategies featured heavily in the data set, with participants engaging in psychoeducation, narrative reframing and self-witnessing as specific coping strategies to ameliorate the psychological consequences of complex trauma. The discovery and use of trauma-specific terms and concept sets (C-PTSD, fawning, toxic shame, nervous system dysregulation) were not just cognitive resources, but identity-organizing resources, which changed participants' understandings of themselves and their experiences. Self-witnessing stood out as a particularly sophisticated cognitive coping mechanism, involving the role of self-narration in present time as a centering strategy, described as particularly important for those who had grown up in environments that systematically de-emphasized self-narration and self-advocacy.

Interpersonal and community-based coping was the most prominent coping mechanism described by participants. The r/CPTSD community was the primary site for emotion regulation, normalization, and validation, which participants described as absent in their immediate social and clinical contexts. Peer validation was a powerful antidote to shame and isolation - something often absent in clinical interactions - and the experience of seeing others' stories and recognizing one's own narrative within them had a powerful normalizing effect, dispelling the isolating sense of being uniquely broken or defective. The community offered more than emotional support, with participants regularly exchanging information about therapeutic approaches, coping strategies and psychoeducational resources.

Somatic and behavioral coping strategies were as prominent as cognitive and relational strategies, with participants reporting participation in trauma-specific therapeutic approaches (EMDR, IFS, somatic therapy, group therapy) as coping strategies. Many participants described these approaches as being discovered after recommendation from the community. Intentional disengagement with rest as well emerged as a valid but less-recognized behavioral coping strategy; participants reclaiming silence as therapeutic rather than pathological, in defiance of the dominant cultural discourse on productivity and personal development.

The fourth theme recognized the prominent role of maladaptive and ambivalent coping. Compulsive digital self-soothing, excessive social media, gaming and passive engagement, was described with striking self-awareness as trauma-based rather than freely chosen, driven by the nervous system's search for safety, rather than volitional avoidance. Social distancing and isolation was also described as a simultaneously adaptive and maladaptive coping strategy, alleviating immediate relational suffering while constricting participants' social networks. The r/CPTSD online community itself was a complex part of this dynamic, both adaptive relational coping and for some, a site of maladaptive digital avoidance - a nuance that complicates binary adaptive/maladaptive perspectives on coping.

5.2.4 How People Narrate Identity Reconstruction during Complex Trauma Recovery on r/CPTSD

The fourth goal was to understand how participants told the story of identity reconstruction in the recovery from complex trauma. These included: from victim to interpreter - the narrative pivot point, fractured identity and the quest for integration, the process of discarding the old identity (grief and anger), and the process of building the new identity (agency, integration and social support).

The central transition in identity reconstruction narratives was from passive victim to active interpreter: moments of sudden or gradual recognition that shifted participants' narratives. These "aha" moments, in which previously wholly unacceptable life patterns were suddenly made sense of through a trauma lens, marked the beginning of narrative identity reconstruction, where the person starts to reinterpret their past in ways that lead to new self-knowledge and possibilities for the future. This was not simply a cognitive but a constitutive shift: in reinterpreting the past, participants also reinterpreted themselves, and their potential selves.

Identity reconstruction across the dataset was invariably marked by extreme incoherence - participants simultaneously occupying multiple contradictory and discomfiting self-concepts, unable to reconcile them. The instrumental public self was simultaneously in tension with the fractured private self; the recovered self with the traumatized self; the adult self with the traumatized child self. The incoherence of many posts (fragmentation, lack of closure, mixture of hope and despair) was significant, not just stylistically informative, but also a direct representation of identity reconstruction whose progressive refinement paralleled the trajectory of self-stabilization.

To build a new identity, participants had to grieve and gradually relinquish the old, trauma-organized identity, a process that involved intense grief for the lost childhood, self and years of survival. This grief was not morbid: it was an acknowledgement of the loss that was real, that made new identity construction possible without delusion. Rage proved an important transitional emotion, with participants expressing anger at perpetrators, faulty systems, and non-traumatized people who failed to understand their plight. This anger was painful but important in identity development: it required a sense of self sufficient to feel justified in expression of anger, and reflected a shift from the shameful and self-blaming identity that emerges from complex trauma.

The most progressive identity narratives in the dataset revealed participants in the early process of building a new and more integrated sense of self, which incorporated rather than excluded their trauma histories, while not being defined by them. This was a time of emerging self-agency, choice and boundary setting - tentative steps towards a self who made choices from a place of self-values rather than fear and compliance. The r/CPTSD community turned out to be a co-constructor of this new identity, offering language, structures, validation and relational reflection that were directly incorporated into participants' new identity narratives. The most forward-looking, reconstructed identity narratives showed participants moving toward integration - including trauma in a more complex narrative of a life that incorporated both suffering and growth, agency and renewed hope.

