Psychological Trauma: Theory, Research, Practice, and Policy

Lay Concepts of Trauma in the United Kingdom: Content and Predictors

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BRIEF REPORT

Lay Concepts of Trauma in the United Kingdom: Content and Predictors

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Objective: Readiness among laypeople to classify ordinary adversities as "trauma" may activate cognitive, social, and behavioral patterns that either promote proactive help-seeking or exacerbate mental health difficulties. Clinical understandings of trauma have expanded across recent decades to encompass a wide range of aversive experiences. While some have suggested lay understandings of trauma have expanded in parallel, minimal data directly reveal how the lay public conceptualize trauma. This study sought to establish the range of adversities that laypeople classify as traumatic. *Method:* In an online survey, U.K. participants ($N = 214$) rated the traumatic nature of 80 adversities, half of which represented prototypical precursors of trauma (e.g., physical assault and sexual abuse), and half of which involved other adversities, not typically invoked in clinical definitions of trauma. *Results:* Prototypical precursors were judged significantly more traumatic than nonprototypical adversities, but many nonprototypical adversities were also deemed likely to cause trauma (e.g., facial disfigurement or being falsely accused of a crime). Individual variation in the propensity to interpret adversities as traumatic was significantly predicted by participants' age, ethnicity, and political orientation. *Conclusions:* This original evidence regarding the content and predictors of lay conceptions of trauma is relevant for sensitive delivery of clinical interventions, tailoring of other supports for populations experiencing adversity, and anticipating social responses to victims of specific adversities.

Clinical Impact Statement
The ways people cope with adversities may be influenced by whether they classify those experiences as "traumatic." This study establishes the range of phenomena that laypeople classify as traumatic and explores whether different sectors of the population have divergent understandings of trauma.

Rates of mental ill-health are rising around the world (Richter et al., 2019). Amidst debate about the root-causes of this global trend, there is growing concern that the increased cultural salience of mental health may activate cognitive, behavioral or social patterns that paradoxically exacerbate mental ill-health for some groups or individuals (Foulkes & Andrews, 2023). Trauma offers one exemplar. Clinical definitions of the concept of psychological trauma have expanded over recent decades (Krupnik, 2019). When the diagnosis of posttraumatic stress disorder (PTSD) was first introduced to the *Diagnostic and Statistical Manual of Mental Disorders*, third edition (*DSM-III*) in 1980, it required a precipitating event that was intensely distressing and outside the range of usual human experience (American Psychiatric Association, 1980). This criterion was relaxed in subsequent iterations of the *Diagnostic and Statistical Manual of Mental Disorders*, to allow for even indirect, vicarious exposure to unpleasant events to be classified as clinically traumatic (American

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Psychiatric Association, 1994). Personal, social, and cultural representations of trauma stand alongside the diagnostic concepts adopted by clinicians and scientists, and guide laypeople's psychological responses to adversity (Jones & McNally, 2022). While scientific and lay representations may interact (for example, media coverage of changes to diagnostic criteria may prompt recalibration of lay understandings), lay concepts are also shaped by biographical experience and cultural context. Trauma has been positioned as a prototypical case of "concept creep" (Haslam, 2016; Haslam & McGrath, 2020), a broader cultural trend whereby the semantic boundaries of harm-related concepts (e.g., abuse and discrimination) have expanded over time to encompass a wider range of new (horizontal creep) and less severe (vertical creep) phenomena (Haslam et al., 2020). Analyses of historical text-corpus data confirm that since the 1970s, trauma has been invoked in a widening variety of contexts (Vylomova & Haslam, 2021), and with less emotionally intense meanings (Baes et al., 2023). In everyday conversation and traditional and social media, trauma is now frequently invoked to explain responses to common life-stressors such as relationship breakdowns, career disappointment, and illness (Haslam & McGrath, 2020).

