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## What is Trauma?

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This may seem like a relatively simple question to ask, but in reality, the answer you get depends on who you ask. There is not universal agreement as to how trauma is defined, and these disagreements have caused some controversy.

**According to the Diagnostic and Statistical Manual for Mental Disorders-5<sup>th</sup> Edition (DSM-5; American Psychiatric Association, 2013), trauma is defined as:**

A. Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

1. Directly experiencing the traumatic event(s).
2. Witnessing, in person, the event(s) as it occurred to others.
3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.
4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse). **Note:** Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related.

Examples of traumatic events according to the DSM-5 include:

- Natural disasters (e.g., hurricane)
- Transportation accident (e.g., car accident)
- Serious, life-threatening illness or injury
- Physical assault
- Sexual assault
- Combat
- Sudden violent or accidental death

This may be referred to as a DSM-5 *criterion A trauma* because the first criterion for a diagnosis of PTSD, also known as criterion A, requires that an event matching the above description was experienced in some capacity by the individual. In order to receive a diagnosis of PTSD based on the DSM-5, all PTSD symptoms must stem from a criterion A trauma and not from other events or mental health conditions.

However, we know that all kinds of different experiences can impact us, including those that do not meet the narrow definition of the DSM-5, and that these experiences can lead people to develop symptoms that look and feel a lot like PTSD symptoms. Someone may be diagnosed with an *adjustment disorder* if they experienced an event that does not meet the criterion A definition of trauma but which nonetheless has caused depressed mood, anxiety, and changes in behavior. Events that can lead to an adjustment disorder include job loss, financial hardship,

relationship problems, bullying or harassment, non-life-threatening medical conditions, verbal, emotional, or psychological abuse, and more.

We also know that there are experiences, such as those that stem from systemic oppression, that can lead to symptoms that look and feel just like PTSD. Emerging research suggests that *racial trauma*, or a term used to describe the psychological and emotional effects of racism and discrimination on people of color may lead to PTSD-like symptoms, dissociative symptoms, major depressive disorder, and substance use disorder. *Minority stress* is a term used to describe the unique identity-based stressors that LGBTQIA+ people experience, including discrimination and rejection as well as how these experiences lead to internalized stigma and shame. Like racial trauma, these experiences have been associated with greater prevalence of many mental health concerns in the LGBTQIA+ community, including OCD and PTSD. It's important to consider how individuals who hold identities that are marginalized or minoritized experience repeated discrimination, stigma, and violence, and how these experiences lead to increased PTSD symptoms despite the fact that some of these experiences would not meet the DSM-5's strict definition of a traumatic event.

Some research suggests that events that *do* meet the DSM-5 definition of trauma may be more strongly associated with OCD and PTSD symptoms than stressful events that do not meet the DSM-5 definition of trauma. When we take a step back from the diagnostic definition of trauma, however, we can see how the DSM-5 fails to capture the variety of traumatic events that people experience, and how the feeling of being *traumatized* may tell us way more about someone's experience than whether their experience meets a diagnostic definition. Stressful life experiences have been shown to relate to the onset and severity of symptoms of OCD and PTSD, and the subjective feeling that an event was *traumatic* may be more predictive of negative mental health outcomes than whether or not an experience meets a definition for trauma. Regardless, it is important to remember that whether or not your experience meets the DSM-5 definition of a criterion A trauma, the impact that it has had on you is still real and valid, your symptoms may still warrant a diagnosis of an adjustment disorder or some other stressor-related disorder, and it is still possible for you to recover from this experience.

#### **What does this mean for me?**

- Understanding the strict definitions of the DSM-5 can help you navigate complicated terminology that may help you find a treatment provider that is best suited to help you based on your unique needs.
- Validate the experience you are having and help you understand why you are feeling the way that you are by learning about the impact of traumatic and stressful life events on OCD and PTSD.
- You should use whatever terminology feels most accurate and affirming to you, regardless of diagnostic definitions. However, you should know that treatment providers who use the DSM-5 may be required to apply a stricter definition for the purposes of

assessment and diagnosis. This does *not* invalidate the impact of your experiences. The purpose of using these stricter definitions is to promote the use of appropriate treatment approaches/techniques that will be most beneficial for you.

- Not being given a diagnosis of PTSD by a provider does *not* necessarily mean that your provider believes that you have not been impacted by your traumatic or stressful experience. You have gone through something very challenging that may feel traumatic, and may impact you in very similar ways as someone who has PTSD. There may be other diagnoses (e.g., adjustment disorder) that may better describe your experiences. Regardless of diagnosis, you are worthy of care and support.

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