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The Creeping Concept of Trauma

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Bios

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Summary

Over the past century the concept of trauma has substantially broadened its meanings in academic and public discourse. We document four directions in which this semantic expansion has occurred at different times: from somatic to psychic, extraordinary to ordinary, direct to indirect, and individual to collective. We analyse these expansions as instances of 'concept creep', the progressive inflation of harm-related concepts, and present evidence for the rising cultural salience and semantic enlargement of trauma in recent decades. Expansive concepts of trauma may have mixed blessings for personal and collective identity.

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Writing in 1884, the German pathologist Georg Eduard von Rindfleisch described a class of "traumatic diseases" caused by mechanical, chemical, electrical, or thermal insult. "Trauma, in its broadest sense," he wrote, "is any external attack which forcibly alters the physical or chemical composition of a part or the whole of the body" (187). The broadest sense of trauma has become a great deal broader since then. People now commonly describe experiences of infidelity, uncomplicated childbirth, graduate school, media violence, or overheard sexist remarks as traumatic. Expansive definitions of trauma also issue from our institutions. The Substance Abuse and Mental Health Services Administration (SAMHSA), for instance, describes it as "an event, or series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening." Trauma need no longer be a discrete attack on the body's physical integrity but can also be an enduring state of affairs that upsets us. As conceptual changes go this is, to quote John Donne, "an expansion, like gold to airy thinness beat".

It should come as no surprise to any student of the history of the human sciences that concepts such as trauma are highly elastic. As Ian Hacking (1995a) taught us, human kind concepts are moving targets, shifting in response to developments in science and society. Hacking also showed that conceptual shifts can have important and complex effects. Changing ways of classifying people and their experiences can bring about changes in identity via looping effects, "making up people" as they come to understand themselves and one another in new ways.

Historical changes in the conceptualization of trauma are particularly interesting moving targets for several reasons. For one, their changes, almost without exception, have been inflationary. Trauma has relentlessly expanded its range of meanings since the time of von

Rindfleisch, colonizing new semantic territory and moving out of its original disciplinary home in general medicine into psychiatry, psychology, and, increasingly, the humanities. In addition, trauma has become a highly visible concept not only in academic writing but also in the public sphere, where it has become a prominent way of making sense of personal and collective experience. Finally, trauma's current cultural salience makes this a good time to think through its implications for identity, and particularly to consider the psychological and social impacts of some of its newer and broader meanings. In this article we examine these questions as part of a program of research on what we call "concept creep."

Concept creep

The idea of concept creep was proposed by Haslam (2016a) and has five key elements. It is first and foremost a claim that a set of psychological concepts have undergone a progressive semantic expansion in recent decades so that they now refer to a much broader range of experiences, actions, or people than they did previously. Second, it is a claim that this semantic broadening takes two distinct forms. Third, it proposes that the set of inflating concepts has a common, unifying theme. Fourth, it makes a series of claims about the influences that are driving that inflation. Finally, it speculates on what the impacts of semantic expansion may be.

To document the claimed semantic expansion, Haslam (2016a) presented case studies of the concepts of abuse, addiction, bullying, mental disorder, prejudice, and trauma in the academic literature of psychology and cognate fields. He argued that in every case there had been a series of extensions to working definitions, which summed to large increases in the

applicability of each concept. “Abuse” added emotional to physical maltreatment and came to encompass acts of negligent omission as well as of violent commission. “Addiction” spread from dependency on ingested substances to include such so-called behavioral addictions as excessive shopping, gambling, gaming, and sex. When it was introduced into developmental psychology in the 1970s, the definition of “bullying” required aggressive behavior to be repeated, intentional, and perpetrated in the context of a power imbalance. Over time every one of these criteria has been relaxed in bullying scholarship so that the term can be used to describe single incidents of unintentional behavior perpetrated sideways or upward in a hierarchy. It also now used at least as often to describe problematic behavior in workplaces as in schools. Successive editions of the Diagnostic and Statistical Manual of Mental Disorders (DSM) have relentlessly broadened to concept of “mental disorder” by lowering the thresholds for some disorders and adding new domains of psychopathology (Haslam, 2016b). “Prejudice” once referred only to blatant bigotry but in more recent social psychology it encompasses a variety of less overt forms: aversive, benign, implicit, and “modern.” As we shall see, “trauma” follows the same pattern.

Haslam (2016a) argued that although all of these examples of concept creep involve semantic broadening, they exemplify two distinct forms of expansion. “Horizontal” creep occurs when concepts extend outward to encompass qualitatively new phenomena, as in metaphorical or analogical extension to a new semantic domain. Examples include the incorporation of neglect under “abuse,” the addition of eating disorders to the set of mental disorders recognized by DSM-III, and the use of “bullying” to refer to inappropriate behavior in boardrooms as well as playgrounds. “Vertical” creep, in contrast, occurs when a concept’s meaning extends downwards to encompass less extreme or intense phenomena than it did

previously, such as when “bullying” came to include unrepeated actions, “prejudice” encompassed subtle micro-aggressions, and “autism” incorporated high-functioning people with Asperger’s syndrome.

