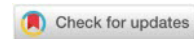# BASIC PERSONALITY TRAITS AS PREDICTORS OF PERFORMANCE TRAUMA SYMPTOMS IN SERBIAN RESIDENTS

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Abstract: The research aimed to determine the predictive power of basic personality traits (neuroticism, extraversion, conscientiousness, openness, aggressiveness, positive and negative valence) in predicting the occurrence of traumatic symptoms (symptoms of anxiety, depression, dissociation, traumatic experience, sexual problems and sleep difficulties) in people in Serbia. The sample consisted of respondents from Serbia, a total of 136 of them (30 male and 106 female respondents) with an average age of AS=31.64, SD=8.09. The following instruments were used in the research: The Big Five Plus Two,a shorter version (VP+2 - 70) and the Trauma Symptoms Checklist TSC-40. Individuals with high levels of neuroticism, who are introverted, and those who lean toward narcissistic tendencies will show symptoms of anxiety, depression, and sexual difficulties. High neuroticism and narcissistic tendencies may lead to the appearance of traumatic symptoms. The same, traumatised people have been found to have anxiety and low self-esteem, which was not the case with non-traumatised people. Traumatised people also scored higher on the neuroticism scale, and they were more introverted and less emotionally stable than non-traumatised individuals. Also, high neuroticism, introversion, rigidity in attitudes and narcissistic tendencies can lead to the appearance of somatic symptoms. The results obtained lead us to conclude that the respondents are prone to negative affect, rigidity in attitudes and behaviour, narcissistic tendencies, and that as such they have not developed adequate strategies for dealing with the demands of a complex environment, so that they will perceive all new situations as threatening.
Keywords: personality traits, traumatic symptoms.
Field: Personality psychology, Clinical psychology.

1. INTRODUCTION

Personality is usually defined as a complex set of psychological characteristics and mechanisms within an individual that are relatively permanent and organized and that influence a person's interactions and adaptations to the physical, intrapsychic and social environment (Larsen & Buss, 2008). In modern personality psychology, there has been a great deal of interest in the lexical approach to the study of the personality structure, which is based on the idea that the traits that distinguish people and that have been shown to be significant in everyday human experience, are encoded in language. Based on the lexical approach to thestudyof personality structure, three psycholexical studies were conducted in Serbia (Smederevac, 2000; Smederevac, Mitrović, Čolović, 2010; Smederevac and Mitrović, 2018), resulting inThe Big Five Plus Two personality model (Smederevac, Mitrović, Čolović, 2010). The Big Five Plus Two personality model consists of seven basic dimensions: Neuroticism; Extraversion; Conscientiousness; Openness to experience; Aggressiveness; Positive valence; Negative valence.

Trauma is a state of high excitement and anxiety in which a serious threat or the experience of a serious threat exceeds the person's ability to cope with it (Hadžić, 2019; Stefanović-Stanojević, Tošić-Radev and Bogdanović, 2018). A traumatic experience occurs suddenly and unexpectedly, surpasses the person's capacity for self-defense and jeopardises the person's reference system, psychological needs and cognitive schemas (McCann & Pearlman, 2015). However, some research points to the frequent occurrence of trauma as an experience. Of the total number of respondents, 83.8 % stated that they had experienced a traumatic event before the age of seventeen, such as death of a close person, sexual abuse, parental divorce, violence, illness, and the like (Lovketić, V., 2023). Physical neglect stands out as the most common form of trauma. In a previously conducted survey, as many as 77.69 % of the respondents experienced physical neglect, and the majority of respondents from the sample as much as 61 %, within the limits of serious to extreme expression (Bogdanović, 2022). Traumatic experiences put a person's life and physical integrity in jeopardy, and might leave them feelings of helpless and terrified (Butollo et al., 2000). Humans have a sophisticatedintegrated system of reactions to danger that encompasses both their psychological and physical aspects. Psychological trauma symptoms primarily include excessive excitement, manifested asa persistent sense of impending danger, irritability in response to minor stimuli and restless nights, and numbness as a symbol of submission (Herman, 2012). The path and the results

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of the healing process from the trauma encountered are influenced by three categories of variables: 1) features of the traumatic event; 2) traits of the traumatized person's personality; 3) traits and responses of the traumatized person's surroundings. Personality traits affect howtraumatising events are experienced (Schnurr & Vielhauer, 1999) and how one responds to them.