Lowering the threshold for designating trauma could have both positive and negative consequences. Advantages include heightened attention to phenomena that, while not the most extreme instantiations of adversity, still cause distress (e.g., street harassment and racial microaggressions; Cikara, 2016). In a clinical context, classifying a wider range of experiences as traumatic may encourage help-seeking and therapeutic access and engagement. However, concept creep may also risk undermining resilience by cultivating greater sensitivity to routine adversities (Haslam et al., 2021; Jones & McNally, 2022). Self-identification as a trauma-survivor could become a self-fulfilling prophecy by encouraging avoidance of situations that trigger unwelcome memories; since stressor-avoidance is a PTSD symptom, this could exacerbate dysfunction (Jones et al., 2020). Moreover, recent experimental evidence suggests that more inclusive concepts of trauma, which incorporate less severe experiences (e.g., losing one's job), lead people to minimize the seriousness, societal importance, and moral urgency of more prototypical cases (e.g., natural disaster; Dakin et al., 2023).

Thus, there are numerous potential clinical, cultural, and behavioral implications of lay understandings of trauma. A prerequisite for valid empirical investigation of these consequences is to first establish the boundaries of contemporary understandings of trauma. To date, analysis of trauma's evolving meanings has been mostly theoretical or informed by linguistic analysis, with minimal data directly illuminating the lay public's perspectives (Haslam & McGrath, 2020). While some research shows lay understandings of trauma can be experimentally manipulated (Jones & McNally, 2022; Jones et al., 2022), descriptive data on the public's baseline conceptions of trauma is lacking. The current study aimed to establish the breadth of contemporary representations of trauma in a U.K.-based sample by determining the range of adversities that the public interpret as traumatic. The analysis identifies the degree of consensus regarding the types of experiences that are classified as traumatic. It also explores individual differentiation in perspectives, investigating whether people's propensity to interpret adversities as traumatic differs according to sociodemographic characteristics or personal experience of adversity. The exploratory analysis was guided by two research questions, aiming to establish: (a) which experiences do laypeople deem most traumatizing?; and (b) what predicts individuals' trauma-appraisals?

Method

Participants

U.K.-based participants were recruited from Prolific, a crowdsourcing platform that produces good-quality data compared with alternative recruitment channels (Palan & Schitter, 2018). Participants were purposively sampled for gender- and age-balance. An advert invited participation in a study of "public understandings of psychological trauma" for £1.50 compensation. A priori power analysis (G*Power) suggested $N = 153$ was necessary to achieve a medium effect size in a linear multiple regression with seven predictors, 95% power and alpha of 5%. After removing those who failed attention checks, 214 participants remained for analysis. The sample had an average age of 45.72 ($SD = 14.82$, range = 18–76), with approximately half (48.6%, $n = 104$) identifying as female. A majority (80.4%, $n = 172$) identified their ethnicity as White/White British, with 7.9% ($n = 17$) Asian/Asian British, 3.7% ($n = 8$) Black/Black British, and the remainder other or mixed ethnicities. Half (50%, $n = 107$) were employed full-time and 16.4% ($n = 35$) employed part-time, with the remainder unemployed, retired, or full-time students. Over half (58.9%, $n = 126$) identified as atheist/agnostic, 29.9% ($n = 64$) Christian and 4.2% ($n = 9$) Muslim; when asked to rate their religiosity on a 7-point scale, the mean was 2.32 ($SD = 1.85$). Mean political orientation was 2.64 ($SD = .85$) on a 5-point scale from *very left-wing* (1) to *very right-wing* (5).

Materials

Researchers generated a list of 80 adverse experiences and asked participants to rate their traumatic nature. Half (40) of the experiences represented prototypical precursors of trauma, that is, events commonly listed in clinical and scientific definitions of trauma (e.g., murder of a loved one; childhood physical abuse). These were adapted from a previously published synthesis of the experiences listed in eight commonly used measures of trauma exposure; full details of the genesis of these items are available in Karstoft and Armour (2023). The remaining 40 experiences represented other adversities, whose severity varied but were generally milder than that of the prototypical precursors, and which are not typically invoked in standard clinical or scientific definitions of trauma (e.g., breakdown of an important relationship; failing an important exam). These were generated by reviewing previous literature to identify concrete examples of trauma's concept creep, as well as data collected in the authors' parallel research projects (e.g., exploring representations of trauma on social media; O'Connor et al., in prep) and brainstorming amongst the research team. Table 1 shows the full list of adverse experiences.