Thus far concept creep merely describes a pattern of parallel semantic changes among a group of concepts and a simple taxonomy of its forms. Haslam (2016a) went on to propose that this expansionary pattern is specific to a particular set of concepts; those that involve the theme of harm. It is specifically harm-related concepts that have inflated, and the case studies he presented all represent ways of harming others or of being harmed by them. The idea that creeping concepts have this theme in common suggests that the factors contributing to their expansion may also be at least somewhat shared. Although it might be tempting to propose distinct causal accounts of each concept – “medicalization” to explain the spread of “mental disorder,” “culture of fear” for the spread of “bullying,” “political correctness” for the enlarging scope of “prejudice” – if these concepts all implicated harm then a harm-based explanation might be promising and parsimonious. Haslam (2016a) proposed that one factor underpinning concept creep was a rising sensitivity to harm in Western cultures, which leads to less severe harms being re-defined as problematic over time, an argument echoing Pinker’s (2011) claims regarding the historical trend toward a diminution of violence. Other writers have added that at least some concept creep is the deliberate work of motivated political actors, who Sunstein (2018) refers to as “opprobrium entrepreneurs.” Definitions of harm-related concepts may be re-drawn intentionally to problematize and stigmatize previously tolerated behavior.

Haslam’s (2016a) consideration of concept creep also included speculations on its impacts. By his account concept creep is likely to have ambivalent implications. On the one hand, by

identifying new forms of behavior as harmful and more people as harmed, broadened concepts enable progressive social change and extend care and respect to those previously denied it. People who suffered mental ill-health but previously did not fit into an existing diagnosis can have their suffering treated, subtle forms of prejudice can be rendered socially illegitimate, office tyrants can have their domineering behavior called out as bullying. However, there may also be some negative implications. Rising sensitivity to harm can shade into hyper-sensitivity and fragility, innocuous experiences can be pathologized or subject to unnecessarily harsh legal remedies, vulnerability can be amplified and coddled rather than diminished, and harm-based victim identities can be fostered. In short, concept creep is taking place, it may be driven in part by cultural changes, and the legacy of these changes may be mixed.

Evidence of concept creep

These propositions about the concept creep have been examined in an evolving research program that combines social psychological and computational linguistic investigations. These studies have evaluated the fundamental claim that harm-related concepts have risen in prominence and broadened in meaning, the supporting claim that harm is the key psychological theme that unifies creeping concepts, and the suggestion that cultural shifts in sensitivity to harm in the 1980s and since may underpin the creep phenomenon.

The increasing cultural salience of creeping concepts between 1960 and 2008 was documented by Haslam (2016a) in the massive Google Books corpus. “Abuse,” “bullying,” “trauma,” “addiction,” and “racism,” exemplifying prejudice, all increased their relative

frequency of mention in the millions of books represented in the corpus, with these rises especially steep in the 1980s and 1990s and peaking at or near the last year of the study period. More recently, Vylomova, Murphy, and Haslam (2019) extended this analysis of the frequency of use of the putative creeping concepts to the breadth of their meanings, a more complex property to assess. Using a new corpus of over 800,000 article abstracts collected from 875 psychology journals between 1970 and 2019, and recently developed computational methods for detecting historical semantic change, they demonstrated that several creeping concepts not only increased their frequency of mention over that period but also expanded semantically. This broadening often involved the acquisition of new meanings through new associations. For example, “addiction” developed new links to “gaming,” “internet,” “sexual,” and “smartphone,” all instances of the general concept of behavioral addictions, and “bullying” became linked to “workplace” in accordance of its expansion beyond developmental psychology into the study of organizations and management. Interestingly, this analysis of semantic broadening indicated that change in all of the creeping concepts was most substantial from the 1980s to the 1990s, continuing but attenuating in later decades.

The proposition that harm is the thematic drawstring that connects the disparate assortment of creeping concepts is central to Haslam’s (2016a) claims. Two lines of research evidence support it. One examines differences in the breadth of creeping concepts between people, assessing breadth as the number of ambiguous or marginal possible examples of a concept that individuals identify as such. In a pair of studies, McGrath et al. (2019) made two important discoveries. First, they found that there is tendency for people to hold consistently broad or narrow versions of creeping concepts: individuals whose

understanding of “bullying” is relatively inclusive, for example, also tend to hold inclusive concepts of “prejudice” and “abuse.” This finding implies that there may be some psychological commonality among the concepts. Second, McGrath and colleagues found that endorsement of a harm-based morality was associated with holding these broader concepts, making harm a plausible candidate for that commonality. People whose creeping concepts tended to be broad also were more likely that others to be politically liberal and high in empathy, but also to be somewhat high in personal vulnerability.

A second line of research offers further support for a role in harm as a cultural driver of concept creep. Wheeler et al. (2019) turned again to the Google Books corpus to investigate the rise and fall of different kinds of moral language during the 20th century (1900-2007). Charting shifts in the relative frequency of large sets of terms representing five moral foundations posited by Haidt and Graham (2007), they showed that only the harm foundation – indexed by words such as “care,” “compassion,” and “safety” on the one hand, and “damage,” “kill,” and “suffer” on the other – rose in a way consistent with a harm preoccupation playing a role in concept creep. Harm-related moral language gradually declined through the 20th century, with small spikes at the time of the two World Wars, but showed a striking rise from about 1980 to the end of the period of study. This increase implies a growing cultural concern with harm and vulnerability beginning in the last two decades of the 20th century, and its timing coincident with the steepest increase in the salience and semantic broadening of creeping concepts supports the claim that concept creep is linked to cultural shifts in sensitivity to harm.