The role of neuroticism and its highly similar dimensions from different personality models (negative emotionality/negative affectivity) as a vulnerability factor for the development of psychopathological outcomes is consistently determined after traumatic exposure, as demonstrated by research on various samples (military and civilian) in which personality traits were measured before exposure to a traumatic event(Miller & Lynam, 2013).Previous studies (Andreson, 2017; Jakšić et al., 2012; Nelson, 2011; Park & Helgeson, 2006) have demonstrated a negative correlation between extraversion, conscientiousness, self-directedness, a combination of low negative and high positive emotionality, optimism and endurance with traumatic symptoms.Individualswho possess a strong positive outlook, confidence in both themselves and others,willingness to seek and accept help, to reconnect with others, and awareness of their own competence and initiative may find it easier cope with and recover from various traumatic situations. Building and strengthening the aforementioned aspects is an essential part of therapeutic work with traumatized individuals (Herman, 2012; Žuljević, 2019). Our focus lies in personality traits that are associated with an individual's qualities and resources, which can serve as a safeguard when facing traumatic events or as a source of support when the person is healing from trauma.

2. MATERIALS AND METHODS

The purpose of this study was to examine the predictive power of basic personality traits (neuroticism, extraversion, conscientiousness, openness, aggressiveness, positive and negative valence) in predicting the occurrence of traumatic symptoms (symptoms of anxiety, depression, dissociation, traumatic experience, sexual problems andsleep disorders) in Serbian residents.

The sample consisted ofa total of 136 respondents from Serbia (30 male and 106 female) of average ageAS=31.64, SD=8.09.

The following instruments were used for the study: 1) Big Five Personality Inventory Plus Two short version (VP+2 - 70) (Čolović, Smederevac and Mitrović, 2014) intended to assess the degree of severity of seven basic dimensions: neuroticism, extraversion, conscientiousness, openness, aggressiveness, positive valence and negative valence. 2) Trauma Symptom Checklist TSC-40 (Šimić, Sesar and Barišić, 2012) intended to determine the presence of symptoms of anxiety and depression, traumatic symptoms, somatic symptoms and sexual problems.

3. RESULTS

Table 1 shows the descriptive indicators for the personality trait variable. The results show that conscientiousness, extraversion and openness are the most pronounced personality traits of the respondents. Therefore, conscientious, sociable people are open to new experiences.

Table 1. Descriptive indicators for the personality trait variable

	N	Min.	Max.	AM	SD
Neuroticism	136	10	46	21,45	8,07
Extraversion	136	19	50	39,41	6,03
Conscientiousness	136	15	50	41,16	6,83
openness	136	19	50	38,49	6,28
aggressiveness	136	10	49	23,33	8,43
Positive valence	136	15	50	31,83	7,00
Negative valence	136	10	30	14,04	4,53

Source:Milutinovic & Pavicevic
Legend: N-number of respondents; Min.-minimum; Max.- maximum; AS- arithmetic mean; SD-standard deviation

Table 2 shows descriptive indicators for the trauma symptoms variable. As the subscales contain a different number of items, the values were corrected by dividing the average value by the number of items of the subscale in order to be able to compare the severity of the aspects of the traumatic symptoms. The results show that the most pronounced aspects of traumatic symptoms are anxiety and depression

as well as somatic symptoms, while less pronounced are traumatic symptoms and sexual problems and difficulties.

Table 2. Descriptive indicators for the traumatic symptoms variable

	N	Min.	Max.	AM	SD	Corrected AM
Anxiety and depression	136	0	47	14,22	10,88	0,89
Traumatic symptoms	136	0	22	3,54	4,64	0,32
Somatic symptoms	136	0	24	7,56	4,80	0,84
Sexual problems	136	0	10	1,29	1,98	0,32

Source: Milutinovic & Pavicevic

Legend: N-number of respondents; Min.-minimum; Max.- maximum; AM- arithmetic mean; SD-standard deviation

Table 3 shows the regression analysis in which the predictor variables are personality traits, and the criterion variable are symptoms of anxiety and depression. Personality traits model explains 55.2% of variance in anxiety and depression, while neuroticism(β=677, $p<0.01$), extraversion with a negative sign of the β coefficient (β=-.155, $p<0$) and positive valence (β=.187, $p<0.05$) stood out from the group of predictor variables.

Table 3. Personality traits as predictors of symptoms of anxiety and depression

	R	R²	F	β	t	Sig.
Personality traits	.743	.552	22.574			.000
Neuroticism				**.677**	**9.893**	**.000****
Extraversion				**-.155**	**-2.052**	**.042***
Openness				-.066	-.870	.386
Conscientiousness				-.131	-1.810	.073
Aggressiveness				.062	.725	.470
Positive valence				**.187**	**2.296**	**.023***
Negative valence				-.133	-1.628	.106

**$p<0.01$ *$p<0.05$

Source: Milutinovic & Pavicevic

Table 4 shows the regression analysis with personality traits as predictor variables, and traumatic symptoms as criterion. Personality traits as a model explained 39.8% of the variance of traumatic symptoms, and neuroticism (β=555, $p<0.01$) and positive valence (β=.269, $p<0.01$) stood out from the group of predictor variables.

