

Contributions of Centrality of Events and Personality to the relationship between Traumatic Events and Mental Disorders

Olivera, Mercedes; Matrángolo, Gisela; Travis, Daniel; Yaccarini, Cecilia

 **Mercedes Olivera**
mercedes.olivera@uflo.edu.ar
Universidad de Flores, Argentina
Consejo Nacional de Investigaciones Científicas y Técnicas, Argentina

 **Gisela Matrángolo**
matrangolo.gisela@maimonides.edu
Universidad Maimónides, Argentina
Consejo Nacional de Investigaciones Científicas y Técnicas, Argentina

 **Daniel Travis**
dtravis@alumnos.kennedy.edu.ar
Universidad Argentina John F. Kennedy, Argentina

 **Cecilia Yaccarini**
yaccarini.cecilia@maimonides.edu
Universidad Maimónides, Argentina
Consejo Nacional de Investigaciones Científicas y Técnicas, Argentina

PSOCIAL
Universidad de Buenos Aires, Argentina
ISSN-e: 2422-619X
Periodicity: Semestral
vol. 6, no. 2, 2020
psocial@sociales.uba.ar

Received: 09 October 2020
Accepted: 01 December 2020

URL: <http://portal.amelica.org/ameli/jatsRepo/123/1231854007/index.html>

Abstract: At present, numerous studies research the integration of traumatic events to one's identity, as well as their relationship with the development of mental disorders. Also, several investigations link this connection with centrality of events and with personality traits from the five-factor model. The aim of the present article is to conduct a literature review about explanations that underlie these theorized and empirically evidenced associations. The results of the review show that two of the events most frequently referred to as traumatic are the loss of a loved one and the experience of child maltreatment. At the same time, these are related to the subsequent development of complex bereavement and post-traumatic stress disorder (PTSD) respectively. Both centrality of events and personality traits have been shown to influence the development of mental disorders.

Keywords: traumatic events, centrality of traumatic events, post-traumatic stress disorder (PTSD), complex bereavement, personality.

Resumen: En la actualidad, numerosos estudios se ocupan de investigar la incorporación al self de los eventos traumáticos, así como también su vínculo con el desarrollo de trastornos psicopatológicos. Además, se han identificado diversos trabajos que vinculan esta conexión con la centralidad de los eventos y con los rasgos de personalidad del modelo de los cinco factores. El presente trabajo se propone realizar una revisión bibliográfica sobre las explicaciones que subyacen a las asociaciones teorizadas y empíricamente evidenciadas. Los resultados de la revisión indican que dos de los eventos más frecuentemente referidos como traumáticos son la pérdida de un ser amado y la vivencia de maltrato durante la infancia. A su vez, estos se vinculan con el desarrollo posterior de duelo complejo y trastorno por estrés post traumático respectivamente. Tanto la centralidad de los eventos como los rasgos de personalidad han demostrado influenciar el desarrollo de trastornos psicopatológicos.

Palabras clave: eventos traumáticos, centralidad de los eventos traumáticos, trastorno de estrés postraumático (TEPT), duelo complejo, personalidad.

INTRODUCTION

Personal memories give meaning and structure our life narratives, informing conventional life scripts based on vivid and accessible memories of positive and culturally expected events (Blanco, 2011; Robinson & Taylor, 1998). Whereas unfavorable events, such as a loss or those that determine a directional change in the course of our lives, are subjectively considered traumatic (Fernández-Alcántara et al., 2016).

The more relevant a traumatic event is considered for the identity of a person, experiencing it as a salient point in their life story, the greater their vulnerability for the development of mental disorder symptoms (Berntsen & Rubin, 2006; Bryant, 2015; Groleau et al., 2013). The degree to which those events become an inflection point in one's personal biography is known as centrality of event (Berntsen & Rubin, 2007), and has been proposed as a mediating variable of the relationship between life events and mental disorders (Berntsen et al., 2011; Reiland & Clark, 2017).

According to Bernsten & Rubin (2007), there are three fundamental aspects to centrality of events: first, the event or group of events constitute themselves as a turning point in the course of our life. Second, they involve greater memory accessibility that facilitates them being re-experienced, and consequently their institution as a reference point to judge and give meaning to other experiences. Finally, the event is integrated into one's identity presenting a tendency to causally explain other aspects of one's identity.

