Preparing for the Unthinkable? The Prevention of Posttraumatic Stress and the Limits of Positive Psychology

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Preparing for the unthinkable? The prevention of posttraumatic stress disorder and the limits of positive psychology

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‘Suicide, drug abuse, posttraumatic stress disorder, panic, depression, divorce,’ began General Casey […]. ‘What does positive psychology say about all that, Dr. Seligman?’


1. Introduction

This chapter revisits the controversies surrounding the Comprehensive Soldier Fitness (CSF) initiative, a program developed in 2008 by a team of psychologists led by Martin E.P. Seligman to prevent mental health problems among U.S. soldiers after their deployment to Afghanistan and Iraq. In the following sections, several aspects of these controversies are placed in their broader historical and theoretical contexts, including the ethical objections the initiative has raised, key concepts that underlie its
rationale, as well as Seligman’s efforts to promote it through his popular writings. Although Seligman describes the program as based on objective empirical findings, I argue that it nevertheless carries with it normative implications. Not only does it perpetuate problematic ideas about what it means to fall mentally ill, it also relies on implicit assumptions about human development that are equally questionable. Positive psychologists such as Seligman, I contend, endorse a vision of psychological growth that imagines it as unfolding along a linear trajectory that is both continuous and predictable. Ironically, the plausibility of this vision is challenged by the very experience of trauma, the effects of which the CSF program is supposed to inoculate against.

I begin my discussion by providing some historical context for the emergence of the contemporary notion of posttraumatic stress and psychiatric prevention programs in the U.S. military.

2. The trauma of war and the prevention of psychiatric casualties

Ever since the American Civil War, military physicians have observed soldiers returning from the battlefields — often quite literally — shaken and distraught yet outwardly physically unharmed. It was the massive breakdown of soldiers in the trenches of World War I, however, that prompted authorities in war-waging nations to devise means not only to treat but also to prevent what by then were mostly considered disorders of psychological origin. Unleashing destructive forces on an unprecedented industrial scale, the Great War led to an epidemic of neuropsychiatric casualties that was difficult to ignore.

At the outbreak of the Second World War, the most promising strategy of preventing such breakdowns was the screening and rigorous selection of recruits. During the previous conflict, military psychiatrists had already experimented with what came to be considered an effective method of secondary prevention, namely treating psychiatric casualties with little delay, close to the front lines. The aim of these methods was to prevent the condition from becoming chronic and to return the soldier to the battlefield. In 1940, the U.S. government’s Selective Service System implemented a thorough screening program to reduce the number of those who would have to be temporarily removed from the battlefield. The program was set up to identify inductees who supposedly showed signs of maladjustment to the vicissitudes of civilian life and were therefore presumed to succumb to
the much harsher conditions in the military. In some instances, up to a quarter of those examined were deemed unfit to serve (Pols, 2007). But — to the surprise of many psychiatrists — selection alone proved insufficient to prevent psychiatric casualties during World War II, as in subsequent wars.

As the debates over America’s participation in the war in Vietnam exposed political and cultural fault lines in the 1960s and 1970s, combat-induced psychiatric disorders became an issue not just of medical but also of great public concern. The introduction of the diagnosis posttraumatic stress disorder (PTSD) in 1980 reflected a sea change in the public conversation about the psychological hazards of war and of experiences of violence more broadly. Although, the rate of American soldier breakdowns had been lower in Vietnam than in the two previous wars (Dean, 1997). In the post-Vietnam era, psychiatric symptoms, now directly related to combat experiences, often surfaced only after soldiers had returned from a war zone. According to the causal mechanism that was postulated for PTSD such difficulties stemmed from a harmful experience, a trauma, coming back to haunt the victims in the form of involuntary memories (Young, 1997; 2008).

The broad application of the PTSD diagnosis had implications for how psychiatric casualties were treated as well as for how the military approached the prevention of combat-related disorders. Previous strategies included efforts to improve or stabilise troop morale, to educate soldiers about the mental challenges they may face during deployment, and, in the immediate post-World War II era especially, to sensitise the public to the difficulties returning soldiers were likely to experience as they readjusted to civilian life (Pols & Oak, 2007). The traumatic origin of many mental health problems, however, turned the attention of experts, as well as the public’s concern, away from the social conditions that shape how individuals and societies respond to psychological trauma and towards the harmful events and the stress reactions they provoked.

Framing posttraumatic symptoms as a universal response to extreme stress accelerated and solidified what one could call the decontextualization of traumatic experience. In addition, many clinicians, who fought for the introduction of the PTSD diagnosis, on moral and political as much as on scientific grounds (Scott, 1990), were wary of attempts to complicate the matter. For too long, the medical establishment had lacked a diagnostic vocabulary that acknowledged the existence of posttraumatic suffering, as psychiatrists had mostly attributed the onset and persistence of combat-related disorders to the victim’s predisposition, his or her personal history
prior to the event, or the presumably hazardous incentives of the pension system (see e.g., Hacking, 1998; Leese, 2002; Leys, 2010; Micale, Lerner, & Rosenberg, 2001; Micale, 2009; Young, 1997). The focus on the event and its stress-inducing effects, in other words, quite effectively undermined a morally questionable line of clinical reasoning that, in hindsight, amounted to victim-blaming.