5.3 Conclusions

This study has several implications for the understanding of complex trauma, self-concept, healing and identity reconstruction in digital peer communities.

First, self-concept in C-PTSD is not a clinical symptom, but a socially constructed and socially mediated phenomenon. The stories described in this study from r/CPTSD show that self-concept among people with C-PTSD is socially constituted, maintained, and re-constituted in social interactions - including digital peer interactions. This adds to the current clinical understanding, which typically views negative self-concept as an internal cognitive bias open to therapeutic intervention, by demonstrating that self-concept is constituted relationally and therefore needs relational - as well as individual - intervention to be reconstructed.

Second, recovery from complex trauma is non-linear, disproportionately expensive and under-supported by existing formal structures. The recurring theme of institutional failure throughout the data set - misdiagnosis, traumatic therapeutic experiences, financial inaccessibility, and clinician incompetence - suggests the formal mental health system in its current form is not meeting the needs of a substantial population of people with C-PTSD. This is not accidental but rather systemic, and reflects the relative novelty of the C-PTSD diagnosis, the dominance of PTSD-focused clinical training models, and the lack of economic access to trauma-informed healing services.

Third, online peer communities such as r/CPTSD are important healing spaces - not alternatives to formal treatment, but rather alternative healing spaces with their own distinctive therapeutic effects. The anonymity and accessibility, lived-experience credibility and peer structure of r/CPTSD confer a particular type of healing, based on recognition, normalization and meaning-making, which many of the study's participants had not found elsewhere.

Fourth, the reconstruction of trauma-stricken identities is a narrative, social, non-linear and iterative process. The study confirms and builds on the conceptual framework proposed by McAdams and McLean (2013), Abd Kadir (2025), and Kerr et al. (2019) to show that this process occurs in naturalistic online environments - and that the online community is co-constructive rather than simply supportive. Identity reconstruction in the r/CPTSD community is not

a therapeutic goal that survivors move towards in the safety of their therapist's office, but an ongoing, dynamic, interpersonal process that unfolds in real time in the form of narratives and language, frameworks and validations, shared with others.

Fifth, the coping responses used by individuals with C-PTSD are much more nuanced, contextual and ambivalent than current adaptive/maladaptive coping models imply. Analysis shows that the same actions - online engagement, avoidance, recuperation - can be adaptive, maladaptive or both, depending on context, regulatory capacities, and the individual's meaning-making. This suggests a more contextualized approach to coping in people with complex trauma.

5.4 Recommendations

5.4.1 Recommendations for Clinical Practice

Trauma-informed clinicians should consider online peer community participation as part of their clients' and patients' healing environments. The study shows that many C-PTSD survivors are engaged in valuable healing work in online peer communities such as r/CPTSD - work that may complement, enhance, and even precede clinical treatment. Health practitioners should ask about clients' online community involvement and recognize this as a healing resource, instead of pathologizing it or ignoring it.

Psychology training must significantly enhance C-PTSD knowledge and skills. The findings of this study highlight the consistent failure to diagnose, treat, and cause harm, which is a failure of training. Training programs should ensure clinicians are able to identify C-PTSD, distinguish it from PTSD and personality disorders, and apply trauma-informed interventions - such as EMDR, IFS and somatic therapies - competently and safely.

Health professionals should proactively provide psychoeducation about C-PTSD in early therapeutic sessions. The research shows that psychoeducation - education about C-PTSD, trauma responses, and the neurobiology - acts as a critical milestone in the healing process for many trauma survivors. Offering this information early in the therapeutic process may help to facilitate the transition from blaming the self to understanding the self and lay the interpretive groundwork for productive therapeutic engagement.

The non-linearity of complex trauma recovery needs to be normalized in the clinical context. The healing fatigue, reluctance to engage with recovery, and recovery hibernation reported in this study suggest that standard clinical framings of healing as progressive and goal-oriented are often at odds with the experience of healing from C-PTSD. Clinicians should explicitly validate non-linearity, rest as healing and avoid equating set-backs with failure.

5.4.2 Recommendations for Policy

Mental health policy frameworks should formally recognize and fund digital peer support as a component of the trauma recovery continuum. The findings demonstrate that online peer communities provide genuine healing value for people with C-PTSD - particularly those who cannot access formal care due to financial, geographic, or systemic barriers. Policy frameworks should acknowledge this reality and invest in the development, moderation, and quality assurance of digital peer support platforms as legitimate mental health resources.

