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

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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 Bernstein & 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 & Dutemple, 2020). These include a strong longing for the deceased, difficulty in accepting the loss, 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 (Matrángolo & 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).

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