TRAUMATIC EVENTS AND MENTAL DISORDERS

There is strong support, found in the literature, regarding the idea that events that have become central to one's own identity have a greater influence on mental health than those that don't exhibit a special relevance (Reiland & Clark, 2017). However, few studies examine if some type of event is perceived as central with greater probability than others (Ogle et al., 2014).

The loss of loved ones, in particular, triggers a bereavement process that affects well-being and potentially can involve the development of mental disorders (Boelen et al., 2018). Bereavement is an adaptive process of psychological nature that is prompted by the loss of a loved one (Fernández-Alcántara et al., 2016). Most people count on adequate resources for coping with this type of loss, while others, about 10% to 15%, develop symptoms of complex bereavement (Boelen et al., 2018; Girault & Duteuple, 2020). These include a strong longing for the deceased, difficulty in accepting the lost, feelings of shock or disbelief, emotions such as rage, bitterness, sorrow or guilt regarding the death, and significant problems in daily functioning, during a prolonged period, at least 6 months after the loss (First, 2013).

Although the development of complex bereavement depends on a great number of factors and variables, recently an emphasis has been put on biographical processes and those of identification, in such a way that the perception of the deceased as a basic element to define one's own identity would be a very significant risk factor (Fernández-Alcántara et al., 2016). It should be noted that, although the loss of a loved one is usually reported as one of the most stressful events, it is related to reports of low levels of post-traumatic stress disorder PTSD (Fitzgerald et al., 2015).

Besides the loss of a loved one, multiple studies affirm that child abuse, due to its characteristics, can be considered as a traumatic event for an individual (Breslau et al., 2014; Rehan et al., 2017; Rosner et al., 2014; Simonelli, 2013). Child maltreatment can be understood as those actions or omissions committed generally by parents or caretakers that harm or threaten the physical and emotional integrity of a child or teenager under the age of 18 (Gilbert et al., 2009). Concerning this, it can be noted that, in certain cases, people who undergo traumatic incidents of this type develop mental disorder symptoms, of which those that correspond to PTSD are some of the most prevalent (Barboza et al., 2017; Ogle et al., 2014).

Post-traumatic stress disorder (PTSD) is defined as a mental disorder characterized by symptoms such as flashbacks and dissociation, that emerge as a result of experiencing a traumatic event (Beck & Sloan,

2012; Crespo & Gomez, 2012; Friedman et al., 2014). For the description of PTSD, the DSM-5 Psychiatric Manual (American Psychiatric Association, 2013), proposes for criterion A a series of stressors such as exposure to death, serious injury or sexual violence, whether actually experienced or threatened, or learning that a close friend or relative was exposed to such incidents. It takes into account, as well, four clusters of symptoms: (1) re-experiencing, (2) cognitive/behavioral avoidance, (3) negative cognitive and mood changes, (4) hyperarousal.

Although child maltreatment presents itself as a vulnerability factor for the development of mental disorder symptomatology, it is necessary to point out that not all individuals that suffer an event of these characteristics will inevitably manifest PTSD symptoms. It is considered that the emergence of these symptomatology can be modulated by different variables, such as centrality of traumatic events, which would modulate how each individual integrates the traumatic events into their own identity (Matr ngolo & Paz, 2017).

From this perspective the traumatic event may become an inflection point in the life of an individual, in such a way that everything that happens in their life tends to be evaluated in relation to the undergone traumatic event, facilitating the emergence of mental disorder symptoms such as PTSD (Berntsen et al., 2003; Berntsen & Rubin, 2007).

CONTRIBUTIONS OF PERSONALITY AND CENTRALITY OF EVENTS

Currently, although different approaches exist to the study of personality, the five-factor model developed by Costa and McCrae (1980) is one that has involved some of the greatest academic interest and development (Depaula & Azzollini, 2013; Simkin & Azzollini, 2015). This model views personality as composed of five big factors: openness to experience, conscientiousness, agreeableness, extraversion, and neuroticism or emotional instability (Laher, 2013).

It has been suggested that traits such as neuroticism would be responsible for increasing the availability of the memory of the traumatic event and it being re-experienced, facilitating in this way the mnemonic integration of the trauma to the autobiography narrative, enlarging the possibility of experiencing it as a salient point in one's life story (Berntsen & Rubin, 2007). This could be explained by the tendency to interpret ambiguous or neutral stimuli in a negative or threatening manner, as well as by the association of this trait with maladaptive coping strategies (Ogle et al., 2014).