By 2008, when the U.S. Armed Forces solicited the help of the University of Pennsylvania psychologist Martin Seligman to develop a prevention program to enhance soldiers’ psychological fitness, the pendulum had begun to swing back, and the question was addressed yet again why some individuals are more likely to succumb to trauma. Recent epidemiological studies suggested that not all who experience trauma develop symptoms of PTSD (cf. Jones & Wessely, 2007); and, in the 1990s, psychologists began researching risk and protective factors to help explain why. Together with his collaborators, Seligman adapted and tested a series of interventions drawn from the Penn Resiliency Program, which was developed to prevent depression in educational settings (Gillham, Jaycox, Reivich, Seligman, & Silver, 1990), to build resilience to trauma and other adverse situations among military personnel. Previously, the Army had tested the efficacy of other interventions designed to prevent PTSD, such as the Battlemind Training, that were applied post-deployment to ease the re-adjustment to the civilian environment (Adler, Bliese, McGurk, Hoge, & Castro, 2011). The initiative, christened Comprehensive Soldier Fitness (CSF), soon drew criticism from other psychologists who raised a number of ethical concerns.

Before engaging in this debate, however, I need to situate two concepts central to this initiative, resilience and posttraumatic growth, within the wider project of positive psychology — a scientific movement launched by Seligman and other social scientists, mostly psychologist, in the late 1990s.

## 3. Positive psychology, resilience and posttraumatic growth

At its heart, at least according to its most influential and outspoken ambassadors, positive psychology is about rejecting what was wrong with academic psychology at the end of the 20th century: the supposedly negative outlook that stemmed from the discipline’s focus on disease and dysfunction, curtailing psychology’s potential. Rather than simply “repairing damage” and “operating within a disease model of human functioning,” Seligman
and the creativity researcher Mihaly Csikszentmihalyi argued in a programmatic paper that psychological knowledge should be employed to improve also the functioning and wellbeing of “normal people” (Seligman & Csikszentmihalyi, 2000, pp. 5–8). Why simply contend with alleviating suffering, with bringing people back to normal, if you could strive for their improvement?

With ample financial support from a number of private funding bodies, positive psychologists set out to study positive human emotions, positive personality traits, and — in practice, to a noticeably lesser extent — positive institutions, hoping that their interventions would lead to positive developments for individuals and society as a whole (Seligman, 2018). Further attesting to the movement’s success, educational programs in applied positive psychology began springing up at a number of universities around the globe, following a model pioneered at the University of Pennsylvania.

This self-styled movement of academic renewal was in many ways not as ground-breaking as its proponents claimed. Critics could point to humanistic traditions in psychology and their long-standing concern with what positive psychologists began describing as personal growth and flourishing. The impetus to research the conditions underlying mental wellbeing was also not entirely new. Already in 1948, the constitution of the World Health Organisation had defined health not merely as the absence of ill health, but as “a state of complete physical, mental and social well-being” (WHO, 1948). Positive psychology’s concern with aggregate measures of happiness, treated as indices of social progress in post-industrial societies, was predated by the study of quality of life, promoted by the economist John Kenneth Galbraith in the 1960s (Galbraith, 1964). And in the late 1970s, after analysing health data of Holocaust survivors (Antonovsky, Maoz, Dowty, & Wijsenbeek, 1971), the Israeli-American medical sociologist Aaron Antonovsky (1979a) urged health researchers to study what he called salutogenesis (as opposed to pathogenesis), the social conditions and personality traits associated with faster recovery and a lower likelihood of falling ill in the first place; the factors that make and keep people healthy, in other words.

Similarly, both the concept of resilience as well as the notion of posttraumatic growth have their predecessors. While there exist no uniform definitions for both constructs (Maercker & Zoellner, 2004; Meredith et al., 2011), psychological resilience is often described as “the ability of an individual to ‘bounce back’ after experiencing stress,” to restore a homeostatic state of physical and psychological equilibrium (Meadows, Miller, & Robson, 2015, p. 9). Posttraumatic growth, which is believed to sometimes occur
in highly resilient individuals in the wake of extreme adversity, is “not simply a return to a baseline,” as Richard Tedeschi and Richard Calhoun (both leading authorities on the matter) write, “— it is an experience of improvement [in the wake of trauma] that for some persons is deeply profound” (Tedeschi & Calhoun, 2004, p. 4).