Gender, ethnicity, and education were measured as categorical variables; age in years; and political orientation and religiosity as single-item scales ("What best describes your political orientation? Very left-wing/moderately left-wing/centrist/moderately right-wing/very right-wing; How important is religion in your life? Please answer on a scale from 1 to 7, where 1 indicates religion is *not at all important* and 7 indicates it is *extremely important* to you personally.").

Procedure

Ethical approval was received from the University College Dublin Human Research Ethics Committee. Data were collected in April

Table 1

Trauma-Appraisal Scores for All Items

Adverse experience	*M*	*SD*
1. **Murder of a loved one**	6.67	0.89
2. **Violent death of a loved one**	6.61	0.91
3. **Childhood sexual abuse by an older person**	6.53	0.99
4. **Sudden death of a loved one**	6.36	1.05
5. **Sexual abuse in adolescence**	6.35	1.12
6. **Childhood sexual abuse by a peer**	6.33	1.14
7. **Assault with a weapon (e.g., being shot, stabbed)**	6.31	1.06
8. **Sexual assault in adulthood**	6.26	1.07
9. **Causing serious injury/death to someone else**	6.26	1.22
10. **Experience of a war zone or military combat**	6.21	1.15
11. **Being held in captivity**	6.18	1.18
12. **Childhood physical abuse**	6.17	1.17
13. **Witnessing someone else being seriously injured or killed**	6.09	1.17
14. **Witnessing the serious injury or death of someone else**	5.97	1.26
15. **Serious or life-threatening disease**	5.92	1.16
16. **Home break-in when you are in the house**	5.88	1.21
17. **Severe human suffering**	5.82	1.32
18. *Facial disfigurement*	5.82	1.14
19. **Assault by a partner, family, or friend**	5.76	1.18
20. **Threat of death or serious harm**	5.69	1.30
21. **Physical assault (e.g., being hit, beaten up)**	5.61	1.19
22. **Transportation accident (e.g., bad car crash, train wreck)**	5.58	1.31
23. **Witnessing violence within one's family**	5.57	1.23
24. **Loss of one's home**	5.56	1.41
25. **Abandonment by partner, parent, or family**	5.43	1.38
26. **Natural disaster (e.g., hurricane, earthquake)**	5.40	1.38
27. *Being falsely accused of a crime*	5.30	1.46
28. **Miscarriage**	5.29	1.47
29. **Stalking**	5.29	1.37
30. **Emotional abuse**	5.27	1.36
31. **Human-made disaster (e.g., fire, building collapse)**	5.22	1.48
32. **Robbery**	5.12	1.31
33. *Plane emergency landing after engine failure*	5.11	1.58
34. *Sudden death of a much-loved pet*	5.11	1.50
35. **Forced evacuation of one's home**	5.10	1.49
36. **Witnessing a serious assault of someone else**	5.08	1.39
37. **Witnessing or handling dead bodies**	5.02	1.59
38. *Mental health crisis in a loved one*	5.02	1.36
39. *Unwanted touching by a stranger*	4.92	1.52
40. **Exposure to toxic substances (e.g., dangerous chemicals, radiation)**	4.89	1.55
41. *Attacked by a dog*	4.89	1.44
42. *Being a victim of bullying as a child*	4.88	1.42
43. *Viewing gruesome video clip (e.g., torture, beheading)*	4.82	1.72
44. **Serious accident at work or home (e.g., bad fall, burn)**	4.81	1.29
45. *Being a victim of bullying as an adult*	4.78	1.34
46. *Breakdown of an important relationship*	4.73	1.43
47. *Losing one's savings in an unwise investment*	4.71	1.56
48. *Becoming overreliant on substances (e.g., drugs, alcohol)*	4.70	1.51
49. *Being a victim of financial fraud*	4.68	1.37
50. **Home break-in when you are out of the house**	4.57	1.43
51. *Subject of an unfair lawsuit*	4.56	1.57
52. **Abortion**	4.50	1.67
53. *Diagnosis with chronic but not life-threatening disease*	4.42	1.45
54. *Divorce of one's parents*	4.31	1.45
55. *Public humiliation by authority figure (e.g., teacher, employer)*	4.29	1.46
56. *Infertility*	4.17	1.62
57. *Unwanted pregnancy*	4.16	1.57
58. *Street harassment (e.g., sexualized comments, racial slurs)*	4.14	1.56
59. *Being fired from one's job*	4.12	1.53
60. *Poor housing conditions (e.g., cold, overcrowded)*	4.12	1.44
61. *Subject of a social media controversy ("pile-on")*	4.01	1.63
62. *Chronic insomnia*	3.91	1.56
63. *A painful but temporary illness/injury*	3.75	1.47
64. *Loss/destruction of expensive possession (e.g., car)*	3.66	1.46
65. *Insecure/precarious employment*	3.65	1.55
66. *Repeated exclusion from social events*	3.64	1.51