Other factors that have been found to be related -although to a lesser extent- to the centrality of traumatic events and a subsequent mental disorder development are openness to experience, conscientiousness, and agreeableness (Fitzgerald et al., 2015; Rasmussen & Berntsen, 2010; Rubin et al., 2008). The latter is inversely correlated to the centrality observed by traumatic events; individuals with higher levels of agreeableness generally experience higher levels of positive affect, which influences their way of experiencing life, acting as a buffer against mental disorder development (Ogle et al., 2014).

Openness to experience is generally considered a positive characteristic of personality; nevertheless, it is associated with high levels of centrality of traumatic events and PTSD symptoms (Rasmussen & Berntsen, 2010). It could be anticipated that openness to experience would promote adaptation to life events, but when the experience is uncontrollable, repeated, and stressful, an individual may move too quickly to alter their identity, in such a way that it is negatively affected (Fitzgerald et al., 2015).

There is controversy in respect to conscientiousness: some studies report, in the same manner as with agreeableness, an inverse correlation with centrality of traumatic events (Ogle et al., 2014; Rubin et al., 2008), while others report a direct association (Fitzgerald et al., 2015). According to the latter, very conscientious individuals may find themselves too willing to assume responsibility for causing the negative events or may develop a maladaptive pattern in trying to find a solution for events that are out of their control, compulsively, creating negative changes in their narrative identity (Fitzgerald et al., 2015).

Although the original personality model is composed of the five aforementioned factors, different authors consider it appropriate to incorporate other factors into the model; spirituality is one such that has received greater interest (MacDonald, 2000; Piedmont et al., 2012). However, little has been explored so far regarding its possible relationship with centrality of events. According to Simkin (2020), spirituality promotes strong connectivity with others, which can help in coping with traumatic events, while those individuals that do not have a religious framework to count on would be more vulnerable to the development of mental disorders.

CONCLUSION

As has been observed, events such as the loss of a loved one and child maltreatment are those that have been most frequently referred to in their traumatic character (Fitzgerald et al., 2015; Ogle et al., 2014). At the same time, the experience of these events has been associated with the development of mental disorders related to complex bereavement -depressive symptomatology- and PTSD, respectively (Boelen et al., 2018; Groleau et al., 2013). The emergence of these symptomatologies can be articulated by different variables, such as centrality of traumatic events which would mediate how individuals integrate traumatic events into their identity (Berntsen & Rubin, 2007).

Another variable of great relevance for the study of the relationship between events and the development of symptomatology is personality, which has evidenced its influence on the integration of traumatic events to the self (Rasmussen & Berntsen, 2010). However, further studies remain to be undertaken in respect to the relationship between spirituality -as a sixth factor of personality- and its specific influence on the centrality of traumatic events. Regarding the latter, new lines of research affirm that the accumulated exposure to events subjectively assessed as traumatic turns out to be the best predictor of subsequent mental disorders, much more than the experience of a single event of great negative intensity (Ogle et al., 2014).

REFERENCES

- American Psychiatric Association. (2013). *Guía de consulta de los criterios diagnósticos del DSM-5**. <https://doi.org/10.1176/appi.books.9780890425657>
- Barboza, G. E., Dominguez, S., & Pinder, J. (2017). Trajectories of post-traumatic stress and externalizing psychopathology among maltreated foster care youth: A parallel process latent growth curve model. *Child Abuse & Neglect*, 72(September), 370–382. <https://doi.org/10.1016/j.chiabu.2017.09.007>
- Beck, J. G., & Sloan, D. M. (2012). *The Oxford Handbook of Traumatic Stress Disorders*. Oxford University Press. <https://doi.org/10.1093/oxfordhb/9780195399066.001.0001>
- Berntsen, D., & Rubin, D. C. (2006). The centrality of event scale: A measure of integrating a trauma into one's identity and its relation to post-traumatic stress disorder symptoms. *Behaviour Research and Therapy*, 44(2), 219–231. <https://doi.org/10.1016/j.brat.2005.01.009>
- Berntsen, D., & Rubin, D. C. (2007). When a Trauma Becomes a Key to Identity#: Enhanced Integration of Trauma Memories Predicts Posttraumatic Stress Disorder Symptoms. *Applied Cognitive Psychology*, 21, 417–431. <https://doi.org/10.1002/acp>
- Berntsen, D., Rubin, D. C., & Siegler, I. C. (2011). Two versions of life: Emotionally negative and positive life events have different roles in the organization of life story and identity. *Emotion*, 11(5), 1190–1201. <https://doi.org/10.1037/a0024940>
- Berntsen, D., Willert, M., & Rubin, D. C. (2003). Splintered memories or vivid landmarks? Qualities and organization of traumatic memories with and without PTSD. *Applied Cognitive Psychology*, 17(6), 675–693. <https://doi.org/10.1002/acp.894>
- Blanco, M. (2011). El enfoque del curso de vida: orígenes y desarrollo. *Revista Latinoamericana de Población*, 5(8), 5–31. <https://doi.org/10.31406/relap2011.v5.i1.n8.1>

