

Haslam, N. (2016, 15/08/). The problem with describing misfortune as 'trauma'. Washinton Post.

[www.chicagotribune.com/2016/08/15/the-problem-with-describing-every-misfortune-as-trauma/](http://www.chicagotribune.com/2016/08/15/the-problem-with-describing-every-misfortune-as-trauma/)

## Opinion | The problem with describing every misfortune as 'trauma'

Washington Post :: 2016-08-15

---



Getty Images

We have increasingly started to describe “trauma” as an emotional injury rather than a physical wound.



By [Washington Post](#)

PUBLISHED: August 15, 2016 at 4:10 p.m. | UPDATED: May 23, 2019 at 5:37 p.m.

These days, “trauma” seems epidemic.

A group of Columbia Law School students felt the “traumatic effects” of the Michael Brown grand jury decision so keenly, they argued, that they needed their finals postponed. A handful of Emory University students were “traumatized” by finding “Trump 2016” chalked on campus sidewalks. A young professor chronicled his traumatizing graduate training, which included discrimination and job anxiety. And in an interview, a “trauma-sensitive yoga” instructor talked through her “hair trauma”: “I grew up with really curly, frizzy hair in Miami. When you’re 13, a bad hair day is overwhelming,” she said. “. . . Even though I would never compare that to someone who was abused, it’s an experience that shaped my identity and, at the time, was intolerable.”

These aren’t isolated incidents. Trauma is being used to describe an increasingly wide array of events. By today’s standards, it can be caused by a microaggression, reading something offensive without a trigger warning or even watching upsetting news unfold on television. As one blogger wrote, “Trauma now seems to be pretty much anything that bothers anyone, in any way, ever.”

This is not a mere terminological fad. It reflects a steady expansion of the word’s meaning by psychiatrists and the culture at large. And its promiscuous use has worrying implications. When we describe misfortune, sadness or even pain as trauma, we redefine our experience. Using the word “trauma” turns every event into a catastrophe, leaving us helpless, broken and unable to move on.

Like democracy, alarm clocks and the Olympics, we owe “trauma” to the ancient Greeks. For them, trauma was severe physical injury; the word shares its linguistic root with terms for breaking apart and bruising. Of course, doctors still use “trauma” to describe physical harm. But more and more, we understand the term in a second way — as an emotional injury rather than a physical wound.

This shift started in the late 19th century, when neurologists such as Jean-Martin Charcot and Sigmund Freud posited that some neuroses were caused by deeply distressing experiences. The idea was revolutionary — a dawning recognition that shattered minds could be explained psychologically as well as biologically.

Ideas about psychological trauma continued to take shape in the 20th century, but the physical sense still dominated. In 1952, the first edition of the Diagnostic and Statistical Manual of Mental Disorders, which catalogues psychological illnesses, mentioned the term only in relation to brain injuries caused by force or electric shock.

By 1980, that had changed. The DSM’s third edition recognized post-traumatic stress disorder for the first time, though the definition of a “traumatic event” was relatively focused — it had to be “outside the range of usual human experience” and severe enough to “evoke significant symptoms of distress in almost everyone.” The DSM-III’s authors argued that common experiences such as chronic illness, marital conflict and bereavement did not meet the definition.

Later editions of psychiatry’s “bible” — really more like a field guide to the species of human misery — loosened the definition further, expanding it to incorporate indirect experiences such as violent assaults of family members and friends, along with “developmentally inappropriate sexual experiences” and occasions

when people witness serious injury or death. One study found that 19 events qualified as traumatic in the DSM-IV; just 14 would have qualified in the revised edition of the DSM-III.

This broadening of the definition was justified in part by the finding that people who were indirectly exposed to stressful events could develop PTSD symptoms. Even so, researchers became concerned that elastic concepts of trauma “risk trivializing the suffering of those exposed to catastrophic life events.” As psychologist Stephen Joseph explained in a 2011 interview, “The DSM over-medicalizes human experience. Things which are relatively common, relatively normal, are turned into psychiatric disorders.”

An Army National Guard medic argued in *Scientific American* that “clinicians aren’t separating the few who really have PTSD from those who are experiencing things like depression or anxiety or social and reintegration problems, or who are just taking some time getting over it.” This, he worried, would lead to people being “pulled into a treatment and disability regime that will mire them in a self-fulfilling vision of a brain rewired, a psyche permanently haunted.”

That hasn’t stopped definition expansion. The federal Substance Abuse and Mental Health Services Administration, for example, now says trauma can involve ongoing circumstances rather than a distinct event — no serious threat to life or limb necessary. Trauma, by the agency’s definition, doesn’t even have to be outside normal experience. No wonder clinicians increasingly identify such common experiences as uncomplicated childbirth, marital infidelity, wisdom-tooth extraction and hearing offensive jokes as possible causes of PTSD.

This thinking has seeped into our culture as well. The word “trauma” has exploded in popularity in recent decades. A search of the 500 billion words that make up the Google Books database reveals that “trauma” appeared at four times the rate in 2005 as in 1965. According to Google Trends, interest in the word has grown by a third in the past five years.

How to explain this change? For one thing, the broadening of “trauma” coincides with other psychological shifts, such as a sense that our life outcomes are out of our control. According to one study, young people increasingly believe that their destinies are determined by luck, fate or powerful people besides themselves. People who hold these beliefs are more likely to feel helpless and unable to manage stress. Trauma is a way to explain life’s problems as someone else’s fault.

A second explanation can be found in my work on “concept creep.” In recent decades, several psychological concepts have undergone semantic inflation. The definitions of abuse, addiction, bullying, mental disorder and prejudice have all expanded to include a broad range of phenomena. This reflects a growing sensitivity to harm in Western societies. By broadening the reach of these concepts — recognizing emotional manipulation as abuse, the spreading of rumors as bullying and increasingly mild conditions as psychiatric problems — we identify more people as victims of harm. We express a well-intentioned unwillingness to accept things that were previously tolerated, but we also risk over-sensitivity: defining relatively innocuous phenomena as serious problems that require outside intervention. The expansion of the concept of trauma runs the same risk.

All of this is problematic. The way we interpret an experience affects how we respond to it. Interpreting adversity as trauma makes it seem calamitous and likely to have lasting effects. When an affliction is seen as traumatic, it becomes something overwhelming — something that breaks us, that is likely to produce post-traumatic symptoms and that requires professional intervention.

Our choice of language matters. A famous study by cognitive psychologist Elizabeth Loftus illustrates why. Loftus showed people films of traffic accidents and asked them to judge the speed of the cars involved, using subtly varying instructions. Different study participants were asked how fast the cars were going when they “smashed,” “collided,” “bumped,” “hit” or “contacted” each other. Despite watching the very same collisions, people judged the cars to be traveling 28 percent faster when they were described as “smashing” rather than “contacting.”

To define all adversities as traumas is akin to seeing all collisions as smashes. People collide with misfortune all the time: Sometimes it smashes them, but often they merely make contact.

Another fine invention of the ancient Greeks was stoicism. Contrary to popular opinion, the stoics did not think we should simply endure or brush off adversity. Rather, they believed that we should confront suffering with composure and rational judgment. We should all cultivate stoic wisdom to judge the difference between traumas that can break us apart and normal adversities that we can overcome.

*Washington Post*

*Nick Haslam, the author of “Psychology in the Bathroom,” is a professor of psychology and head of the Melbourne School of Psychological Sciences at the University of Melbourne.*