Adversities, Trauma, and Suffering:

Are They the Same?

Anders, Shallcross and Frazier (2012), utilize a sample of 181 young, undergraduate, white and mostly female participants to demonstrate that relational events that meet Criterion A1 for PTSD (in the DSM-IV) as well as atypical relational events (that do not meet Criterion A1) tend to produce mostly similar mental health outcomes and distress. Hence, they suggest that those non-A1 events should be included in the definition of traumatic stressors in the DSM. Nevertheless, the results are difficult to interpret as they are based on a non-clinical sample and a PTSD diagnosis was not performed: they utilized a checklist of symptoms. So, I have doubts about the generalizability of their findings as applied to severely traumatized persons, formally diagnosed with PTSD. In fact, 50% of the “traumatic” events consisted of the sudden and unexpected death of a close person: a “trauma” that in DSM-5 is discounted, unless the death is violent or accidental.

There is no doubt that events such as discrimination, miscarriages, deceptions, and homesickness are distressing and, in some cases, are related to some psychiatric symptoms. It should be clear that suffering is endemic to our existence in this planet, and that suffering can create the necessary and sufficient psychological environment to develop lasting symptoms of depression, anxiety and somatization. I think that the participants in the Anders et al., study were no exception, as nearly everyone (99%) reported a non-Criterion A1 event. In fact, the DSM-5 category of Adjustment Disorders (now included in the Trauma- and Stressor-Related Disorders chapter) was precisely created to describe individuals that are confronted with stressors and are feeling overwhelmed by the demands of the situation.

As we do not know how many individuals in the Anders, et al., study qualified for a PTSD diagnosis, it is extremely difficult to extrapolate about what light their research may shed on the specific question of what is the relationship between non-Criterion A1 relational events and a PTSD diagnosis. All we can reasonably state is that a plethora of interpersonal stressors are related to mental health problems and to a variety of measures pertinent to interpersonal well-being. Indeed, that is an uncontroversial statement; there is extensive evidence that interpersonal processes are related to psychological problems and a wide variety of psychiatric disorders (Segrin, 2001).

I agree with Spitzer, First and Wakefield (2007) that the PTSD diagnosis in DSM-IV was overinclusive and that more stringent criteria would promote more reliable research on PTSD. In part, Criterion A in the new DSM-5 is more explicit. As McNally (2009) has pointed out, overdiagnosis of the concept of PTSD weakens the concept by failing to focus on the most salient idea behind the PTSD diagnosis: the impact of severe trauma.

In summary, the Anders et al., investigation is a welcome addition to the literature about relational stressors being frequent and ubiquitous in the life history of nearly all human beings and being statistically related to a plethora of psychological dysfunctions. For my part, and from a clinical and conceptual framework, I am left unconvinced that non-Criterion A relational
events, such as undesired relationship dissolution, are truly traumatic. Let those events represent the anguish and despair that undoubtedly all human beings suffer.

References:


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