(table continues)

Table 1 (*continued*)

Adverse experience	*M*	*SD*
67. *Living through a pandemic*	3.64	1.47
68. *Failing an important exam*	3.62	1.52
69. *Pressure to achieve high grades at school/university*	3.55	1.48
70. Undergoing an important life change (e.g., in job, relationships)	3.39	1.54
71. *Serious argument with close friend*	3.39	1.54
72. *Exposure to media content that demeans your group (e.g., ethnicity, gender, sexual orientation)*	3.36	1.58
73. *Being undermined by a friend*	3.18	1.57
74. *Disappointment in one's career achievements*	3.08	1.38
75. *Rejection by a romantic interest*	3.07	1.56
76. *Giving birth without medical complications*	2.78	1.64
77. *Feeling inadequate in comparison with others on social media*	2.64	1.48
78. *Losing one's religious faith*	2.60	1.50
79. *Exposure to information about climate change*	2.40	1.39
80. *Electoral success of politician/party you strongly dislike*	2.34	1.45

Note. Prototypical precursors are printed in bold. Other adversities are in italics.

2023 using the Qualtrics online survey platform. Following a consent page, participants viewed the list of 80 adverse experiences, presented in randomized order. Participants were asked to rate "how traumatic each of these experiences typically is" on a 7-point scale from *no trauma* (1) to *extreme trauma* (7). Participants were then asked about their personal history of adversity (whether they had ever experienced something they would define as traumatic; how many of the 80 adverse events they had personally experienced), followed by demographic questions.

Analysis

Analysis was conducted using SPSS 27. Descriptive statistics revealed a hierarchy of events deemed most to least traumatic. Individuals' trauma-appraisal scores on all 80 adverse experiences, on just the prototypical precursors, and on just other adversities were averaged to generate indices of total trauma-appraisals, representing participants' propensity to impute trauma to adverse experiences. The greater perceived severity of prototypical precursors relative to other adversities was confirmed through a repeated-measures *t* test. The predictors of participants' total trauma-appraisals were established through multiple linear regression, with predictor variables comprising gender (male/female), age (in years), university education (yes/no), ethnicity (White/other), political orientation (1–5 scale), religiosity (1–7 scale), and total number of personal adverse experiences. Missing data were minimal and excluded listwise.

Results

What Level of Trauma/Adversity Had the Sample Personally Experienced?

A large majority of participants (81.8%, *n* = 175) reported having experienced something in their lifetime that they would personally classify as traumatic. Of the list of 80 adverse experiences, participants reported personally experiencing an average of 10.6 (*SD* = 9.96) adverse experiences. Exploratory analyses indicated the number of adversities experienced was not significantly related to gender, ethnicity, education, religiosity, or political orientation (all *p* > .05), but older people reported higher numbers of adverse experiences, *r*(210) = .16, *p* = .02.

Which Experiences Do Laypeople Deem Most Traumatizing?