Considerable conceptual overlap exists between resilience and earlier concepts such as hardiness, a personality trait, first observed among managers, that is thought to protect from the onslaught of daily stressors (Kobasa, 1979), or the supportive web of personal beliefs Antonovsky summed up as sense of coherence (Antonovsky, 1979b). The historical precursors of post-traumatic growth, on the other hand, more often trace back to discourses situated outside the confines of academic psychology. Throughout the last century, alpinists, psychotherapists — such as Victor Frankl, himself a Holocaust survivor — as well as physicians who shared their interest in near-death experiences have attempted to draw out the transformative potential of harrowing accidents, of coming to terms with a terminal diagnosis and other catastrophic experiences that today are readily classified as traumatic (Martinović, 2017). Moreover, the medical doctrine that an upsetting, frightful event may also have curative effects has a relatively long and visible tradition that reaches through the 19th and back into the late 18th centuries — a history which includes the infamous shock therapeutics of asylum medicine (Koch, 2014).

Positive psychology, demarcated from now obscure medical traditions, humanistic psychology and various other intellectual enterprises, successfully asserted itself as a discipline firmly grounded in contemporary psychological research. Unlike the recommendations found in the popular self-help literature, with which positive psychology shares numerous themes, Seligman (1999) contends that the interventions of positive psychology are evidence-based and informed by current scientific models. More recently, however, the validity of several empirical claims put forth by positive psychologists have been called into question; and their theoretical efforts have received at times damning critiques (e.g., Brown, Sokal, & Friedman, 2013; Lazarus, 2003; Brown, Lomas, & Eiroa-Orosa, 2017; see also Seligman, 2018, Chapter 22). Also, given the current replication crisis in the social sciences that has sowed doubts about the reliability of experimental findings in psychological research, some members of the movement have urged their colleagues to become more self-critical and circumspect with regards to their empirical claims (see Robbins & Friedman, 2018).
Seligman’s collaboration with the US Army dates from a time before many of these critiques surfaced. It is the CSF initiative and the ethical concerns it has raised to which I will now turn. In this context, the question of the program’s scientific validity is surely relevant, but a methodological critique of positive psychology is not what is undertaken here (for a critical review of the available evidence on the program’s effectiveness see Steenkamp, Nash, & Litz, 2013). As we will see, in the case of traumatic suffering it proves difficult to disentangle moral concerns from scientific questions about human responses to extreme adversity. As such they pose problems that cannot be resolved by an improvement of the program’s methods.

First, it is important to note that CSF was designed to promote wellbeing and prevent all types of mental health problems members of the military (and their families) might face, not just PTSD. The idea of posttraumatic growth, however, plays a central role in the program’s rationale.

### 4. Growth and comprehensive fitness

In his autobiography, Seligman begins the origin story of his collaboration with the U.S. Armed Forces by recounting his response to a question about what positive psychology had to offer in support of the army’s fight against mental illness (which served me as the epigraph for this chapter): “The human reaction to awful events like combat”, he began his reply, “is bell-shaped.” Individuals who fall into the lower end of the distribution succumb to trauma, with the known effects of PTSD, depression, drug abuse and suicide — “different names for the ways in which people’s lives are ruined.” The majority of individuals, however, are resilient, they may struggle initially but after a few months “they are back where they were before.” At the higher, right end of the distribution are those who grow from their experiences, who “one year later are stronger — by our physical and psychological measures — than they were to begin with.” Therefore, Seligman concluded his pitch, the army should strive to move “the whole curve right-ward, toward posttraumatic growth” (Seligman, 2018, pp. 311–312).

Seligman’s answer, his choice of metaphors is telling. The analogy between physical strength and resilience, which can be trained like a muscle, is a powerful one. The prevention program developed by Seligman’s team, together with Brigadier General Rhonda Cornum, a physician with a specialisation in urology, was conceived as a training program to enhance
mental fitness. It consisted of three components. After an initial assessment phase to establish a baseline, participating soldiers completed online modules to improve their fitness in four domains (emotions, relationships, family, and spirituality). Unlike the additional psychoeducational unit on posttraumatic growth, these modules were not mandatory. More relevant and arguably more effective in fostering resilience was the week-long face-to-face Master Resilience Training drill sergeants received, who were then instructed to pass on what they had learned to their subordinates.

Why was the module on posttraumatic growth deemed important? In an interview with the Harvard Business Review, Seligman (2011c) mentions that, in his experience, a vast majority of soldiers were aware of the possible negative effects of trauma, but only a small minority had heard of posttraumatic growth. Soldiers’ focus on the negative, on PTSD, and being unaware of the fact that only a minority respond to trauma with a chronic condition, he reckoned, may become an impediment to recovery. Beliefs about PTSD turn out to be self-fulfilling, he argued, a downward spiral wherein negative expectations and negative reactions mutually reinforce each other (Seligman, 2011c).

Building on Tedeschi’s work, the educational module on posttraumatic growth attempted to fill this knowledge gap. Soldiers learn that initial strong emotional reactions to devastating experiences, along with shattered beliefs about oneself, others and the world, are indeed normal. They also learn techniques and attitudes that may lead to posttraumatic growth in the wake of trauma: techniques for controlling involuntary remembering, disclosing oneself to others, “creating a narrative in which trauma is seen as a fork in the road” that comes with new possibilities, and articulating a set of “life principles” (Seligman, 2011a, p. 4).