Creeping trauma

Several lines of evidence support the claim that the concept of trauma has crept in recent decades, and that this semantic expansion exemplifies a more general inflationary pattern among harm-related concepts. The first line of evidence comes from the rising frequency of the term “trauma” in a variety of text corpora, a finding shown by research in computational linguistics to be associated with increasing semantic breadth (Hamilton et al., 2016). The more frequently a word is used the more contexts in which it tends to be employed and the more senses it acquires, and the more meanings it develops the more it tends to be put to use. Steep increases in the prevalence of “trauma” can be observed in English-language books, in American news media, and in published psychology research.

Figure 1 presents ‘culturomic’ evidence (Michels et al. 2011) of the rising salience of trauma in the Anglosphere, as revealed in the increasing prevalence of “trauma” and several associated terms in the Google Books corpus from 1960 to 2008, when the corpus concludes. The upward trajectories represent increases in the frequency of the terms as a proportion of all words in the corpus, and therefore do not merely reflect the increased size of the corpus in later years. For simplicity, all trajectories are scaled so that the year in which the term reached its highest relative frequency is scored 100 and all other years are scored as percentages of that peak value. The gradient of a trajectory represents the rate at which the term’s prevalence is changing. The figure demonstrates that from 1960 onwards “trauma,” the solid line, rose steadily in cultural salience, at least insofar as that can be inferred from frequency of word use in books. (The other six trajectories, all representing adjectival qualifiers of “trauma,” will be discussed in later sections of this article.) The rise was most marked in the 1970s, 1980s and 1990s, and represents a three-fold increase from

1970 to 2000. The linearity of this rise of “trauma” through three decades runs contrary to any supposition that the concept suddenly gained visibility when DSM-III (APA 1980) introduced the new diagnosis of post-traumatic stress disorder (PTSD).

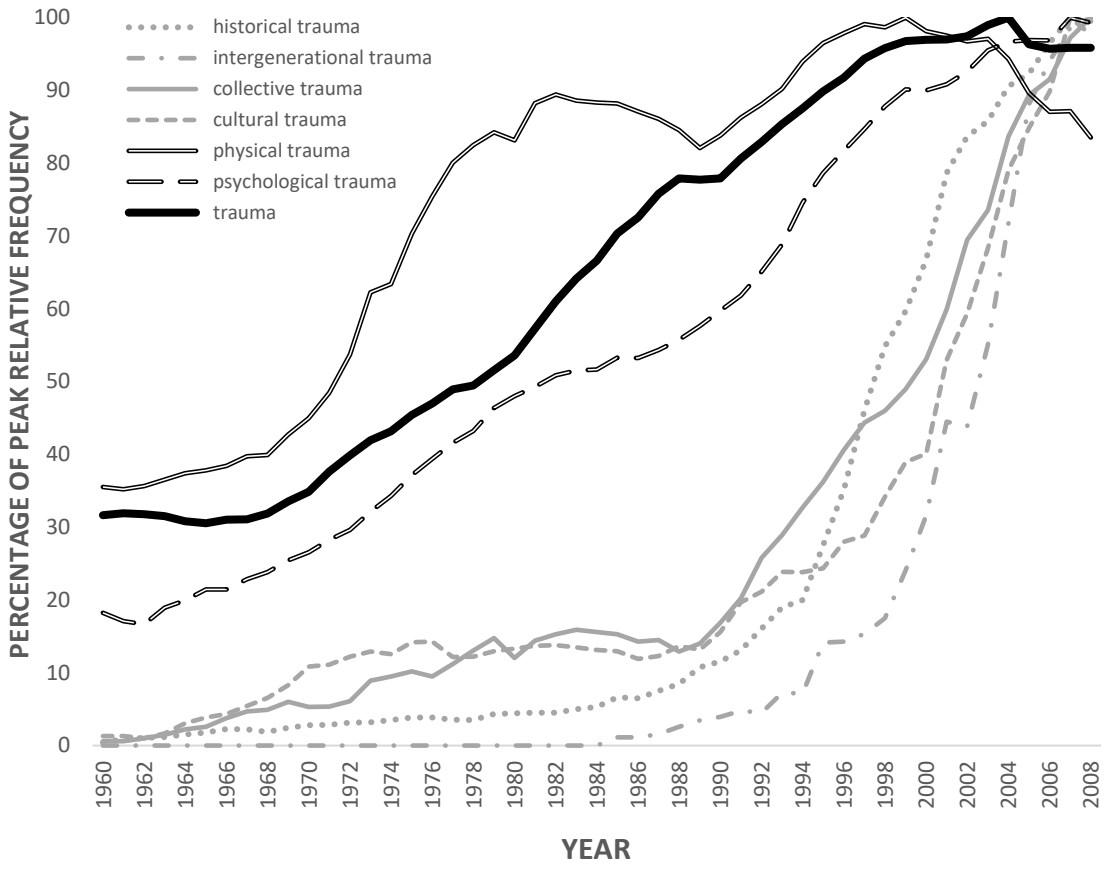


Figure 1: Changing relative frequencies of trauma-related terms in the Google Books corpus from 1960 to 2008, scaled as a percentage of their year of maximum relative frequency

Evidence of the rising salience of trauma in the wider culture can also be found in the Corpus of Contemporary American English (COCA: Davies, 2010), which systematically

samples 20 million words annually from spoken language, fiction, popular magazines, newspapers, and academic journals. In this corpus “trauma” appears at roughly three times the rate in the mid-2010s as it did in the early 1990s, when COCA began. The rising prevalence of “trauma” is steeper within academic psychology, as shown in our large corpus of psychology journal article abstracts (Vylomova et al., 2019). Here there has been a veritable explosion of “trauma,” the word’s relative frequency almost 25-times greater in 2018 than in the 1970s, with the most precipitous rise in the 1990s and since. Findings such as this reveal the truth of Fassin and Rechtman’s (2009) claim that “trauma has become a major signifier of our age” (xi); it is saturating the wider culture and also behavioral science.

