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An examination of the differential effects of the experience of DSM-IV defined traumatic events and life stressors

Steven L. Lancaster, Stephen E. Melka, Benjamin F. Rodriguez *

Department of Psychology, Southern Illinois University at Carbondale, Carbondale, IL 62901, United States

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ABSTRACT

Recent evidence suggests that individuals exposed to traumatic events report similar, if not lower, levels of posttraumatic stress disorder (PTSD) symptoms than individuals exposed to nontraumatic stressful life events [J. Anxiety Disord. 19 (2005) 687–698; Br. J. Psychiatry 186 (2005) 494–499]. The current study compared the level of self-reported PTSD symptoms in a large sample ($n = 668$) of trauma and nontrauma exposed college students. Participants were assessed for past trauma history as well as current symptoms of PTSD, depression, social interaction anxiety, and current positive and negative affect. Results indicated that while those who had experienced a traumatic event reported statistically significantly higher levels of PTSD symptoms, these differences were no longer clinically significant after other psychological distress factors were accounted for. Additional analyses suggested that those who had experienced events of an interpersonal nature had significantly higher levels of PTSD symptoms than those who had experienced other types of events.

1. Introduction

Approximately 70% of people will experience a traumatic event at some point in their lifetime (Norris, 1992). However, evidence from the National Comorbidity Survey Replication indicates the prevalence rate for Posttraumatic Stress Disorder (PTSD) is 6.8% (Kessler et al., 2005). This suggests that factors other than event exposure affect the development of this disorder. While not everyone who experiences a traumatic event will develop PTSD, those who do will face wide-ranging consequences including depression, general anxiety, and impairment of psychosocial functioning (Hofman, Litz, & Weathers, 2003). Thus, the effects of trauma are not limited to the narrow scope of PTSD symptoms but often impact all spheres of a person's life.

The stressor criterion of the PTSD diagnosis (Criterion A1 and A2) has been controversial since the inclusion of PTSD in the Diagnostic and Statistical Manual (DSM) and has undergone numerous revisions. Through the revisions of the DSM, the stressor criterion has become less focused on the objective event and has begun to include subjective emotional criteria reflective of a person's emotional reactions at the time of the traumatic event (American Psychiatric Association: APA, 1987, 1994). The current formulation of the stressor criterion requires that two different components have been satisfied. The first component (A1) reads as follows: "The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others" (APA, 2000, p. 467). The second part (A2) requires that the person experienced fear, helplessness or horror at the time of the event. The "A" criterion, also referred to as the stressor criterion, serves as the gatekeeper for the PTSD diagnosis. Unless someone has met this criterion, they technically cannot be diagnosed with PTSD even if they meet the remaining criteria regarding symptoms.

Despite the numerous updates to the DSM's definition of a traumatic event, disagreement remains as to what can be considered "traumatic" (Avina & O'Donahue, 2002; McNally, 2003; O'Brien, 1998). Beyond the type of event, the field has still not met Kasl's (1990) requirement that a difference in psychological health must be shown to exist between those who have been exposed to what is defined as a trauma and those who have not been. A few studies have attempted to study this directly and have failed to find that a difference exists. First, a study by Bodkin, Pope, Detke, and Hudson (2007) found that no symptom differences existed between those who had experienced A1 qualifying events and those who had not. In this study, the Structured Clinical Interview for DSM-IV (SCID-IV; First, Spitzer, Gibbon, & Williams, 1996) was administered to a group of people diagnosed with depression. For participants who did not report a traumatic event, a "proxy trauma" was used and the participant was asked if they met the remainder of the PTSD symptoms. A potential problem

* Corresponding author. Tel.: +1 618 453 3538; fax: +1 618 453 3563.
E-mail address: benrodii@siu.edu (B.F. Rodriguez).

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with this study is that the "proxy" traumas may have had more emotional meaning (such as a divorce) and thus produce an increased report of distress than a more "traumatic" event without an emotional reaction (such as a car accident).

In addition to the prior study, a number of other research projects sought to determine if having experienced a traumatic event predicted higher scores on measures of PTSD symptoms. The results of these studies call directly into question the necessity of an A1 qualifying event for a person to develop PTSD symptoms. The first of these projects was conducted in the Netherlands where researchers mailed 2997 self-report questionnaires (Mol et al., 2005) with 832 usable surveys returned. These surveys asked about traumatic life events and also included a measure of posttraumatic symptoms. Results of this study showed that people whose most stressful event was a life event (defined as a non-A1-qualifying stressful event) actually had more symptoms of PTSD than those who had experienced a traumatic event (an A1-qualifying event). It must be noted that this study has been criticized because of the way some events were categorized by the investigators, such as "serious illness (self)" which was coded as a life event rather than a traumatic event (Ben-Ezra & Aluf, 2006).

