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Shorter communication

The role of self-blame for trauma as assessed by the Posttraumatic Cognitions Inventory (PTCI): A self-protective cognition?

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Abstract

The Posttraumatic Cognitions Inventory (PTCI) assesses cognitions hypothesised to be associated with poor recovery from traumatic experiences and the maintenance of PTSD. The validity of the PTCI has received good support but doubts have been raised about its Self-BLAME subscale. The main aim of the present study was to test the ability of the PTCI subscales to discriminate between traumatised individuals with and without PTSD and to predict posttraumatic symptom severity. Participants ($N = 63$) who had experienced a traumatic event were recruited via the media and completed the PTCI and self-report measures of PTSD and depression symptoms. Full criteria for a diagnosis of PTSD were met by 37 but not by the other 26. There were significant differences between these two groups on the total PTCI score and the Negative Cognitions About SELF and the Negative Cognitions About the WORLD subscales, but not on the Self-BLAME subscale. The two groups were discriminated by the PTCI subscales with 65% accuracy and the multiple correlation ($R = .68$) between the subscales and posttraumatic symptom severity was highly significant. However, in these analyses, higher scores on the Self-BLAME subscale were associated with less risk of a diagnosis of PTSD and with less posttraumatic symptomatology. Possible interpretations of these results, in terms of statistical suppressor effects and the protective role of behavioural self-blame, are discussed.

Keywords: Posttraumatic stress disorder; PTSD; Cognitive model; Self-blame; PTCI

Introduction

Several recent theoretical accounts of posttraumatic stress disorder (PTSD) have emphasised the role of dysfunctional cognitions in poor recovery from traumatic experiences and the maintenance of PTSD (Brewin & Holmes, 2003). For example, Foa and Rothbaum (1998) proposed that two sets of beliefs, centring on the ideas that the world is completely dangerous and the self is totally incompetent, mediate between traumatic experiences and the development of PTSD. In a similar fashion, Ehlers and Clark (2000) proposed that appraisals of the traumatic event, and of one's reactions during the event, lead to PTSD if those appraisals

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entail a sense of serious current threat. Several studies have now provided preliminary support for the importance of such cognitive variables (Brewin & Holmes, 2003), though Koss, Figueredo, and Prince (2002) found that a model of the impact of rape that was fully mediated by blame and maladaptive beliefs did not adequately account for outcomes on mental health and social adjustment; their fully mediational model needed to be supplemented by some other pathways. For example, the severity of exposure to violence before the index event had significant, though small, paths to global distress and posttraumatic stress symptoms which were not mediated by blame or maladaptive beliefs. Nevertheless, Koss et al. (2002) found that social cognitions were powerful partial mediators of the impact of rape on outcomes.

Several self-report measures have been developed to assess cognitions which are hypothesised to be specifically associated with PTSD. The most successful to date appears to be the Posttraumatic Cognitions Inventory (PTCI: Foa, Ehlers, Clark, Tolin, & Orsillo, 1999). Its 33 items, derived from clinical observations and current theories of PTSD, form three subscales: Negative Cognitions About SELF, Negative Cognitions About the WORLD and Self-BLAME. The first of these assesses a general negative view of the self, sense of negative change in the self since trauma, alienation, hopelessness, general self-mistrust and negative interpretations of symptoms, while the Self-BLAME subscale assesses blame for the traumatic incident itself. Negative Cognitions About the WORLD assesses mistrust of other people and a sense that the world is a dangerous place. In an initial investigation (Foa et al., 1999), these subscales were found to have excellent internal consistencies, good test–retest reliability and moderate to high correlations with PTSD symptom severity. They also discriminated well between traumatised individuals with and without PTSD, with an accuracy of 86%, and outperformed other measures of trauma-related cognitions in this respect. Moreover, the PTCI could perform this discrimination even when depression, state anxiety, age, sex, race and type of assault were controlled.

More recently the three-factor structure of the PTCI has been largely supported in a confirmatory analysis by Beck et al. (2004), using a sample of survivors of motor vehicle accidents. In this study, the PTCI subscales also successfully classified traumatised individuals with and without PTSD with an accuracy of 76% in a discriminant function analysis. In addition, it has been found that all of the subscales of the PTCI correlate significantly with PTSD severity among emergency room workers (Laposa & Alden, 2003), the subscales make a significant contribution to the prediction of PTSD symptoms which is independent of the contribution of depression severity (Kolts, Robinson, & Tracy, 2004), and greater decreases in PTCI scores over the course of psychological therapy for PTSD are related to better outcome (Ehlers, Clark, Hackmann, McManus, & Fennell, 2005; Foa & Rauch, 2004).

Despite these generally supportive results, doubts have been raised about the validity of the Self-BLAME subscale of the PTCI, especially by Beck et al. (2004). These authors found that the correlations of Self-BLAME with four measures of PTSD symptoms were all non-significant, that mean Self-BLAME scores for traumatised people with full-syndrome PTSD, subsyndromal PTSD and no PTSD did not differ significantly, and that the Self-BLAME scale had only a small (and negative) correlation with a discriminant function discriminating between people with and without PTSD. Poor results for this subscale have also been published by Kolts et al. (2004), who found that it had non-significant partial correlations in multiple regression analyses predicting PTSD symptom severity, though Laposa and Alden (2003) found that it correlated significantly ($r = .37$) with PTSD symptom severity, which is similar to the correlation with the same measure that Foa et al. (1999) found.

Beck et al. (2004) suggested the reason why the Self-BLAME subscale performed poorly in their research might be that their participants had all been traumatised in motor vehicle accidents, for which they did not blame themselves excessively, whereas nearly half of the sample studied by Foa et al. (1999) was composed of victims of sexual assault, who scored significantly higher on all three PTCI subscales than accident survivors. Since the study by Foa et al. (1999) is the only one so far to compare PTCI scores following different forms of trauma, one of the aims of the present study is to make such comparisons, as advocated by Beck et al. (2004).

However, the reasons for the inconsistent results for the Self-BLAME scale are likely to be complex because it is possible that certain kinds of self-blame might be protective under some circumstances. Janoff-Bulman (1992) made a distinction between behavioural self-blame, which involves attributing the cause of traumatic experiences to controllable or modifiable aspects of oneself, such as specific actions, and characterological self-blame, which involves attributing causes to uncontrollable aspects, such as one's personality. She then