- Boelen, P. A., A Manik J Djelantik, A. A., de Keijser, J., M Lenferink, L. I., & Smid, G. E. (2018). Further validation of the Traumatic Grief Inventory-Self Report (TGI-SR): A measure of persistent complex bereavement disorder and prolonged grief disorder. *Death Studies*, 43(6), 351-364. <https://doi.org/10.1080/07481187.2018.1480546>
- Breslau, N., Koenen, K. C., Luo, Z., Agnew-Blais, J., Swanson, S., Houts, R. M., Poulton, R., & Moffitt, T. E. (2014). Childhood maltreatment, juvenile disorders and adult post-traumatic stress disorder: a prospective investigation. *Psychological Medicine*, 44(9), 1937–1945. <https://doi.org/10.1017/S0033291713002651>
- Bryant, R. A. (2015). The complex fabric of trauma and autobiographical memory. In *Clinical Perspectives On Autobiographical Memory*. <https://doi.org/10.1017/cbo9781139626767.003>
- Costa, P. T., & McCrae, R. R. (1980). Still stable after all these years: Personality as a key to some issues in adulthood and old age. In P. B. Baltes & O. G. Brim (Eds.), *Life span development and behavior* (Vol. 3, pp. 65–102). Academic Press.
- Crespo, M., & Gomez, M. M. (2012). La Evaluación del Estrés Postraumático: Presentación de la Escala de Evaluación Global de Estrés Postraumático (EGEP). *Clínica y Salud*, 23(1), 25–41. <https://doi.org/10.5093/cl2012a4>
- Depaula, P. D., & Azzollini, S. (2013). Análisis del Modelo Big Five de la Personalidad como predictor de la inteligencia cultural. *PSIENCIA: Revista Latinoamericana de Ciencia Psicológica*, 5(1), 35–43. <https://doi.org/10.5872/psienicia/5.1.24>
- Fernández-Alcántara, M., Pérez-Marfil, M. N., Catena-Martínez, A., Pérez-García, M., & Cruz-Quintana, F. (2016). Influencia de la psicopatología emocional y el tipo de pérdida en la intensidad de los síntomas de duelo. *Revista Iberoamericana de Psicología y Salud*, 7(1), 15–24. <https://doi.org/10.1016/j.rips.2015.10.002>
- First, M. B. (2013). *DSM-5® Handbook of Differential Diagnosis*. American Psychiatric Publishing. <https://doi.org/10.1176/appi.books.9781585629992>
- Fitzgerald, J. M., Berntsen, D., & Broadbridge, C. L. (2015). The Influences of Event Centrality in Memory Models of PTSD. *Applied Cognitive Psychology*, 30(1), 10–21. <https://doi.org/doi:10.1002/acp.3160>
- Friedman, M. J., Keane, T. M., & Resick, P. A. (2014). *Handbook of PTSD*. The Guilford Press.
- Gilbert, R., Widom, C. S., Browne, K., Fergusson, D., Webb, E., & Janson, S. (2009). Burden and consequences of child maltreatment in high-income countries. *The Lancet*, 373(9657), 68–81. [https://doi.org/10.1016/S0140-6736\(08\)61706-7](https://doi.org/10.1016/S0140-6736(08)61706-7)
- Girault, N., & Dutemple, M. (2020). Duelo normal y patológico. *EMC -Tratado de Medicina*, 24(2), 1–9. [https://doi.org/10.1016/s1636-5410\(20\)43789-4](https://doi.org/10.1016/s1636-5410(20)43789-4)
- Groleau, J. M., Calhoun, L. G., Cann, A., & Tedeschi, R. G. (2013). The role of centrality of events in posttraumatic distress and posttraumatic growth. *Psychological Trauma: Theory, Research, Practice, and Policy*, 5(5), 477–483. <https://doi.org/10.1037/a0028809>
- Laher, S. (2013). Understanding the Five-Factor Model and Five-Factor Theory through a South African cultural lens. *South African Journal of Psychology*, 43(2), 208–221. <https://doi.org/10.1177/0081246313483522>
- MacDonald, D. A. (2000). Spirituality: description, measurement, and relation to the five factor model of personality. *Journal of Personality*, 68(1), 153–197. <https://doi.org/10.1111/1467-6494.t01-1-00094>
- Matrángolo, G., & Paz, G. (2017). Maltrato Infantil, Centralidad de los Eventos Traumáticos y su relación con autoestima en el Marco del Modelo de los Cinco Grandes. *Psocial*, 3(1), 16–28. <https://publicaciones.sociales.uba.ar/index.php/psicologiasocial/article/view/2342>
- Ogle, C. M., Rubin, D. C., & Siegler, I. C. (2014). Cumulative exposure to traumatic events in older adults. *Aging and Mental Health*, 18(3), 316–325. <https://doi.org/10.1080/13607863.2013.832730>
- Piedmont, R. L., Sherman, M. F., & Sherman, N. C. (2012). Maladaptively high and low openness: the case for experiential permeability. *Journal of Personality*, 80(6), 1641–1668. <https://doi.org/10.1111/j.1467-6494.2012.00777.x>
- Rasmussen, A. S., & Berntsen, D. (2010). Personality traits and autobiographical memory#: Openness is positively related to the experience and usage of recollections. *Memory*, 7, 774–786. <https://doi.org/10.1080/09658211.2010.514270>

