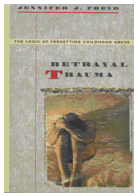

Trauma, Personality, and Resilience Against Depression: A Longitudinal Analysis

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ABSTRACT

Past research indicates that traumatic events in early life predict depression in adulthood (e.g., Chapman et al., 2004). It has also been demonstrated that certain personality characteristics contribute to resilience in the face of traumatic events (e.g. Bonnano, 2005, Maddi, 1999). However, previous methods have mostly measured personality and resilience concurrently, leading to possible confounds and reporting bias. The current analysis used longitudinal data to determine whether pre-existing personality characteristics buffer the depressogenic effects of experiencing trauma. Six-hundred seventy-nine ethnically diverse participants were assessed for big-five personality characteristics in childhood, and were later assessed in adulthood for traumatic experiences and symptoms of depression. Results suggest that childhood conscientiousness is negatively associated with experiencing traumatic events in adolescence and adulthood, and that experiencing trauma is positively associated with depression. However, personality traits do not seem to predict resilience against depression in the face of traumatic events. Implications for prevention and intervention are discussed.

INTRODUCTION

Past research indicates that traumatic events in early life predict depression in adulthood (e.g., Chapman et al., 2004). Research suggests that interpersonal trauma is a particularly salient predictor of depression, especially when the perpetrator of the trauma is someone close to the victim (e.g., Freyd, Klest, & Allard, 2005). Research has also found that as the number of different types of traumatic events experienced in childhood increases, the likelihood of developing depressive symptoms also increases (Chapman et al., 2004).

It has also been demonstrated that certain personality characteristics might contribute to resilience in the face of traumatic events. Past research has suggested that a personality characteristic described as "hardiness" predicts fewer PTSD symptoms following trauma (Maddi, 1999), as does self-enhancing bias (Bonnano, 2005). Depression is a common response to trauma, and studying the link between personality characteristics and resilience to depression following trauma might have implications for future trauma research as well as clinical practice.

Most past studies on resilience have measured personality characteristics and resilience concurrently. Past experiences of trauma are known to affect both future risk for developing PTSD following a new trauma and personality characteristics (e.g., personality disorders are highly correlated with early trauma experience). Thus it is difficult to determine temporal precedence in assuming that personality characteristics lead to resilience: lack of prior trauma history might be related both to personality and resilience. In order to determine whether personality factors are causally related to resilience following trauma, a longitudinal analysis is required.

The current study seeks to understand how childhood personality characteristics contribute to resilience against depression in adults who experience trauma.

METHODS

Participants: 679 Hawaiians, 47% female
56% Asian, 18% White, 23% Native Hawaiian or Pacific islander, 3% Other

Measures: Big 5 Personality Traits Inventory (Teacher Report)
Center for Epidemiologic Studies Depression Scale (CES-D)
Brief Betrayal Trauma Survey (BBTS)

Procedures: Teacher-reported Big 5 Personality Traits were assessed in 1959-1967 when participants were elementary school students. Depression and Trauma were assessed by self-report survey in 2002-2007 when participants were mid-life adults.

RESULTS

Linear regression indicated that number of types of trauma experienced was significantly positively associated with depression. A second model indicated that this association was not lessened when childhood personality characteristics were entered into the model (see Table 1). Of the personality factors studied, none was significantly associated with depression when trauma was included as a predictor in the regression model. However, Conscientiousness in childhood was found to be negatively correlated with later trauma experience, ($r = .17$, $p < .001$).

A path analysis was conducted in which Trauma was represented as a latent variable, with two subtypes of trauma as measured by the BBTS as observed indicators. Childhood conscientiousness (as measured by teacher-report) predicted experiencing trauma in adolescence and adulthood, and trauma predicted depression as measured by the CESD. Conscientiousness did not directly predict depression.

Figure 1. Path Analysis for Conscientiousness, Trauma, and Depression

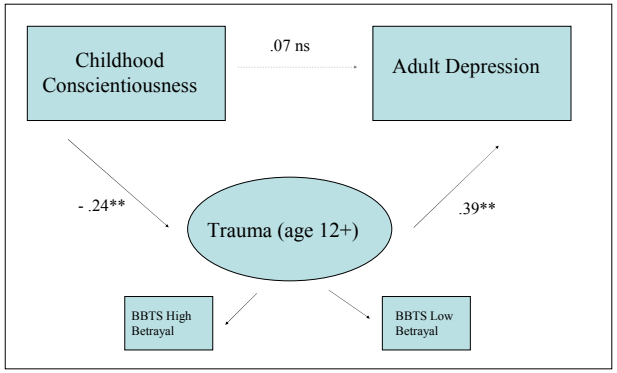

Table 1. Relationship Between Trauma and Depression

	Trauma with Depression	Predictors in Model
Model 1	.11**	Trauma
Model 2	.12**	Trauma, Big 5 Personality Factors

CONCLUSIONS

In this sample, conscientiousness in childhood was related to experiencing fewer traumas in adolescence and adulthood, and trauma in adolescence and adulthood were related to depression symptoms. However, regression analyses and a path analysis indicated that childhood personality characteristics did not provide a buffer against adult depression symptoms following trauma.

These results suggest that pre-existing personality characteristics may not directly buffer the depressogenic effects of trauma. Rather, pre-existing characteristics like conscientiousness may predict experiencing fewer traumas, which in turn lessens the likelihood of developing symptoms of depression.

This does not contradict previous research suggesting that some personality characteristics are associated with resilience to trauma, but rather provides a caveat. It is possible, for example, that exhibiting resilient personality characteristics is a sign of resilience but not a *cause* of resilience. Rather, trauma may negatively affect both personality and mental health in some individuals more than in others, and this may not be related to pre-existing personality characteristics.

This has implications for both research and clinical practice. Although personality characteristics may be a factor in identifying those who are resilient in the face of trauma, the most important resilience factor may in fact be prevention of trauma altogether.

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