5. Preventing posttraumatic stress versus preventing trauma

Critics have argued that Seligman and his team naively subscribed to the operational imperatives of the U.S. Army, never questioning that the institution’s needs might diverge from the needs of the soldiers undergoing the interventions. The clinical psychologist Roy Eidelson and his co-authors, for instance, have pointed out that the articles featured in a special issue of the American Psychologist devoted to the program fail to discuss any of its potential adverse effects (see, e.g., Cornum, Matthews, & Seligman, 2011). This is especially troubling, they contend, since prior to implementing the
initiative, no pilot study was conducted, no informed consent obtained from the participants, nor was there an assessment of the program’s ethical ramifications by an institutional review board (Eidelson, Pilisuk, & Soldz, 2011). (The army’s, as well as Seligman’s [2018], defence against the latter charge has been that the intervention, which reached more than one million soldiers, did not constitute a research project in the proper sense and that, therefore, other ethical standards should apply.) Might those soldiers who view combat “as a growth opportunity”, Eidelson and his colleagues ask, pose a potential harm to their comrades, to civilians, or even to themselves, as they more readily engage in reckless behaviour? Will they be more inclined to participate in atrocities and other transgressions that they will later come to regret, leaving them “morally injured” (Eidelson et al., 2011, p. 4)? Another issue they raise — one that perhaps more clearly illustrates the moral unease felt by these critics — points directly to the limits of positive psychology’s individualist outlook: They charge that the special issue contributors, who were all involved in the program’s execution, systematically disregard signs of other, systemic sources of traumatic stress unrelated to combat but instead to the structural conditions of the military, such as the experience of sexual assault among servicewomen. This “calls less for building a [...] resilient outlook”, they note, “than for recognition of how the commonplace victimisation of women in war should be vociferously prevented” (Eidelson et al., 2011, p. 4).

For Seligman and his collaborators, preventing PTSD or other trauma-related disorders is not the same as — and does not amount to — preventing trauma. And they’ve devoted themselves to the former. It is positive psychology’s commitment to preventing posttraumatic symptoms (and enabling posttraumatic growth) while showing little interest in what causes them, I believe, that provokes moral concern.

To psychological researchers, differentiating between an event and the person experiencing it is sound scientific practice. In the case of trauma, however, this seemingly straightforward task proves stubbornly difficult.
(as the enduring debates about the DSM’s so-called “stressor criterion” show; see, e.g., McNally, 2003; Roberts et al., 2012). Trauma is a relational concept that cannot be delimited without taking into account how the event affects the traumatised. The distinction between objective event and subjective experience is, moreover, difficult to uphold since we are not morally indifferent to traumatic events. Trauma leads to human suffering, often involves actors who possess agency and is, therefore, usually avoidable (Hampe, 2007).

What’s more, during most of the 20th century, the recognition that post-traumatic symptoms of various kinds were indeed caused by trauma, and not by a pre-existing condition or congenital weakness, hinged upon the conviction that those who experienced such events were so-called normal individuals and that it was instead the horrific, abnormal events that victims had to endure that caused posttraumatic ailments (Koch, 2014). In other words: normative, historically variable assumptions about what constitutes an abnormal experience inadvertently shape what is identified as a traumatic stressor. Combat once belonged to the class of unpleasant experiences a normal (male) individual was expected to endure. This is no longer the case. In 1987, the revised third edition of the Diagnostic and Statistical Manual of Mental Disorders, the DSM-III-R, defined a “traumatic stressor” as an “event outside the range of normal human experience” (APA, 1987, p. 247).

Because PTSD may constitute a normal reaction to an abnormal experience, acknowledging trauma as such often includes a call to action to prevent it. (The very act of remembering trauma, in all its individual and collective, public and private forms, has recently become a moral as much as a therapeutic act.) Diverting attention away from the events to their psychological effects threatens to obfuscate the moral urgency that trauma has come to represent. Implementing a strategy to prevent symptoms without signalling a commitment to also prevent what causes them becomes ethically questionable, especially if the causes are morally objectionable human actions.

A hypothetical example can illustrate this point. Only recently have discriminatory police practices that single out African-American men entered public awareness in the USA. Suffering violence at the hands of the police will undoubtedly lead to symptoms of posttraumatic stress. However, the idea to prevent such symptoms by offering resilience training for members of a corresponding subpopulation, say, African-American males between the ages of 6 and 10, would, rightly so, raise a moral outcry.
The implementation of such measures — even if they had been found to be efficacious — would indicate a kind of moral defeat. It would signal to future victims of police brutality that any attempts to tackle systemic racism are either futile or not a worthy moral cause. The responsibility for dealing with the fallout of a societal problem, moreover, would be burdened onto those who already bear the brunt of it.