Governments and health ministries, including in Kenya and across Sub-Saharan Africa, should invest in increasing the accessibility and affordability of trauma-informed mental health care. The structural barriers to healing documented in this study - cost, geographic inaccessibility, inadequate insurance coverage - represent a public health failure with significant human costs. Policy interventions should prioritize expanding access to quality trauma-informed care, with particular attention to underserved and economically marginalized populations where the prevalence of complex trauma exposure is highest.

Public mental health awareness campaigns should specifically address complex trauma and C-PTSD. The delayed recognition of trauma documented across the dataset - with participants spending decades misattributing trauma responses to personal character defects - reflects a significant public awareness gap. Targeted campaigns that educate the general public about C-PTSD, its causes, its manifestations, and its treatability can reduce the diagnostic delay, decrease stigma, and increase help-seeking among affected populations.

Mental health policy should mandate trauma-informed training as a core competency requirement for all mental health practitioners. Given the systemic clinical failures documented in this study, voluntary or elective trauma training is insufficient. Licensing bodies and professional regulatory frameworks should require demonstrated competency in trauma-informed care - including C-PTSD-specific knowledge - as a condition of practice.

5.4.3 Recommendations for Future Research

Longitudinal research on the process of identity reconstruction in online trauma communities should be undertaken. This study is cross-sectional, providing a snapshot of identity reconstruction through narrative analysis, but it cannot provide detail about the process of identity reconstruction over time. Longitudinal studies would capture the evolution of identity narratives over time (months, years) and the non-linear nature of reconstruction.

Studies should examine the moderating effects of demographic variables - such as gender, age, culture, and socioeconomic background - on self-concept, coping and identity reconstruction in online communities of C-PTSD sufferers. The lack of demographic information on r/CPTSD prohibits analysis but the results imply that structural factors play a large role in healing. This could be achieved through mixed methods studies incorporating digital narrative analysis and surveys of participants.

Cross-community research with multiple online trauma communities, including culture-specific and language-specific communities, would provide valuable insights into the impact of cultural context on narrative, healing and identity reconstruction. This study was limited to an English language (Western) platform. Studies of African, Asian and other non-Western online communities would provide valuable information on cultural differences in complex trauma and healing.

Further research is needed on the benefits and risks of the peer support experience online for C-PTSD survivors. While the current study provides evidence of healing benefits, the literature also highlights risks such as social contagion, vicarious trauma from hearing others' trauma stories, and receiving uninformed advice. Thorough study of such risks; of community norms and moderation strategies that reduce and amplify them; and of how peer support communities manage them, is needed for a full understanding.

There is need to understand the mechanisms by which community witnessing and peer validation are healing for online trauma communities. The present study pinpoints peer community co-construction of identity as a healing mechanism, but does not fully account for the psychological processes that underlie this. Future experimental and

mixed methods studies might explore the psychological, neural, and relational mechanisms that contribute to peer validation's role in shaping self-concept and identity among people with C-PTSD.

This study sought to understand how people affected by complex trauma and with C-PTSD talk about their self-concept and rebuild their identity through peer online support and healing stories from r/CPTSD. The analysis produced a rich and complex, yet theoretically important narrative of human resilience in the spaces between formal care - in the anonymous online spaces where people who have been abandoned by families, systems and societies find each other, see themselves reflected in each other's narratives, and together begin to build new ways of understanding themselves and their futures.

The results confirm that C-PTSD causes a deep and lasting disruption of self-concept and identity - based in shame, organized around survival and fed by social contexts that fail to acknowledge, validate or treat complex trauma. They also show that healing is indeed possible - not as a teleological journey to an end goal but as a non-linear, social, and narrative journey of meaning-making, reconstruction, and progressive recovery of agency. Additionally they show, with a strong analytical punch, that online peer communities, such as r/CPTSD, are not incidental but integral to this healing process - active sites of co-construction where social mediation of healing takes place in real time, at scale, and with a degree of mutual recognition that has yet to be matched by the formal sector.

These findings have implications not just in trauma psychology, but also for questions of identity and social healing, as well as the role of digital communities in the mental health ecosystem of the 21st century. As C-PTSD becomes better recognized and online mental health platforms multiply, the lessons learned from this study provide not only a theoretical underpinning for but also a practical guide to incorporating peer-mediated digital healing into the larger ecosystem of trauma recovery - in Kenya, in Africa and around the world.

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