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Research paper

Childhood maltreatment, maladaptive personality types and level and course of psychological distress: A six-year longitudinal study

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ABSTRACT

Background: Childhood maltreatment and maladaptive personality are both cross-sectionally associated with psychological distress. It is unknown whether childhood maltreatment affects the level and longitudinal course of psychological distress in adults and to what extent this effect is mediated by maladaptive personality.
Methods: A sample of 2947 adults aged 18–65, consisting of healthy controls, persons with a prior history or current episode of depressive and/or anxiety disorders according to the Composite Interview Diagnostic Instrument were assessed in six waves at baseline (T0) and 1 (T1), 2 (T2), 4 (T4) and 6 years (T6) later. At each wave psychological distress was measured with the Inventory of Depressive Symptomatology, Beck Anxiety Inventory, and Fear Questionnaire. At T0 childhood maltreatment types were measured with a semi-structured interview (Childhood Trauma Interview) and personality traits with the NEO-Five Factor Inventory.
Results: Using latent variable analyses, we found that severity of childhood maltreatment (emotional neglect and abuse in particular) predicted higher initial levels of psychological distress and that this effect was mediated by maladaptive personality types. Differences in trajectories of distress between persons with varying levels of childhood maltreatment remained significant and stable over time.
Limitations: Childhood maltreatment was assessed retrospectively and maladaptive personality types and level of psychological distress at study entry were assessed concurrently.
Conclusions: Routine assessment of maladaptive personality types and possible childhood emotional maltreatment in persons with severe and prolonged psychological distress seems warranted to identify persons who may need a different or more intensive treatment.

1. Introduction

Results from animal and human studies show that the consequences of early life stress may be severe and enduring, affecting emotion, cognition, and behavior into adult life (Heim et al., 2010). The majority of available studies have identified childhood sexual abuse as an important risk factor in the development of emotional disorders (Kendall-Tackett et al., 1993), but paid less attention to the negative sequelae of more common maltreatment, such as emotional abuse and neglect. Recent literature reviews demonstrate a substantial impact of non-sexual childhood maltreatment on a range of emotional disorders (Gilbert et al., 2009; Norman et al., 2012). Childhood maltreatment types may represent a common developmental origin to adult psychiatric disorders (Keyes et al., 2012).

Only a few studies investigated the association of childhood maltreatment with symptoms of emotional disorders irrespective of the presence of particular psychiatric disorders. Given that childhood maltreatment is a non-specific risk factor for psychopathology, a symptom approach is particularly well suited to study the impact of childhood maltreatment across emotional disorders. Both in epidemiological (e.g., Mullen et al., 1996), inpatient (e.g., Bryer et al., 1987; Figueroa et al., 1997) and outpatient samples (e.g., Callahan et al., 2003; Surrey et al., 1990; Swett et al., 1990) individuals with a history of childhood maltreatment consistently

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reported higher levels of general psychiatric symptoms. Psychological distress may fluctuate with full psychiatric disorders or with subclinical or residual disorders. However, a number of studies have shown that symptoms of anxiety and depression are quite stable over time (Duncan-Jones et al., 1990; Kendler and Gardner, 2011; Ormel and Schaufeli, 1991; Ormel and Wohlfarth, 1991), with trait-like characteristics representing an individual's relatively stable set point of psychological distress strongly related to personality.

The development of less flexible personality patterns during childhood and adolescence has been put forward as an underlying mechanism to explain the association of childhood maltreatment with subsequent psychopathology (Kim et al., 2009). The Five Factor Model (FFM) according to which individual differences in personality can be grouped along the five major dimensions of neuroticism, extraversion, openness, agreeableness, and conscientiousness presently constitutes one of the dominant models to study personality (dys)functioning in a comprehensive way (Kotov et al., 2010) and easily to implement short self-report scales for measuring the Big Five traits are available (such as the NEO-FFI; Costa and McCrae, 1992). Cross-sectional (Rogosch and Cicchetti, 2004; Brents et al., 2015) and longitudinal (Oshri et al., 2013) epidemiological studies in children have demonstrated an association of childhood maltreatment with psychopathology, which was mediated by FFM personality traits or personality organization. Epidemiological studies in adults also yield evidence for an association of childhood maltreatment with FFM personality traits, in particular neuroticism (Allen and Lauterbach, 2007; Collishaw et al., 2007; Kendler and Gardner, 2011; Moran et al., 2011; Robinson et al., 2014). Associations of childhood adversity with the other Big Five traits have been understudied. Some studies found a negative relationship with agreeableness (Moran et al., 2011; Robinson et al., 2014), while results regards extraversion, conscientiousness and openness to experience are equivocal (Allen and Lauterbach, 2007; Moran et al., 2011; Robinson et al., 2014). In line, also the few available clinical studies show a relationship of childhood trauma with FFM traits, in particular with neuroticism (Fosse and Holen, 2007; Pickering et al., 2004; Roy, 2002).