For a society at war, however, the detached verdict that trauma is inevitable may be easier to accept. Given the politically charged climate at the time CSF was implemented, it comes as no surprise to Seligman (2018) that most of his critics also opposed the wars in Afghanistan and Iraq. Their critiques, so he alleged, were politically motivated. But again, the case of trauma illustrates that the boundary between science and morality is often difficult to draw and even more so to uphold. There is no neutral ground here. Treating the trauma of war as inevitable reflects a moral attitude (whether and how one can mount an ethical defence of war is another matter, of course). In this case, positive psychology’s focus on the positive in situations where others see little to be positive about, does not keep it from affirming that there are impactful negative experiences.

Trauma may present a limit case for positive psychology because of the inescapability of moral questions in relation to human suffering caused by violent experiences. Yet it also raises a broader question, namely whether the discipline can live up to its claim that a focus on the positive side of human existence and human growth can avoid engaging with its troubling, dark sides. My answer to this question hinges on how positive psychologists understand personal growth and how it in turn relates to mental suffering (see also Lazarus, 2003).

6. Growth as self-optimisation

Critics of positive psychology, especially those steeped in psychology’s humanistic tradition, have scolded its proponents for a lack of theoretical clarity and historical depth when it comes to explicating notions like “flourishing” and “growth”, so central to its mission (cf. MacDonald, 2018). Before pointing out the conceptual flaws, it is instructive to first ask how positive psychologists determine growth. Seligman’s pitch to General Casey contains a simple, yet by no means trivial answer to this question: Growth is measured.
As mentioned, Seligman likes to invoke the metaphor of strength. In one of his articles published in the popular press, he cites Friedrich Nietzsche: “That which does not kill us makes us stronger” (Seligman, 2011a, p. 101). But he also likes to reference the more prosaic topic of psychometrics (Seligman, 2018, p. 312). Posttraumatic growth becomes tangible as a measurable improvement. The implication being that growth is the linear expansion of a set of personal attributes. Moreover, by invoking the image of a normal distribution, Seligman suggests that there is a continuity between dysfunctional, normal, and optimal long-term reactions to adversity. Just like bodily strength, resilience is malleable and can be augmented, which, in Seligman’s telling, lays the foundation for potential posttraumatic growth: Ordinary resilience and extraordinary posttraumatic growth can be placed on different points of the same, continuous dimension.

Leaving aside questions concerning the validity of the bell-shaped, normal distribution of human responses to adversity, the very concept of posttraumatic growth raises the question whether the idea of such a continuity is at all plausible. Surely, one can anticipate the possibility of having a profound personal crisis in the wake of a traumatic experience, but how can a soldier, or anyone else, prepare for having his or her fundamental beliefs shattered? Indeed, if posttraumatic growth does entail a “deeply profound” transformation, a “paradigm shift”, as Tedeschi and Calhoun (2004) suggest, it would imply that for the one who has yet to undergo this transformation its end-state must remain opaque. It is hard to see what help a narrative blueprint laying out the possibility of growth would provide to those who later struggle to find that new “fork in the road”, as Seligman likes to describe it.

Also, from an empirical vantage point, things become more ambiguous, not less. For instance, researchers in the field have discussed the different outcomes resilience can have and have asked whether it may consist not in returning to a previous norm but in establishing new ones, a “new normal” (Bonanno, 2005). In the American Psychologist special issue devoted to CSF, Tedeschi and the Harvard psychologist Richard McNally (2011) mention that resilience should not be confounded with posttraumatic growth (Tedeschi & McNally, 2011). In fact, empirical findings suggest that less resilient individuals are more likely to experience posttraumatic growth (Levine, Laufer, Stein, Hamama-Raz, & Solomon, 2009). Tedeschi and McNally believe this to be the case because more resilient individuals
struggle less and, therefore, also have fewer opportunities to grow.\textsuperscript{2} Moreover, given the inconsistent track record of previous PTSD prevention programs, they caution against implementing the posttraumatic growth module before testing its efficacy in a randomised controlled trial (Tedeschi & McNally, 2011).

Seligman does not waste much ink writing about the possibility that there are events one cannot prepare for. Particularly in his books and articles addressing a general readership, he consistently focuses on the kind of adversities one should be able to inoculate oneself against. One of the take-away messages from his first trade book \textit{Helplessness: on depression, development, and death} (Seligman, 1975) was that because helplessness is \textit{learned} it could also be unlearned, or at least prevented by creating environments that fostered a \textit{belief} in control. Urged by his publisher to tend to the, as it were, flipside of what he had described in his first book (Seligman, 2018), he then went on to write the immensely successful \textit{Learned Optimism} (2006), which clearly reflects a shift in focus yet is an extension of the same line of reasoning that highlights the role of beliefs and an optimistic mindset in overcoming adversity. Prior to positive psychology’s annexation of the topic, personal transformations in the wake of near-death experiences were thought of in almost transcendental terms. Seligman, in his popular accounts at least, narrows it down to a linear increase in psychological fortitude.

