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Neuroticism and self-criticism associated with posttraumatic stress disorder in a nationally representative sample

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Abstract

Broad and specific psychological traits may uniquely differentiate trauma victims with PTSD from trauma victims without PTSD, but there is a need for representative, population-based research. We investigated elevated neuroticism and self-criticism in association with the presence versus absence of PTSD in a nationally representative sample of adults who experienced a traumatic stressor. Respondents were from the National Comorbidity Survey Part II ($N = 5877$) (Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995. *Archives of General Psychiatry*, 52, 1048–1060). Individuals who experienced one or more traumatic events were selected ($N = 3238$). In separate regression analyses, elevated levels of neuroticism and self-criticism were each significantly associated with PTSD among men and women who had experienced one or more traumatic events. After controlling for types of traumas experienced and other previously identified factors (Bromet, Sonnega, & Kessler, 1998. *American Journal of Epidemiology*, 147, 353–361), neuroticism remained significantly associated with PTSD in women and both neuroticism and self-criticism remained significant in men. Evidence from this nationally representative sample of adults who experienced traumatic events suggests that self-criticism and especially the broad personality domain of neuroticism may represent robust psychological dimensions associated with the presence of PTSD.

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1. Introduction

Posttraumatic stress disorder (PTSD) has a lifetime prevalence of 7.8% in the general population (Kessler, Sonnega, Bromet, Hughes & Nelson, 1995), and is associated with marked effects on quality of life (Kessler, 2000; Warshaw et al., 1993). Despite its high prevalence, a review of epidemiologic studies suggested ‘the occurrence of PTSD following a traumatic event is the exception rather than the rule’ (Yehuda & McFarlane, 1995, p. 1707). The reasons why only a minority of trauma victims are likely to develop PTSD are not clear. From a community mental health perspective, the identification of readily measurable and potentially modifiable psychosocial determinants of PTSD holds considerable promise for targeting early intervention/secondary prevention efforts with a cognitive-behavioural focus.

Original definitions of PTSD in the DSM-III (American Psychiatric Association, 1980) and DSM-III-R (American Psychiatric Association, 1987) emphasized a psychologically traumatic event that was outside the range of usual human experience and would evoke significant symptoms of distress in almost everyone. However, the current view expressed in the DSM-IV-TR is that, ‘social supports, family history, childhood experiences, personality variables, and pre-existing mental disorders may influence the development of Posttraumatic Stress Disorder’ (American Psychiatric Association, 2000, p. 466). Based on a review of available evidence, Yehuda and McFarlane (1995) concluded that rather than being a normal response to an extreme environmental event, there was a demonstrated role of vulnerability factors in the development of PTSD. Psychiatric factors such as history of major depression or psychological dimensions such as neuroticism may place some individuals at greater risk for the development of PTSD following exposure to a traumatic event.

Our understanding of the epidemiology and correlates of PTSD was greatly advanced by the National Comorbidity Survey (NCS; Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995). The NCS was a large, nationally representative mental health survey of the non-institutionalized United States population ranging in age from 15 to 54 years. It included a detailed and reliable diagnostic interview (World Health Organization, 1990) and obtained a high response rate (82.4%). The frequency of exposure to at least one traumatic event in 5877 respondents was 61% for men and 51% for women (Kessler et al., 1995). The prevalence of PTSD was much lower (7.8%). Although its design was cross-sectional and retrospective, one of the most comprehensive investigations of factors associated with PTSD was based on NCS data (Bromet, Sonnega, & Kessler, 1998). Bromet et al. (1998) found several specific types of trauma, along with history of affective disorders in women and history of anxiety disorders and parental history of mental disorders in men, were significantly associated with PTSD in the NCS. Despite the impressive breadth and scope of Bromet et al.’s (1998) evaluation of PTSD correlates in NCS respondents, it was not exhaustive. Information on broad and specific psychological traits was collected in the NCS, but has not yet been examined in relation to PTSD.

The broad personality factor of neuroticism has been implicated in a separate body of PTSD research on selected samples of at-risk individuals. Neuroticism denotes a temperamental sensitivity to negative stimuli, emotional instability and maladjustment (Goldberg, 1992) and it has a strong heritable component (Kendler, Neale, Kessler, Heath, & Eaves, 1993). It is a stable and enduring trait (Santor, Bagby, & Joffe, 1997) than can act as a broad vulnerability for a wide range of distress disorders (Costa & McCrae, 1992), and this makes it a good candidate variable

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