

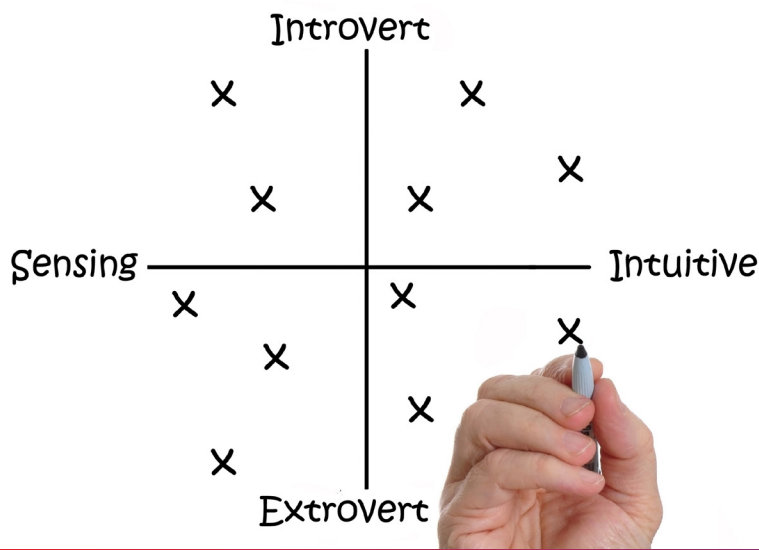


# NeuRA

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## POST-TRAUMATIC STRESS DISORDER Factsheet

August 2021

### How are personality and temperament related to PTSD?

Personality and temperament are thought to be relatively stable over time. One of the main personality models includes five traits of; 1) neuroticism: vulnerability to emotional instability and self-consciousness, 2) extraversion: predisposition towards sociability, assertiveness, and social interaction, 3) openness: cognitive disposition to new experiences, creativity, and aesthetics, 4) agreeableness: tendency towards being sympathetic, trusting, and altruistic, and 5) conscientiousness: tendency towards dutifulness and competence.

A maladaptive combination of personality and temperament traits may constitute a risk factor for the development of psychological dysfunctions. Moreover, temperament traits are considered one of the most important moderators of the relationship between stress and psychopathology.

### What is the evidence regarding personality and temperament in people with PTSD?

Moderate quality evidence found personality risk factors associated with PTSD following a burn injury were high neuroticism, low openness, and low narcissism.

Moderate to high quality evidence found small effects between increased PTSD symptoms and increased high-arousal temperament traits of emotional reactivity and perseveration, and decreased low-arousal temperament traits of endurance, briskness, activity, and sensory sensitivity. There was a medium-sized effect between increased alexithymic traits and increased PTSD symptoms, which involves difficulties applying appropriate labels to emotional experiences, difficulty communicating and expressing emotional experiences and needs to others, and a cognitively rigid thinking style that attends to external information over internal information.

There was a large effect of increased PTSD symptoms and increased rumination, which is the tendency to passively focus on emotional distress and its causes and consequences. The associations between rumination and post-traumatic symptom clusters (intrusions, avoidance, hyperarousal, negative and alterations in cognition and mood) were all large.

There were medium-sized effects between increased PTSD symptoms and increased fearful attachment style. There were small associations between increased symptoms and increased insecure attachment style, increased anxious attachment style, increased avoidant attachment style, and increased preoccupied attachment style. There was no association with dismissing attachment style. Attachment style is formed in childhood through infant interactions with their primary caregiver. These interactions determine a child's immediate emotional responses to stress and emotion-regulation in later life.

There was a medium-sized effect of more hope and less severe PTSD symptoms. Small to medium-sized effects were found between less PTSD symptoms and more optimism and more general self-efficacy (belief in one's ability to perform specific behaviours), while a large effect was found with more self-efficacy specific to stressful events.

**For more information see the technical table**



# NeuRA

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*NeuRA (Neuroscience Research Australia) is one of the largest independent medical and clinical research institutes in Australia and an international leader in neurological research.*

*Diseases of the brain and nervous system pose the greatest health, economic and social burden of any disease group because they are chronic, debilitating and have no known cures.*

*Medical research is the cornerstone of efforts to advance the health and wellbeing of families and the community. Our dedicated scientists are focussed on transforming their research into significant and practical benefits for all patients.*

*While we hope you find this information useful, it is always important to discuss any questions about PTSD and its treatment with your doctor or other health care provider.*

### HOW YOUR SUPPORT HELPS

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