In addition to these striking increases in the cultural and scientific salience of “trauma” as a concept, there is now evidence for changes in its semantic breadth as well. Using the corpus of psychology journal article abstracts, Vylomova et al. (2019) employed a method developed by Hamilton and colleagues (2016) to examine semantic changes in the meaning of “trauma” through changing associations with commonly collocated words. They found that from the 1980s to the 2010s trauma was increasingly associated with “psychological,” “stress,” and “sexual,” and decreasingly with “physical,” capturing trauma’s semantic expansion beyond the domain of physical damage and into the psychiatric and psychological domains. In addition, the strengthening association with sexual events reflects the ongoing broadening of trauma beyond the field of war and into the realm of sexual violence and abuse (Horwitz 2018).

Four expansions of "trauma"

As we have seen, trauma has rapidly increased its salience within the culture at large and within academic psychology in particular. It has also broadened its meanings, so that "trauma" now refers to a much broader range of phenomena than it did in earlier times. This semantic enlargement can be demonstrated using the methods of computational linguistics applied to large text corpora, through the conceptual analysis of shifting definitions of traumatic events in the recent history of psychiatric classification, and through changes in the prevalence of post-traumatic diagnoses documented by epidemiologists. All methods converge on the finding that trauma now means much more than it once did.

Documenting the dimensions along which the meanings of trauma have stretched is a challenging task as it could be argued that this spread has occurred in several directions at once. In our analysis here we will single out four movements of trauma that are particularly noteworthy. We attempt to specify the nature of those semantic expansions by framing them as examples of either horizontal or vertical concept creep and by approximately locating them in historical time. The first three of these inflations of trauma refer primarily to its psychological and psychiatric meanings whereas the fourth brings us to this issue's theme of cultural trauma.

From somatic to psychic

The word "trauma" comes to us from the Greek for "wound." Etymologists date its use in medical Latin to the 1690s, where it referred to physical injuries. It began to refer to psychological or emotional rather than physical wounds only two centuries later, near the close of the 19th century. The work of Sigmund Freud on the origins of hysteria and of Pierre

Janet on dissociation pioneered the idea that severely upsetting events could generate pathological reactions not by physically damaging the body but by injuring the psyche in some fashion. Affective responses were pivotal in this process, Janet considering the arousal of "vehement emotions" by traumatic experiences to be crucial to the development of post-traumatic reactions (van der Kolk, Brown and van der Hart 1989) and Freud assigning a similar role to anxiety and its repression. Although such emotional responses were understood by the two medically trained theorists in biological terms, the traumas themselves were not understood as forms of tissue damage.

The recognition of psychological or emotional trauma is a paradigm case of semantic broadening by metaphorical or analogical extension. "Trauma" acquires a new set of meanings because psychological harm is represented as akin to physical injury: both are forms of hurt or debilitation caused by a significant external event. This kind of meaning expansion exemplifies horizontal concept creep because it incorporates a new domain of harm rather than simply lowering the threshold for identifying harm in an existing domain.

The metaphorical extension of trauma from bodily wound to psychic injury may have begun in the late 19th century but the psychological meaning remained very much secondary well into the 20th. The first edition of the DSM (DSM-I: APA 1952) refers to "trauma" and its cognates no fewer than 76 times, almost invariably in relation to head injuries. Trauma is presented as a cause of acute and chronic brain disorders either through birth, electricity, gross force, irradiation, or surgery. Trauma is consistently defined as an external influence occasioning damage to the brain. The term "post-traumatic" is used in reference to chronic outcomes of that damage, in sharp distinction to the psychological meaning of trauma that prevailed when the third edition of the DSM (DSM-III: APA 1980) introduced the diagnosis of

post-traumatic stress disorder. “Traumatic” appears only twice with an arguably non-somatic meaning in DSM-I, and here it is explicitly to advise that the expressions “traumatic neurosis” and “traumatic reaction” – both aligned with the psychological meaning of trauma – should *not* be employed in psychiatric diagnosis.

Figure 1 indicates that in the culture at large, the extended psychological meaning of trauma has risen much more steeply in recent decades than the earlier physical or somatic meaning. The term “physical trauma” levels off in the early 1980s whereas “psychological trauma” rises steeply throughout the period, with its steepest increase in the 1990s. The figure compares the shape rather than elevation of the two trajectories, but in absolute terms “psychological trauma” and “physical trauma” appeared equally often in the Google Books corpus until about 1980, but by 2008 the former term was appearing more than twice as frequently. In sum, a metaphoric extension from somatic to psychic injury allowed “trauma” to colonize new semantic territory around the end of the 19th century, and by the end of the following century the psychic colonies semantically dominated the somatic homeland.