Table 1 presents descriptive results for each item, with prototypical precursors in bold and other adversities in italics. With items ordered by mean trauma-appraisal scores, Table 1 suggests that laypeople generally anticipated a higher degree of trauma from prototypical precursors than other adversities, with some exceptions (e.g., abortion and undergoing an important life change appeared in the bottom half of the hierarchy, while facial disfigurement and being falsely accused of a crime appeared in the top half). With normality of difference scores confirmed via a nonsignificant Shapiro–Wilk test (*p* = .08) and appropriate (<2.0) skewness and kurtosis values, a repeated measures *t* test confirmed prototypical precursors (*M* = 5.52, *SD* = .84) were on average judged more traumatic than other adversities (*M* = 4.08, *SD* = .96), *t*(212) = 37.69, *p* < .001. The 10 experiences judged most traumatizing all involved bereavement (murder/violent death/sudden death of a loved one), sexual violation (sexual abuse/assault in childhood/adolescence/adulthood), and/or violence (assault with weapon/causing harm to another/war). The relatively low standard deviations attached to such items indicated a high degree of consensus regarding the traumatic nature of such experiences. In contrast, intrasample dissensus in trauma-appraisals was suggested by the relatively high standard deviations attached to items such as viewing a gruesome video clip (*M* = 4.82, *SD* = 1.72), abortion (*M* = 4.5, *SD* = 1.67), giving birth without medical complications (*M* = 2.78, *SD* = 1.64), being the subject of a social media controversy (*M* = 4.01, *SD* = 1.63), and infertility (*M* = 4.17, *SD* = 1.62).

What Predicts Individuals' Trauma-Appraisals?

Multiple linear regression investigated the independent predictors of participants' total trauma-appraisals. Variance inflation factor scores, histograms of standardized residuals and scatterplots of standardized predicted values verses standardized residuals confirmed data met assumptions regarding collinearity, normality, and homogeneity of variance. A model including gender, age, education, ethnicity, political orientation, religiosity, and number of personal adverse experiences explained 11.2% of the variance in total trauma-appraisals, *F*(7,

199) = 3.58, *p* = .001. Significant predictors were ethnicity (β = −.21, *p* = .012), with White participants less likely to impute trauma than other ethnicities; age (β = .28, *p* < .001), with older people more likely to impute trauma; and political orientation (β = −.26, *p* < .001), with more left-wing people more likely to impute trauma. Gender, religiosity, and personal adverse experience did not significantly predict total trauma-appraisals (*p* > .05). The same pattern of results was obtained when the regression model was repeated to predict trauma-appraisals separately for prototypical precursors, R^2 = .10, *F*(7, 199) = 3.08, *p* = .004, and other adversities, R^2 = .11, *F*(7, 199) = 3.58, *p* = .001. Trauma-appraisals for prototypical precursors were significantly predicted by ethnicity (β = −.18, *p* = .033), age (β = .25, *p* = .001), and political orientation (β = −.25, *p* < .001). Similarly, ethnic minority (β = −.21, *p* = .009), older (β = .28, *p* < .001), and politically left-wing (β = −.24, *p* = .001) people were significantly more likely to impute trauma for other adversities.

Discussion

Understanding the ways in which laypeople conceptualize mental health and illness may offer one piece of the puzzle in explaining people's responses to adversity. For instance, readiness to classify ordinary adversities as "trauma" may establish expectations of psychological difficulties that, by triggering particular cognitive, social, or behavioral patterns, either exacerbate mental health difficulties or promote proactive help-seeking (Foulkes & Andrews, 2023). Insight into the content and predictors of lay conceptions of trauma is therefore important for sensitive delivery of clinical interventions, tailoring of other means of support for populations experiencing adversity, and anticipating social responses to the victims of specific adversities. The current study provides original evidence regarding what the lay U.K. public "counts" as traumatic, confirming that while prototypical precursors were judged significantly more traumatic than nonprototypical adversities, many nonprototypical adversities were also deemed likely to cause trauma. Results also illuminate how such judgments may deviate across the population, showing that age, ethnicity, and political orientation predict individual variation in the propensity to interpret adversities as traumatic.