A similar study was conducted using a sample of 454 college students. Though this study did find that students with an A1 qualifying event reported significantly *fewer* PTSD symptoms than those with an A1-incongruent event, there was a methodological concern that should be considered (Gold, Marx, Soler-Baillo, & Sloan, 2005). Gold and colleagues distributed survey packets to undergraduates and asked the students to return them two weeks later. While this study reported a very respectable return rate of 75%, the study demonstrated a very small effect size which could have been influenced by some unknown bias in those who failed to return the packets. For example, if those who had experienced an A1-incongruent event and experienced no symptoms failed to return their packets it would over-pathologize the A1-incongruent group. Thus, while this study did seem to support the idea that life stress is more traumatic than traumatic stress, the results are hard to interpret based on the possibility of such a response bias.

A more recent study conducted by Long et al. (2008) also examined any potential differences between experiencing A1 and non-A1 events. This study also failed to show a reliable symptom difference between experiencing traumatic events and experiencing other types of stressful events. However, this study was limited by the fact that participants were required to have experienced both a traumatic and nontraumatic event within the past 5 years. This methodological choice allowed for an interesting within-subjects comparison but may have resulted in increased symptoms of PTSD for non-A1 events since all participants also had experienced an A1 event. Additionally, an order effect was found in that non-A1 events were only more severe when presented first in administration order. Thus, these findings are difficult to interpret as a clear comparison of A1 and non-A1 events.

While the results of these prior studies are interesting, it is difficult to draw firm conclusions from them because of the possible biases introduced methodologically. While a few of the studies have been limited by unclear coding of events (Bodkin et al., 2007), others have been limited by the fact that those who have been most affected by events may be those who are most willing to complete the measures (Gold et al., 2005; Mol et al., 2005). Thus, it is essential that the above findings are replicated while controlling for some of these methodological concerns.

In a recent study, Green et al. (2000) examined the prevalence of posttraumatic symptomatology in a college population. Results indicated that individuals who had experienced interpersonal violence (e.g., sexual or physical assault or armed robbery) developed trauma-related pathology at a far higher rate than peers who had experienced noninterpersonal violence (e.g., car accident or natural disaster). These results parallel other studies examining the effects of interpersonal trauma compared to other types of traumatic events (Krupnick et al., 2004; Norris & Kaniasty, 1994; Resnick, Kilpatrick, Dansky, Saunders, & Best, 1993). Specifically, research has shown that individuals who are exposed to interpersonal trauma, such as sexual assault, are far more likely to develop PTSD than those who experience other types of trauma or life stressors (Foa and Riggs, 1994; Polusny & Follette, 1995; Resick, 1993; Schumm, Briggs-Phillips, & Hobfoll, 2006). One consequence of these findings is that differences may not be identifiable between groups because the definition of "trauma" has been over-extended. Analyzing data based on the interpersonal nature of the trauma may help elucidate the complicated relationship between the experience of events and the psychological consequences.

The goal of the current study was to replicate the work done by Gold et al. (2005), Mol et al. (2005) and Long et al. (2008) as well as to extend the understanding of the relationship between types of events experienced and stress reactions. Specifically, the goal was to compare PTSD symptoms after different types of events as well as to understand the role of depression, affect, and social anxiety in these differences. These latter variables were included to control for the possibility that differences observed in levels of PTSD symptoms were simply an artifact of differences in more general areas of psychological functioning (as suggested by Mol et al., 2005) given previous findings demonstrating the inter-relatedness of PTSD, social anxiety and depression (Hofman et al., 2003). Moreover, recent factor analytic work has supported the possible presence of a dysphoria (depressive) factor within the PTSD symptom structure (Elklit & Shevlin, 2007; Lancaster, Melka, & Rodriguez, 2009; Simms, Watson, & Doebbeling, 2002). Given the relationship between these variables, the possibility exists that differences attributed to levels of PTSD symptoms are in fact better explained by other psychopathological constructs.

It was hypothesized that those who had experienced a traumatic event would have significantly higher symptoms of PTSD than those who had experienced a nontraumatic life event. Further, it was hypothesized that after including levels of depression, social anxiety and affect into the model that this significant difference would remain. Finally, it was hypothesized that those who had experienced interpersonal violence would have significantly higher levels of PTSD symptoms than those who had experienced other types of events.

2. Method

2.1. Participants

Data were collected from 771 undergraduate students enrolled in the Introduction to Psychology research pool as well as other psychology courses at a medium-sized Midwestern university. However, a number of participants were excluded from data analyses for several reasons. The majority of exclusions were a result of participants not properly following instructions related to specifying their most stressful event and responding to the PTSD Checklist (PCL-S) in reference to that event ($n = 75$, 10.28%). An additional group of participants was excluded because of missing demographic or PCL-S information ($n = 28$, 3.6%). This resulted in a final sample of 668 undergraduate participants, which consisted of 292 males and 376 females (see Table 1 for complete demographic information). The mean age of the sample was 19.29 (S.D. = 2.86) years (range 17–51). The sample was primarily Caucasian ($n = 433$, 64.8%) with 25.6% African-American ($n = 171$), 4.2% Hispanic ($n = 28$), 1.5% Asian American ($n = 10$), 0.4% Pacific Islander ($n = 3$), and 3.5% identifying themselves as "other" ($n = 23$). Due to the large variance in sample sizes for the different ethnic groups,