From extraordinary to ordinary

The expansion of trauma from somatic to psychic is an example of horizontal creep, whereby a concept’s meaning spreads outward to capture qualitatively new senses. There is no essential claim that psychological trauma is less severe, impairing, or real than physical trauma, merely that it operates in a different ontological register: it is a different type of event or condition. In contrast, some expansions of the meaning of “trauma” exemplify vertical creep, where the semantic extension is quantitative. When “trauma” creeps vertically, it comes to refer to less extreme or intense phenomena than it did previously, a shift that can be understood as the lowering of a threshold or as the relaxing of a definition.

Two semantic shifts in the definition of "trauma" within psychology and psychiatry illustrate this vertical form of concept creep. These shifts have occurred within the diagnostic criteria for PTSD laid out in successive editions of the DSM. PTSD was inaugurated as a diagnosis in DSM-III, published in 1980. In addition to specifying a set of symptoms of the disorder it stipulated the class of events that qualify as traumatic, failing which the diagnosis cannot be made. The definition of traumatic event has been controversial in the three major diagnostic revisions published since the DSM-III, leading to what prominent researcher and theorist Richard McNally (2004) has dubbed "conceptual bracket creep." That controversy is made possible by the fact that adverse events lie on a continuum of severity and different people develop post-traumatic symptoms in response to events of markedly varying severity.

The first way in which later DSM editions have contributed to the creep of trauma is by abandoning the requirement that traumatic events are extraordinary. In DSM-III, a traumatic event had to be "outside the range of usual human experience" (APA 1980, 238), and explicitly excluded events such as bereavement, chronic illness, and marital conflict while listing rapes, assaults, combat, natural disasters, and car accidents as events that typically met the criterion. The standard understanding at this time was that traumas normally involved threats to life or limb. Later DSM revisions published in 1987 (DSM-III-R) and 1994 (DSM-IV) stepped back from this understanding, placing greater emphasis on the person's degree of subjective distress in response to the potentially traumatic event rather than to its "objective" severity (Horwitz 2018). It also added developmentally inappropriate sexual experiences as potentially traumatic even if not accompanied by other physical threat or subjective terror. As a result of this increased inclusion of more ordinary and

common forms of adversity under the umbrella of trauma, at least if they occasioned severe distress, studies demonstrated that a substantially larger number of events counted as traumatic and a larger proportion of people had been exposed to them.

From direct to indirect

A second form of vertical expansion took place concurrently with the extension of the definition of "traumatic event" to include relatively common and typically uncatastrophic forms of adversity. Whereas DSM-III limited traumas to those experienced directly by the person afflicted by post-traumatic symptoms, later editions allowed people to be diagnosed as traumatized when an adverse event had befallen someone else. DSM-III-R included events experienced by friends or kin, either witnessed directly or learned about later. DSM-IV continued the recognition of indirectly or vicariously experienced events as potentially traumatic, research showing that the enhanced inclusion of these indirect exposures was responsible for it having a more expansive definition of traumatic events than DSM-III-R. DSM-IV even allowed for people to be defined as traumatized following exposure to events happening to strangers, a diagnostic oversight corrected by DSM-5 in 2013. The key conclusion to draw here is that the concept of trauma underwent substantial vertical creep within psychiatric classification in the 1980s and 1990s. As events classified as traumatic became less extraordinary and less directly experienced, trauma became increasingly normalized and ubiquitous. According to one 2001 study, 89.6% of Americans were trauma survivors under the prevailing diagnostic definition (Breslau and Kessler 2001).

It is important to make a few contextualizing comments at this point. First, especially while discussing the vertical creep of "trauma" it is essential not to trivialize the less severe forms of stress and maltreatment that have come to be defined as traumatic. We are making no

claim that the concept of “trauma” has stretched too far in encompassing these experiences, nor are we aiming to police its boundaries or hold a conservative line against expansion. We recognize that revisions to the definition of “traumatic event” in DSM were made in well-reasoned ways, reflecting evidence about the kinds of events that typically generated post-traumatic symptoms. Rather, we are aiming to show that the conceptual broadening of “trauma” is a descriptive fact and to characterize the nature and timing of its extensions. Second, it is important to acknowledge that while official definitions of trauma enshrined in diagnostic manuals and textbooks have altered to certain degrees, conceptualizations of trauma among the lay public and in public institutions such as SAMHSA, quoted at this beginning of this article, have often changed more dramatically. Shifts in official meanings disseminate and undergo dilution, so the changes we see in the DSM are likely to have contributed to the increasingly promiscuous and hyperbolic use of “trauma” in everyday speech to refer to relatively minor events and upsets. This bleaching of the meaning of “trauma” has led some clinicians to distinguished between the small-t “trauma” of vernacular language and the big-T “Trauma” of official psychiatry.

From individual to collective

The changing definitions of psychological trauma in successive editions of the DSM explain how “trauma” has crept vertically to include less severe events. It did so through the relaxation of the requirement that traumatic events be outside the realm of normal experience and through the elimination of the requirement that a traumatic event must be experienced directly by the person putatively traumatized. These conceptual enlargements took place in the 1980s and 1990s. The final expansion that we will discuss took place at a similar or slightly later time, and although it bears some similarities to the vertical shift in

the meaning of trauma to include indirect experiences, we argue that it is best understood as a form of horizontal concept creep.