Table 4. Personality traits as predictors of traumatic symptoms

	R	R²	F	β	t	Sig.
Personality traits	.631	.398	12.100			.000
Neuroticism				**.555**	**6.987**	**.000****
Extraversion				-.140	-1.599	.122
Openness				-.172	-1.955	.053
Conscientiousness				-.072	-.854	.395
Aggressiveness				-.038	-.386	.700
Positive valence				**.269**	**2.845**	**.005****
Negative valence				.037	.387	.700

**$p<0.01$ *$p<0.05$

Source: Milutinovic & Pavicevic

Table 5 shows the regression analysis using personality traits as predictors, and somatic symptoms as criterion. Personality traits as a model explain 36.7% of the variance of somatic symptoms, and from the group of predictor variables, neuroticism (β=511, $p<0.01$), openness with a negative sign of the β coefficient (β=-.329, $p<0.05$) and positive valence (β=.341, $p<0.01$).

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Table 5. Personality traits as predictors of somatic symptoms

	R	R²	F	β	t	Sig.
Personality traits	.606	.367	10.604			.000
Neuroticism				**.511**	**6.278**	**.000****
Extraversion				-.040	-.445	.657
Openness				**-.329**	**-3.654**	**.000****
Conscientiousness				-.089	-1.035	.302
Aggressiveness				-.044	-.431	.667
Positive valence				**.341**	**3.515**	**.001****
Negative valence				.022	.225	.822

**p<0.01   *p<0.05

Source: Milutinovic & Pavicevic

Table 6 shows the regression analysis with personality traits as the predictor variables, and sexual difficulties as the criterion variable. Personality traits as a model explain 31% of the variance in sexual difficulties, and neuroticism (β=331, p<0.01), extraversion (β=-.199, p<0.05) and openness with a negative sign of the β coefficient (β=-.298, p<0.01) and positive valence (β=.274, p<0.01).

Table 6. Personality traits as predictors of sexual difficulties

	R	R²	F	β	t	Sig.
Personality traits	.557	.310	8.227			.000
Neuroticism				**.331**	**3.891**	**.000****
Extraversion				**-.199**	**-2.130**	**.035***
Openness				**-.298**	**-3.166**	**.002****
Conscientiousness				-.102	-1.136	.258
Aggressiveness				-.130	-1.221	.224
Positive valence				**.274**	**2.705**	**.008****
Negative valence				.183	1.800	.074

**p<0.01   *p<0.05

Source: Milutinovic & Pavicevic

4. DISCUSSION AND CONCLUSIONS

What gives dreams their strength and power is the accumulation and frequent repetition of experiences, which can lead to the development of psychological damage that affects the development of identity, personality development, and difficulties in controlling emotions. Trauma can also lead to destructive behaviour towards oneself and others, somatisation and a generally negative view of the world can occur (Profaca and Arambašić, 2009). People with high levels of neuroticism, introversion and narcissistic tendencies will show symptoms of anxiety, depression, and sexual difficulties. Pronounced neuroticism and narcissistic tendencies can lead to the appearance of traumatic symptoms. Pronounced neuroticism, introversion, rigid attitudes and narcissistic tendencies can also lead to the appearance of somatic symptoms. Pećnik (2006) points out that trauma has the most profound effects on cognitive and mental development, but also on the development and formation of personality. Certain forms of trauma are associated with lower self-esteem, a persistent sense of helplessness and a neurotic personality profile (Zloković and Dečman-Dobrnjič, 2008). In contrast to people who have been physically abused and who have a characteristic neurotic personality profile, people who have been psychologically abused are more likely to be introverted and withdrawn. There is also evidenceto suggest thatpeople who have been psychologically abused are more likely to develop depression and low self-esteem than those who have been physically abused (Urbanz, 2000). One of the most severe forms of trauma is sexual abuse, which can have serious and lasting consequences such as nightmares, the development of phobias, sexual difficulties, depression, anxiety and low self-esteem (Bulatović, 2012). In previous research, traumatised people have been found to have anxiety and low self-esteem, which was not the case with non-traumatisedpeople. Traumatisedpeople also scored higher on the neuroticism scale, and they were more introverted and less emotionally stable than non-traumatisedindividuals. In this case, the presence of depression was not recorded in the traumatised individuals, but an increased risk of developing depression was recorded (Bunce, Larson & Peterson, 1995).

5. CONCLUSIONS

The results obtained lead us to conclude that the respondents are prone to negative affect, rigidity in attitudes and behaviour, narcissistic tendencies, and that as such they have not developed adequate strategies for dealing with the demands of a complex environment, so that they will perceive all new situations as threatening.

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