However, his suggestion to move “the curve rightward towards post-traumatic growth” conflicts with one of the fundamental principles with which he advocated for positive psychology (Seligman, 2018, p. 312). Because the absence of mental illness is not the same as wellbeing and human flourishing, he had deemed a research program necessary that was devoted to studying such positive qualities and developing techniques to augment them. “Good and bad, positive and negative” are not the kind of opposites that “lie on the same dimension”, Seligman explains. Rather, “each side \textit{forms its own distinct world} with properties not deducible from the absence of the properties of the other world” (Seligman, 2018, p. 269). Therefore, he argues, the positive side of human existence forms a distinct area of study. However, to propose that resilience protects against mental disorders while its lack leads to mental dysfunction amounts to just that: placing the positive

\textsuperscript{2} Of course, this leaves out other possible interpretations of this finding that would challenge the preventive strategy also endorsed by these authors. For instance, it is plausible that certain active, problem-focused coping strategies, which indicate high resilience, are simply less effective in the aftermath of trauma.
(resilience) and the negative (mental dysfunction) on opposite ends of a dimension. Only if a decrease in mental dysfunction can be deduced from an augmentation of resilience does it make sense to declare the latter an effective method to prevent the former. Either resilience constitutes “its own distinct world” and does not necessarily inoculate against mental illness, although the program might nevertheless lead to more posttraumatic growth, or an increase in resilience protects from falling mentally ill.

Seligman, at times, seems to endorse the first option. In his popular writings the focus is on posttraumatic growth. “The army is not a hospital”, he stated back in 2008 during his initial pitch to General Casey, and although the military should continue to spend money to treat those whose “lives are ruined”, such efforts should be supplemented by measures to increase resilience (2018, pp. 312–313). In an article penned for the Harvard Business Review, he explores how the program could be applied to civilian life, particularly the business world. “The mandatory module, on posttraumatic growth, is” touted as “highly relevant for business executives”. Throughout the article he threads the case vignette of the Penn MBA graduate “Douglass”, who quickly bounces back after having lost his job, and within a year has “grown because of the experience”. During times of “failure and stagnation”, Seligman suggests, resilience training can help to “create an army of Douglases who can turn their most difficult experiences into catalysts for improved performance” (Seligman, 2011a, p. 102).

When advocating for resilience and posttraumatic growth, then, the prevention of mental illness is not one of his main talking points. When it comes to promoting the effectiveness of the CSF interventions, however, he could point out its proven effectiveness in preventing psychiatric problems, including an observed decrease in substance use disorders and a lower incidence rate of PTSD, depression, and panic disorder, among soldiers who were in some way reached by the Master Resilience Training (Seligman, 2018, p. 323). However, one should note that conclusive randomised control studies about resilience programs in the military are scarce and the effectiveness of resilience training is still being debated (Meadows et al., 2015).

The program’s efficacy, or, rather, the lack of sufficient proof thereof, is one matter that may raise doubts about the utility of resilience training (Bonanno, Westphal, & Mancini, 2011). Another matter concerns the ways in which the language of resilience and posttraumatic growth may shape laypersons’ beliefs about mental illness. Clearly, the expert knowledge conveyed in the module has normative implications. Participants and those
who read about the program in the popular press learn, albeit in very broad terms, how someone should respond to trauma. Seligman himself pointed out that seemingly neutral descriptions can become self-fulfilling or, to put it differently, prescriptive (see also Hacking, 1995). This holds true also for the descriptions given by positive psychologists about the beneficial long-term reactions to adversity. Posttraumatic stress is anticipated as a personal struggle, and posttraumatic growth as a personal task — trauma becomes an opportunity to grow. Given the nature of the program, participants also learn that a lack of resilience or ineffective coping leads to mental illness.

The anthropologist Allan Young notes that, in the 1970s, the interest in human resilience evolved from the study of individuals who withstood adversity and that resilience “was initially represented as being an unusual and even extraordinary quality” (Young, 2008, p. 39). Today, Seligman is not alone in thinking that resilience is rather common. Indeed, some degree of resilience is believed to be the norm. Seligman empirically grounds this assumption in experimental data accumulated while studying learned helplessness in laboratory animals (and sometimes in humans) during the 1960s and 1970s (cf. Seligman, 1975, 2011a). Although, it must be noted that, at the time, these experiments were not designed to elucidate resilience or related constructs. Metaphorically speaking, resilience, previously a scarce resource, is now considered a widely available one that we are encouraged to grow and capitalise on.

The simple traumatogenic model of mental illness Seligman likes to invoke proposes that mental health problems such as depression and anxiety are the outcome of an interaction between an adverse event and a person’s resilience (cf. Seligman, 2011a, 2011c, 2018). Not only are traumatic events completely decontextualized in this rendering, but also questions about the external conditions that sustain posttraumatic symptoms — or that might positively influence recovery — are left out. The question, in other words, of why some fall into the lower end of the distribution is only inadequately addressed, if at all. A lack of resilience, presented as a quasi-natural resource but in actuality a set of social and psychological skills, is the only viable candidate for an explanation. What happens to someone after an adverse event, for instance, seems to matter very little.