The idea that some forms of trauma implicate groups and inhere in cultures rather than individuals emerged within the growing field of trauma theory in the 1990s. Scholarship in this field has proceeded independently of the psychological and psychiatric literatures on trauma. Several distinct related terms have emerged, including "cultural trauma," "collective trauma," "historical trauma," and "intergenerational trauma," and Figure 1 shows their rapid and near-simultaneous rise beginning around 1990. A common thread in these concepts is the assertion that historical events or conditions that harmed particular human groups, such as genocides, wars, and enslavements, have lasting effects on contemporary members of those groups decades and even centuries later. In the words of Jeffrey Alexander (2004), a leading scholar in the field, "Cultural trauma occurs when members of a collectivity feel they have been subjected to a horrendous event that leaves indelible marks upon their group consciousness, marking their memories forever and changing their future identity in fundamental and irrevocable ways" (1).

This is not the place to review or evaluate the extensive literature on cultural trauma, which has had its stern critics. Kansteiner and Weilnböck (2008), for example, attack its conceptualization of trauma for being vague, aestheticized, uninterested in the empirical reality of traumatic experience, and too quick to equate contemporary media representations of past traumas with the traumas themselves. Our point is simply that ideas of cultural or collective trauma, understood as trauma experienced by contemporary people via identification with groups that experienced shared historical trauma, represent a further expansion of the trauma concept. In some respects, this expansion resembles the DSM's

broadening of the definition of traumatic events to include indirect experiences: being traumatized by events that happened to one's ancestors is indirect in a similar way to being traumatized by witnessing or learning about horrors perpetrated against a stranger. However, whereas we classified the shift to indirect experiences of trauma as vertical concept creep because it included experiences that were less personally involving than before, we believe that cultural trauma is better understood as a horizontal creep. By extending the concept of trauma from the individual to the collective it brings qualitatively new phenomena within the purview of "trauma."

Implications

We have argued that the meaning of "trauma" has been steadily dilating for well over a century so that it now refers to a far broader range of human experience than it once did. This broadening has moved in several directions – but always in an inflationary manner – and it appears to have accelerated in the last four decades. Concurrently, trauma has become a vastly more prominent concept both in academic discourse and in the wider culture, available as an increasingly popular idiom for making sense of personal and now collective and historical experiences. It is reasonable to ask what the legacy of these expansionary changes in the meaning and salience of trauma might be.

For individuals, especially in the context of mental health, the growing reliance on trauma as a way of understanding adverse events and life circumstances is likely to have mixed blessings. The same could be said for any other explanatory idiom that comes or goes. The cultural rise and fall of psychoanalytic ideas in the Anglosphere (Haslam and Ye 2019) has

surely influenced how laypeople understand their personal difficulties, shifting their views on the causal importance of childhood, family dynamics, and unconscious processes, and on the merits of long-term talk therapy. The fading of the psychodynamic frame may have the benefit of reduced parent-blaming but also the cost of diminished popular confidence in the value of psychotherapy. Similarly, the more recent rise of the neuroscientific frame may have the salutary effect of diminished self-blame for people suffering mental ill-health, but it has also been shown to reduce their confidence in eventual recovery and in their capacity to manage their difficulties, at least without pharmacological assistance (Kemp, Lickel and Deacon 2014).

What, then, might be the implications of a trauma-based idiom for making sense of personal experiences of distress and disorder? On the positive side, it could be argued that a focus on trauma foregrounds the importance of adversity, inequality, and simple bad luck in determining people's health and welfare, a counterweight to the common tendency to explain their life outcomes as simple consequences of their choices. It is a precept of social psychology that Westerners in particular tend to discount situational influences on behavior in favour of internal dispositions, and an emphasis on trauma pushes against this discounting of the material conditions of life. In a clinical context it might be argued that identifying adverse experiences as traumas enables patients to give meaning to them, seeing the aftermath as signs of a healing scar. Clinicians can also use the language and theory of trauma as a conceptual scaffold for clarifying the challenges that patients may face on the long road to recovery.

However, invoking trauma as a dominant concept for explaining the source of our personal struggles also has significant disadvantages. By supposing that the main determinants of our

lives are external, uncontrollable, severe, and even irreparable – severity and permanency, embodied in the metaphor of the scar, being two common assumptions about the nature of trauma – it may encourage a sense of helplessness, pessimism, and defeat. This possibility is supported by large volumes of research on causal attribution. In attributional terms, a trauma-based explanation for behavior invokes a cause that is external (situational), stable (enduring), and global (broad in its ramifications), a combination that is especially likely to promote depression (Abramson, Metalsky and Alloy 1989) and undermine resilience. This style of attribution is also aligned with a historical trend, observed by Twenge and colleagues (2004), for people to believe that their destinies are out of their personal control and dictated instead by luck or powerful others. Of course, many traumas do indeed have severe and lasting effects that must not be minimized. However, as the concept of trauma stretches to encompass less extreme experiences, the tendency to interpreting marginal or ambiguous events as traumas is apt to promote hopelessness, submission, and passivity in response to challenges that might be overcome better if placed in a different interpretive frame. This tendency for trauma explanations to promote chronic identities that emphasize brokenness and victimhood is magnified by the way trauma now often confers political legitimacy and moral virtue on the traumatized.

