

# UNDERSTANDING PERSONALITY CORRELATES OF DIFFERENTIAL RESPONSES TO TRAUMA: A STUDY OF CANCER SURVIVORS

H. G. Devika Malkanthi<sup>1</sup> and R. Usoof<sup>2</sup>

<sup>1</sup>*Department of Psychiatry, Medical Faculty, University of Peradeniya, Sri Lanka*

<sup>2</sup>*Department of Philosophy and Psychology, University of Peradeniya, Sri Lanka*

## Introduction

The American Psychological Association (APA) defines trauma as “an event or events that involve actual or threatened death or serious injury of self or others.” Similarly, Pearlman and Soakvitne (1995) defines trauma in *Trauma and the Therapists* as a “unique individual experience of an event or enduring conditions in which the individual’s ability to integrate his/ her emotional experience is overwhelmed”. In both definitions the focus is on the magnitude of the impact on the individual in terms of the threat the event / events pose(s) to his or her wellbeing. Research finds that there is considerable individual difference in how people react to such traumas. While the most widely studied of these responses is Post Traumatic Stress Disorder (PTSD), other responses such as resilience and Post Traumatic Growth (PTG) are also known to be possibilities. The scope of this paper is limited to a comparison between PTSD and PTG. This will be studied using a sample of cancer patients in palliative care. Being diagnosed with cancer has been found to be extremely traumatic because it poses a clear and direct existential threat.

PTSD is characterized by the breakdown of psychological wellbeing, often portrayed in broken emotions, cognitions and sometimes as physical symptoms. DSM – IV diagnostic criteria include, re-experiencing symptoms, avoidance symptoms, numbing symptoms and arousal symptoms. For diagnosis, these symptoms have to be persist at least one month and during that one month, the individual should at least experience one re-experiencing symptom, three avoidance symptoms and two hyper arousal symptoms.

PTG on the other hand is a positive psychological response that follows

a traumatic event. PTG is evidenced by the following characteristics: Great appreciation of life and a change in sense of priority, warmer and more intimate relationship with others, greater sense of personal strength, recognition of new possibilities or paths of one's life and spiritual development. (Hansenne, Reggers, Pinto, Karim, Ajamier, & Anseau, 1999).

However, research suggests that there are individual differences that play a role in whether a person progresses to PTSD or PTG after experience a trauma. The current study examines personality traits as a possible correlate of these differential reactions to traumatic events.

The paper uses the Big – Five Model of personality to examine the relationship between personality and the likelihood of developing PTSD and PTG. The Big – Five Model categorizes personality traits in to the dimensions of Openness, Agreeableness, Extroversion, Neuroticism and Conscientiousness. Previous research has found that these dimensions are related to how persons process stress for example (e.g. Sutker, Davis, Uddo, & Ditta, 1991; Bramsen, Dirkzwager & Van - der, 2000; Lecic-Tosevski & Kalicanin, 1994).

The study will examine how these five dimensions are related to the progression to PTSD or PTG after the trauma of being diagnosed with cancer, in a sample of cancer patients in palliative care.

As a hypothesis it is predicted that higher levels of extraversion, openness and agreeableness will be associated with PTG, while higher levels neuroticism will be associated with PTSD. It is also predicted that lower levels of extraversion, openness and agreeableness will be associated with PTSD and lower levels of neuroticism will be associated with PTG.

### **Methodology**

A sample of 60 cancer patients in palliative care at the Kandy General Hospital Cancer Home were selected using the convenience sampling method. The sample included 55% female and 45% male participants. While the sample had some ethnic and religious diversity, participants ranged between the ages 35 – 82 years.

A questionnaire that consisted four sections was administered. The first

section was a demographic questionnaire and then consecutively, they were given the Ten Item Personality Inventory (TIPI) ( $\alpha = .69$ ), The Post Traumatic Stress Disorder Checklist-Civilian (PCL- C) ( $\alpha = .74$ ), and the Post Traumatic Growth Inventory (PTGI) ( $\alpha = .79$ ).

The questionnaire was administered as a structured interview after respondents expressed their informed consent. In addition, specific arrangements were put in place to ensure that counseling services were available to participants during the duration and after the questionnaire were administered to ensure that they were not exposed to undue mental distress.

## Results and Discussion

**Table 1. Correlates of PTSD and PTG with Big-five factors**

	PTSD	PTG
Agreeableness	-.47**	.10
	.000	.441
Openness to new experiences	-.27**	.52**
	.038	.000
Extraversion	-.37**	.29**
	.004	.027
Neuroticism	-.44**	.76**
	.000	.000
Conscientiousness	-.09	.43**
	.489	.001

Agreeableness, openness to new experiences, extraversion, and neuroticism were negatively correlated with the experience of PTSD. Openness to new experiences, extraversion neuroticism and conscientiousness were positively correlated with the experience of PTG.

## Conclusion

The analysis clearly points to a relationship between personality traits and PTSD and PTG responses, specifically the research results suggested that most of the personality traits of the Big five model were moderately negatively correlated with PTSD while strongly positively associated with PTG. In understanding the relationship between the three variables the sample size of this study, is fairly small and the sample had more

subjects who experienced PTG than PTSD. However, this by no means is an all-encompassing study. Therefore, more studies are recommended in this area.

### **References**

Pearlman, L. A., & Saakvitne, K. W. (1995). Trauma and the therapist: Countertransference and vicarious traumatization in psychotherapy with incest survivors. Norton, New York.

Hansenne, M., Reggers, J., Pinto, E., Karim, K., Ajamier, A., & Anseau, M. (1999). Temperament and character inventory (TCI) and depression. *Journal of Psychiatric Research*, Vol. 33, 31-36.

Sutker, P.B., Davis, J.M., Uddo, M., Ditta, S.R. (1995) War zone stress, personal resources, and PTSD in Persian Gulf War returnees. *Journal of Abnormal Psychology*, Vol.104, 444-52.

Bramsden, I., Dirkzwager, A. J & Van-der, H. M. (2000). Pre-deployment personality traits and exposure to trauma as predictors of posttraumatic stress symptoms: a prospective study of former peacekeepers. *Am J Psychiatry*, Vol.157, 1115.

Lecic - Tosevski, D., Kalicanin, P. (1994). Effects of the United Nations Sanction on the mental health of the Yugoslav population. *Journal of Psychiatry*, Vol.1-2, 59-65.