While most can now consider themselves resilient, our reactions to adversity have at the same time become optimizable, which requires training and self-monitoring. This leaves one with the question whether such preventive measures that encourage us to grow from traumatic experiences or warn us of the dangers of showing lasting signs of its impact resurrect
the stigmatising attitudes of the past. Little more than four decades ago, having a “mental breakdown” in response to trauma was widely considered a moral failure or a sign of inferiority. The current program’s posttraumatic growth training module teaches the participants that breaking down in the face of adversity is “normal”. Yet, this initial struggle can be overcome, according to Seligman’s upbeat message, by drawing on one’s resilience. The emphasis on posttraumatic growth runs the risk of replacing the old stigma, as a marker of deficiency and spoiled identity, with a less severe, free-floating stigma that attaches itself only to those who withdraw from the struggle to personally grow from the experience. To escape the blemish of this kind of stigma, one would have to overcome the temporary state of victimhood one has been thrust into.3

7. Conclusion: growth as progress

PTSD and other trauma-related disorders represent an anomaly within current classification systems insofar as their aetiology, by definition, is known. This poses, I have argued, an ethical challenge for interventions designed to prevent PTSD. Because traumatic events are today believed to be at the root of posttraumatic suffering, the decision to prevent symptoms of the latter, instead of the conditions that lead to the former, becomes morally charged and, at times, ethically questionable. Yet, as I have also attempted to show, the ethical concerns CSF raises extend beyond questions about the program’s applicability in a given context. Rather, the interventions themselves reflect a narrow, reductive perspective on personal growth and human development. Interventions such as undergoing the educational module on post-traumatic growth are reflexively shaped both by positive psychology’s stated mission and the methodological premises underlying the quantitative study of human behaviour and experience. Particularly in Seligman’s popular treatments of the topic, it becomes apparent that CSF training does not only aim at increasing knowledge about mental processes or providing trainees with skills to help them overcome adversity. The

3 It could be argued that CSF does not adequately address the stigma of mental illness, which carries numerous costs not just for individuals who suffer from mental disorders but also for healthcare systems and national economies by significantly increasing their disease burden. Considering the attitudinal and institutional barriers soldiers face when seeking treatment for mental health problems (Vogt, 2011), extolling the virtues of posttraumatic growth could add to those barriers rather than diminish them.
dissemination of knowledge also serves a motivational end; the training ultimately aims at changing participants’ outlook on adversity, including their beliefs about their innate ability to overcome hardships. But this inadvertently blurs the line between educational training and guided self-help intervention. Seligman effectively appeals to the participants’ faith in science to persuade them to place their faith in themselves.

Underlying positive psychology’s mission, after all, is the idea that perfecting the human condition can be achieved by scientific means. Rather than following the advice of self-help gurus or engaging in the unexamined practices handed down to us by tradition, academic psychology is seen as the proprietor of targeted, more effective, more rational techniques. It is questionable, however, whether scientific knowledge holds the key to many of the pursuits positive psychologists have made their own. Questions about the good life once fell under the purview of philosophy, and the majority of humans continue to turn to religion, not only for answers but also to partake in practices and share in belief systems that imbue their lives with meaning. In our present age, scientific insights, of course, cannot and should not be excluded when tackling questions about human fulfillment. But although scientific findings may prompt a reflection on values, the sciences themselves do not possess the means to evaluate ends. Scientific knowledge seeks to explain and predict; it does not provide us with the kind of knowledge that helps adjudicate purposes and deliberate questions of meaning (see Smith, 2005). It is not clear how the telos of human striving can be inferred from scientific insights.

The purported ingredients of a good life identified by positive psychologists, for instance, are unsurprising and often stand on questionable theoretical grounds. Seligman’s proposal that well-being or flourishing is comprised of (at least) five interrelated elements: positive emotions, engagement, relationships, meaning, and accomplishment (PERMA), is not entirely implausible, but it also appears somewhat arbitrary and, surely, debatable (see Seligman, 2011b). An “element” is defined as “what free, nonsuffering people choose to pursue for its own sake” (Seligman, 2018, p. 260). Unlike

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4 This is not yet a definitive list and may be revised soon (Seligman, 2018).
5 Seligman (2018) provides the readers of his autobiography a glimpse into the process that led to the list: “I had posited three elements of wellbeing. […] But in teaching MAPP [Master’s in Applied Positive Psychology] and thinking about what questionnaires to put on the [Authentic Happiness] website, I now became convinced that there were five elements. […] I revised the theory after considering how commonly people pursue achievement doggedly for its own sake: even if it brings no happiness, no flow, no relationships, no meaning” (pp. 260–1).
the ones of the periodic table, however, there exists no systematic relationship between these elements, nor do they all refer to the same type of entity. We don’t pursue meaning in the same sense that we pursue positive emotions or flow (engagement). Most entries on Seligman’s list — relationships, meaning, and accomplishment — have less to do with what motivates people and more so with what many of them value. (When we fall in love or commit to a friendship, we do it because of another person and not because we pursue relationships for their own sake.) And, of course, everyone can think of elements they would like to see on this list because they value them highly. Does knowledge fall under accomplishment or is it irrelevant as a source of well-being? What about self-determination?