To our knowledge the relationship of childhood maltreatment with types of personality organization in adults has not been studied. Most studies until now used a five-factor variable-centered approach focusing on differences between individuals but neglecting the clustering of traits within individuals. As already stressed by Allport (1937), this clustering of traits within the individual is key to understanding personality. Many studies have identified three types of personality organization in children, adolescents, and adults (Asendorpf et al., 2001; Caspi, 1998): Resilients (low scores for Neuroticism (N) and average scores for Extraversion (E), Conscientiousness (C), Agreeableness (A), and Openness to Experience (O)), Overcontrollers (higher scores for N, lower scores for E, and average scores for C, A and O), and Undercontrollers (lower scores for C and A and average scores for N, E and O), although some studies failed to replicate these personality types (e.g., McCrae et al., 2006). To make further progress in elucidating the relationship between childhood trauma and personality, it is important not only to focus on separate traits in a nomothetic way, but also to explore the clustering of various traits within the individual.

In addition, hardly any studies investigated whether FFM personality mediates the association of childhood maltreatment with level of psychiatric symptoms in adults, although neuroticism and other FFM traits have been found to be associated with psychological distress in numerous cross-sectional and prospective studies (Watson et al., 2005) and also with stable levels of psychological distress across time (Kendler and Gardner, 2011; Ormel and Wohlfarth, 1991). Only Collishaw (Collishaw et al., 2007) reported that in sexually or physically abused adults higher neuroticism was concurrently associated with more adult psychopathology. As far as we know no longitudinal studies in adults have examined whether various types of childhood maltreatment predict level and course of psychological distress and whether these effects of childhood maltreatment are mediated by maladaptive personality types as defined by the FFM.

This study aims to elucidate to what extent personality types mediate the association of childhood maltreatment with psychological distress during a six-year follow-up period in a representative and large sample of persons with past or current anxiety and/or depressive disorders. We hypothesized that adults with a history of childhood maltreatment will report more psychological distress and show a less favorable symptomatic course and that both these effects will be mediated by maladaptive personality types. More exploratively, we analysed the independent effect of individual childhood maltreatment types on personality types and psychological distress controlling for the effect of other childhood maltreatment types.

2. Methods

2.1. Sample

The Netherlands Study of Depression and Anxiety (Penninx et al., 2008) is an ongoing cohort study designed to investigate the determinants, course and consequences of depressive and anxiety disorders. A sample of 2981 persons aged 18 through 65 years was included, consisting of healthy controls, persons with a prior history of depressive and anxiety disorders, and persons with a current depressive and/or anxiety disorder. Respondents were recruited through a screening procedure in the general population, in general practice, and at new enrollment in specialized mental health care, representing various health care settings and developmental stages of psychopathology. General exclusion criteria were a primary diagnosis of other psychiatric conditions such as psychotic, obsessive compulsive, bipolar or severe addiction disorder and not being fluent in Dutch.

2.2. Procedure

A detailed description of the NESDA design and sampling procedures has been given elsewhere (Penninx et al., 2008). The baseline measurement (T0) in 2981 participants included assessment of demographic and personal characteristics, a standardized diagnostic psychiatric interview and a medical assessment including blood samples. The study was approved by the Ethical Committees of participating universities and all respondents provided written informed consent prior to data collection. After two (T2), four (T4), and six years (T6) a face-to-face follow-up assessment was conducted with a response of 87.1% ($n=2596$) at T2, of 80.6% ($n=2402$) at T4 and 75.7% ($n=2256$) at T6. A 1-year follow-up assessment (T1), consisting of a written questionnaire, was completed by 2445 participants (82.0%). Complete measurements for psychological distress at T0 were available for 2947 persons (98.9% of the baseline sample), constituting the present study sample.

2.3. Measures

2.3.1. Psychiatric diagnosis

DSM-IV depressive (Major Depressive Disorder, Dysthymia) or anxiety (Panic Disorder with or without Agoraphobia, Social Anxiety Disorder, Generalized Anxiety Disorder, Agoraphobia without panic) disorders were established using the Composite Interview