A similar dynamic might hold for cultural or collective traumas. In a context where a group's history contains horrors, we might ask whether understanding the contemporary echoes and impacts of those horrors as traumas, and the group and its members as traumatized, is the most beneficial interpretation. The language of trauma may pathologize the experiences of descendants, placing a clinical frame around normal processes of reckoning with the past. Similarly, trauma's connotation of permanency, explicitly stated in Alexander's insistence

that the marks of cultural trauma are “indelible” and “irrevocable,” may cement that collective self-definition as damaged. For a group whose history contains traumatic events to understand their current predicament not just as one of being *influenced* by the transmitted effects of those historical traumas but as one of being traumatized may therefore be self-defeating. Even making historical trauma a central element in the group’s cultural identity or narrative may entrench a chronic sense of vulnerability or victimhood. As Horwitz (2018) has written, “cultures can promote too much, as well as too little, the remembrance of past traumas” (163).

Recent work by Kidron, Kotliar, and Kirmayer (2019) reinforces this point. They argue that the literature on children of the Holocaust too often presents them as vulnerable and damaged. Research has commonly examined the second generation through the lens of PTSD, despite meta-analytic evidence that these children are no less well adapted than others (Van IJzendoorn et al 2003). From ethnographic interviews Kidron and colleagues found that second-generation Holocaust descendants in Israel denied experiencing transmitted effects of their parents’ traumas but readily acknowledged being “scratched” (*srutim*) by them. This expression, which downplays and normalizes the impacts of their parents’ trauma while also acknowledging and valorizing it, represents what Kidron and colleagues formulate as “resilient vulnerability.” Historical trauma is recognized, honored, and commemorated but its downstream effects are not read as traumas themselves. To quote the authors:

> because descendants have not existentially experienced the foundational traumatizing event and psychological studies have failed to show evidence of descendants’ first-hand traumatic ‘adversity’ during childhood, descendants’ legacy

> of trauma consists primarily of culturally transmitted moral modes of being rather than adversity.

Kidron and colleagues' work implies that there are positively protective cultural responses to historical trauma that escape the risks of embedding the status of being traumatized as part of a group's collective identity.

Conclusions

Psychology and psychiatry do not own "trauma": it belongs to no one and can be stretched and shaped however thinkers see fit. The history of the concept is a chronicle of expansion and appropriation. Even so, the words we use to describe and make sense of human experience have consequences. The consequences of framing a personal event in one's life story as a trauma are sure to be different from those of framing it instead as a crisis, a tragic misstep, a challenge, or a learning experience. As Ian Hacking (1995b, 68) wrote, "each of us becomes a new person as we redescribe the past". People who believe they harbor a deep and defining psychic wound are less likely to have hopes for future recovery, less likely to recognize and exercise their agency, and more likely to embrace a victim identity. The consequences for the mental health professions of making trauma the dominant idiom for understanding the effects of the social environment on the person may also be adverse. Seeing a wide range of common but unpleasant life experiences as traumas is simultaneously to flatten out the landscape of life events and to represent all adversities as severe and life-shattering.

Ideas of cultural, collective, historical, and inter-generational trauma sometimes risk similar undesirable consequences. If trauma in these contexts continues to carry its connotations of

extremity, indelibility, and disintegration, what implications follow for those whose identity connects them to a traumatic collective past? Their forebears were traumatized, but must they themselves be traumatized by descent?

This point could easily be misrepresented as a call for people to forget the brutalities of the past, to shrug off their contemporary grievances, and to get to work lifting themselves by their collective bootstraps, but it is nothing of the sort. Forgetting would be to whitewash the past and to deny its echoes into the present. However, stretching the already capacious concept of trauma so that it includes hearing and feeling those echoes may have ambivalent effects. The idea of cultural trauma recognizes the horrors of the past but if it attaches equally to those who remember it generations later as to those who suffered it directly it may contribute to the creation of a permanently wounded identity that blocks the possibility of reconciliation both with the past and with the traumatizers' descendants. Just as some clinicians worry that PTSD diagnoses may embed a traumatic experience as a stubborn, iatrogenic disorder, a cultural trauma diagnosis might entrench a historical calamity as an equally tenacious and limiting collective identity.

References

Abramson, L. Y., Metalsky, G. I., and L. B. Alloy, 1989. "Hopelessness Depression: A Theory-Based Subtype of Depression." *Psychological Review* 96: 358-372.

Alexander, J. C. 2004. Toward a Theory of Cultural Trauma. In *Cultural Trauma and Collective Identity*, edited by J. C. Alexander, R. Eyerman, B. Geisen, N. J. Smelser, and P. Sztompka, 1-30. Berkeley: University of California Press.

American Psychiatric Association. 1952. *Diagnostic and Statistical Manual of Mental Disorders*. Washington DC: Author.

American Psychiatric Association. 1980. *Diagnostic and Statistical Manual of Mental Disorders* (3rd ed.). Washington DC: Author.

Breslau, N., and R. C. Kessler. 2001. "The Stressor Criterion in DSM-IV Posttraumatic Stress Disorder: An Empirical Investigation." *Biological Psychiatry* 50: 699-704.

Davies, M. 2010. "The Corpus of Contemporary American English as the First Reliable Monitor Corpus of English." *Literary and Linguistic Computing* 25: 447-465.