Results confirm that prototypical precursors of trauma, which are well-represented in clinical or scientific models of trauma (Karstoft & Armour, 2023), are deemed more traumatizing than other adverse events. There is thus considerable alignment between expert and lay conceptions of trauma (Karstoft & Armour, 2023). However, in the public mindset the prototypical precursors are neither necessary nor sufficient to cause trauma. Multiple other nonprototypical adversities (e.g., facial disfigurement, being falsely accused of a crime, and death of a pet) were also anticipated to cause relatively high degrees of trauma. Indeed, over three-quarters (76%) of the 80 listed adversities were ranked above the midpoint of the trauma scale (i.e., >4 on 7-point scale from "no trauma" to "extreme trauma"). This suggests a readiness amongst the lay public to anticipate trauma responses to a wide range of adversities.

This notwithstanding, the relatively high standard deviations attached to some items (e.g., abortion, giving birth without medical complications, and being the subject of a social media controversy) suggest a lack of consensus about precisely which adversities trigger trauma. The analysis indicated that individual variability in the propensity to impute trauma was predicted by ethnicity, age, and political orientation. This aligns with McGrath et al.'s (2019) research showing that the breadth of people's concepts of harm (an aggregated index of people's likelihood of classifying marginally harmful events as instances of abuse, prejudice, bullying, and trauma) is related to sociodemographic factors. However, while results corroborate McGrath et al.'s (2019) finding that more politically liberal people hold broader concepts of harm, they contradict their finding that younger people hold broader harm-related concepts; in this study, older people were more likely to classify adversities (both prototypical precursors and other adversities) as traumatic. This may indicate that age-effects for trauma diverge from other "concept creep" domains: while trauma was included in McGrath et al.'s (2019) measure of harm breadth, it was collapsed with data on abuse, bullying, and discrimination. The finding that ethnic minorities were more likely to anticipate trauma is also a novel observation.

Further research should clarify the reasons for these sociodemographic differences. One possibility is that ethnic minorities and older people have more direct or observed experience of hardship, which renders them more sensitive to its psychological toll; evidence from other domains suggests disempowered groups in a society tend to be more sensitive to threat (Finucane et al., 2000). However, it is worth noting that the regression model controlled for individuals' levels of direct experience of the adverse events, which (along with gender and religiosity) did not independently predict trauma-appraisals. This may reflect limitations of measuring adverse experience in terms of total number of adversities, without consideration of their differential severity, content, or impact. It should also be acknowledged that the sociodemographic and personal experience variables collectively explained only a modest proportion of variance in trauma-appraisals (11.2%). Future research should expand investigation to a wider array of cultural (e.g., mass/social media content), biographical (e.g., exposure to specific types of adversity), cognitive (e.g., need for closure), and personality (e.g., openness to experience) variables, which could plausibly shape lay representations of trauma.

This research was preliminary and subject to several limitations. The sample, while well-balanced on age and gender, was recruited from a single online platform whose users may not be representative of the population. It is possible that advertising the research as a study of trauma preferentially attracted people with direct trauma experience: the number of people who had experienced a self-defined traumatic event was high (82%), though consistent with international epidemiological evidence that most people are exposed to trauma during their lifetime (Kessler et al., 2017). Though attention checks were embedded within the survey, ranking 80 events on the same scale may have compromised interest or attention, thereby reducing sensitivity. Moreover, while a Likert scale coheres with understandings of trauma as a continuum, asking people to make categorical judgments about whether an event is or is not "traumatic" could yield sharper distinctions. Finally, the relatively brief descriptions of adverse experiences leave room for an unknowable degree of variation in participants' precise interpretations of the items (e.g., whether "facial disfigurement" reflects an inherited condition or serious injury). The content of what people understand "trauma" to entail could be more closely interrogated through qualitative analysis of interview or free-response text.

Such limitations notwithstanding, these preliminary results are relevant for researchers studying, clinicians supporting, and individuals managing responses to adversity. Results reveal a proclivity among laypeople to anticipate trauma responses to a wide range of adversities, and that certain socio-demographic factors (namely

minority ethnicity, older age, and left-wing political orientation) render people more likely to impute trauma. Further research is needed to clarify the consequences of these patterns of lay understanding, and how they may diverge across context and population.

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