- Rehan, W., Antfolk, J., Johansson, A., Jern, P., & Santtila, P. (2017). Experiences of severe childhood maltreatment, depression, anxiety and alcohol abuse among adults in Finland. *PLoS ONE*, 12(5), 1–12. <https://doi.org/10.1371/journal.pone.0177252>
- Reiland, S. A., & Clark, C. B. (2017). Relationship between event type and mental health outcomes: Event centrality as mediator. *Personality and Individual Differences*, 114, 155–159. <https://doi.org/10.1016/j.paid.2017.04.009>
- Robinson, J. a, & Taylor, L. R. (1998). Autobiographical memory and self-narratives: A tale of two stories. *Autobiographical Memory: Theoretical and Applied Perspectives*, 125–143.
- Rosner, R., König, H. H., Neuner, F., Schmidt, U., & Steil, R. (2014). Developmentally adapted cognitive processing therapy for adolescents and young adults with PTSD symptoms after physical and sexual abuse: study protocol for a randomized controlled trial. *Trials*, 15(1), 195. <https://doi.org/10.1186/1745-6215-15-195>
- Rubin, D. C., Boals, A., & Berntsen, D. (2008). Memory in posttraumatic stress disorder: Properties of voluntary and involuntary, traumatic and nontraumatic autobiographical memories in people with and without posttraumatic stress disorder symptoms. *Journal of Experimental Psychology: General*, 137(4), 591–614. (Error 2: El enlace externo <https://doi.org/10.1037/a0013165> debe ser una URL) (Error 3: La URL <https://doi.org/10.1037/a0013165> no esta bien escrita)
- Simkin, H. (2020). The Centrality of Events , Religion , Spirituality , and Subjective Well- Being in Latin American Jewish Immigrants in Israel. *Frontiers in Psychology*, 11(September), 1–8. <https://doi.org/10.3389/fpsyg.2020.576402>
- Simkin, H., & Azzollini, S. (2015). Personalidad, autoestima, espiritualidad y religiosidad desde el Modelo y la Teoría de los Cinco Factores. *PSIENCIA: Revista Latinoamericana de Ciencia Psicológica*, 7(2), 339–361. <https://doi.org/10.5872/psiencia/7.2.22>
- Simonelli, A. (2013). Posttraumatic stress disorder in early childhood: Classification and diagnostic issues. *European Journal of Psychotraumatology*, 4(SUPPL.). <https://doi.org/10.3402/ejpt.v4i0.21357>