Fassin, D., and R. Rechtman. 2009. *The Empire of Trauma: An Inquiry into the Condition of Victimhood.* Princeton: Princeton University Press.

Graham, J., Haidt, J., and B. A. Nosek. 2009. "Liberals and Conservatives Rely on Different Sets of Moral Foundations." *Journal of Personality and Social Psychology* 96: 1029–1046.

Hacking, I. 1995a. *Rewriting the Soul: Multiple Personality and Sciences of Memory*. Princeton: Princeton University Press.

Hacking I. 1995b. "The Looping Effect of Human Kinds." In *Causal Cognition: A Multidisciplinary Debate,* edited by D. Sperber, D. Premack, and A. J. Premack, 351-383. New York: Oxford University Press.

Hamilton, W. L., Leskovec, J., and D. Jurafsky. 2016. “Diachronic Word Embeddings Reveal Statistical Laws of Semantic Change.” In *Proceedings of the 54th Annual Meeting of the Association for Computational Linguistics (Volume 1: Long Papers)*, 1489-1501). Association for Computational Linguistics.

Haslam, N. 2016a. “Concept Creep: Psychology’s Expanding Concepts of Harm and Pathology.” *Psychological Inquiry* 27: 1-17.

Haslam, N. 2016b. “Looping Effects and the Expanding Concept of Mental Disorder.” *Journal of Psychopathology* 22: 4-9.

Haslam, N., and S. C. Murphy. in press. “Hate, Dehumanization, and ‘Hate’.” In *Hate in the Modern World: What It Is, Where It Comes From, and What to Do About It,* edited by R. J. Sternberg. Washington, DC: American Psychological Association.

Haslam, N., and L. Ye. 2019. “Freudian Slip? The Changing Cultural Fortunes of Psychoanalytic Concepts.” *Frontiers in Psychology* 10: 1489.

Horwitz, A. V. 2018. *PTSD: A short history*. Baltimore: Johns Hopkins University Press.

Kansteiner, W. and H. Weilnböck. 2008. “Against the Concept of Cultural Trauma (or How I Learned to Love the Suffering of Others without the Help of Psychotherapy).” In *A Companion to Cultural Memory Studies: An International and Interdisciplinary Handbook,* edited by A. Erll and A. Nünning, 229-240. Berlin: Walter de Gruyter.

Kemp, J. J., Lickel, J. J., and B. J. Deacon. 2014. “Effects of a Chemical Imbalance Causal Explanation on Individuals’ Perceptions of Their Depressive Symptoms.” *Behaviour Research and Therapy* 56: 47-52.

Kidron, C. A., Kotliar, D. M., and L. J. Kirmayer. 2019. “Transmitted Trauma as Badge of Honor: Phenomenological Accounts of Holocaust Descendant Resilient Vulnerability.” *Social Science & Medicine* 239: 112524.

McGrath, M. J., Randall-Dzerdz, K., Wheeler, M. A., Murphy, C., and N. Haslam. 2019. "Concept Creepers: Individual Differences in Harm-Related Concepts and Their Correlates." *Personality and Individual Differences* 147: 79-84.

McNally, R. J. 2004. "Conceptual Problems with the DSM-IV Criteria for Posttraumatic Stress Disorder." In *Posttraumatic Stress Disorder: Issues and Controversies* edited by G. M. Rosen, 1–14. New York: Wiley.

Michel, J., Shen, Y. K., Aiden, A. P., Veres, A., Gray, M. K., Google Books Team, Pickett, J. P., Hoiberg, D., Clancy, D., Norvig, P., Orwant, J., Pinker, S., Nowak, M. A., and E. L. Aiden EL. 2011. "Quantitative Analysis of Culture Using Millions of Digitized Books." *Science* 331 (6014): 176–182.

Pinker, Steven. 2011. *The Better Angels of Our Nature: A History of Violence and Humanity*. London: Penguin.

Sunstein, C. R. 2018. *The Power of the Normal*. https://ssrn.com/abstract=3239204

Twenge, J. M., Zhang, L., and C. Im. 2004. "It's Beyond My Control: A Cross-Temporal Meta-Analysis of Increasing Externality in Locus Of Control, 1960-2002." *Personality and Social Psychology Review* 8: 308-319.

van der Kolk, B. A., Brown, P., and O. van der Hart. 1989. "Pierre Janet on Post-Traumatic Stress." *Journal of Traumatic Stress* 2: 365-378.

Van IJzendoorn, M. H., Bakermans-Kranenberg, M. J., and A. Sagi-Schwartz. 2003. "Are Children of Holocaust Survivors Less Well-Adapted? No Meta-Analytic Evidence for Secondary Traumatization." *Journal of Traumatic Stress* 16: 459-469.

Von Rindfleisch, Edward. 1884. *The Elements of Pathology*. Philadelphia: P. Blakiston.

Vylomova, E., Murphy, S., and N. Haslam. (2019). "Evaluation of Semantic Change of Harm-Related Concepts in Psychology". In *Proceedings of the 1st International Workshop*

on Computational Approaches to Historical Language Change, 29-34. Association for Computational Linguistics.

Wheeler, M. A., McGrath, M. J., and N. Haslam. 2019. “Twentieth Century Morality: The Rise and Fall of Moral Concepts from 1900 to 2007.” *PLoS ONE* 14 (2): e0212267.