Seligman emphasises that his theory of well-being is empirically grounded and therefore merely descriptive. He does not wish to tell people how they should live their lives. Whether and how much someone draws on these sources to flourish is said to vary (Seligman, 2011b). Clearly, members of individualist societies value their independence and choices in pursuing the good life. The success of positive psychology would be more difficult to comprehend if it presented to its users a list of routines that are part of a greater whole, a web of beliefs and practices that explicitly endorse a certain way of life or present a distinct worldview. Instead, positive psychologists prescribe isolated exercises, such as the daily routine of counting three blessings, that are eerily similar to some religious practices or those described in self-help books but do not form part of a cosmology. Such activities nevertheless reflect and, ultimately, promote a particular way of viewing the world. The values that positive psychology draws on are not random and disconnected but are linked to social norms, which are historically contingent. The elements that make up PERMA, for instance, are easily recognised as inherent to the different life domains (work, play, family life, spirituality) through the prism of which many individuals in post-industrial societies view their recurring activities. The larger point being that norms can’t be sidestepped when conceiving the life that is worth living. A set of postulated intrinsic motivations, empirically validated by self-report measures, is no substitute for contemplating what constitutes the good life.

Just as positive psychology cannot avoid giving certain values preference over others, it cannot escape the pull of anthropological assumptions. By promoting the gospel of continuous self-improvement through a particular kind of science that relies on the quantification of what it sets out to improve, positive psychologists unwittingly provide personal growth with a trajectory while leaving its endpoint unexamined. Seligman’s narrow
conceptualisation of posttraumatic growth illustrates this. For the fortunate few, trauma turns out to be an opportunity to expand along the lines drawn out for them by experts. The proverbial “new fork in the road” is really a short cut, or better: an acceleration on the straight and narrow path of incremental self-improvement.

In his autobiography, Seligman mocks unnamed “professors of cultural anthropology” who question the “undeniable reality of human progress”. “[Y]ou have to be blinded by ideology”, he writes, “not to see that almost everything we care about (except mental health) is better now: less pollution, more democracy, more human rights, less violence, longer life expectancy, lower child mortality, more music, more education, tastier food, healthier bodies and more poetry” (Seligman, 2018, p. 277).

The argument is empirically dubious and historically naïve. For one, it conveniently fails to mention the cataclysms that have led to doubts about the inevitability of progress. Two World Wars, the Holocaust, the threat of nuclear annihilation and environmental collapse have put proponents of the idea that humans will steadily increase their control over their environment and curtail their own destructive tendencies on the defensive. Even during times of relative social stability, it has become clear that technological progress comes with risks, unintended consequences that can be harmful. In fact, without the efforts of environmental activists during the 1970s and 1980s, many of whom had their doubts about progress (Torgerson, 1999), pollution would not have decreased in subsequent decades. In short: at the beginning of the 21st century, it has become difficult to convincingly argue for the old, all-encompassing notion of inevitable progress, a philosophy of history that purports to know that where the world is headed is surely a better place. This does not mean, however, that one would be hard-pressed to find a cultural anthropologist who believes that progress occurs with regard to specific aspects of societal life; that we can, indeed, make progress when it comes to solving specific social problems, such as poverty or illiteracy. It is the idea of the inevitability of progress and that it equally applies to all facets of human life — an assumption that is as comforting as it is unverifiable — that has come under scrutiny in the 20th century, not the fact that progress does sometimes happen.

6 A similar argument was recently expounded by the psychologist Steven Pinker (2018) in his controversial book *Enlightenment Now*. 
Personal growth mustn’t be understood as progress. More poems do not inevitably amount to better poetry. The philosopher Ian Hacking once remarked that “[u]nlike the natural sciences [philosophy] is not in the progress business”, hence its “perennial themes” (Hacking, 1990, p. 347). I assume, many poets would say the same about poetry. It represents a rather narrow vision of personal growth when it is conceived as a linear progression towards an abstract goal like higher PERMA-scores that in itself remains vacuous. However, there are still numerous other practices and belief systems on offer that supply methods for sense-making that do not follow the linear trajectory of continuous improvement. One can strive to live a good life without compulsively trying to get better at life. In the vision forwarded by positive psychology, which expands a mythical notion of progress to personal development, less attention is given to the types of transformations that may lead beyond what can be anticipated. But more of the same, even if it is better, is no substitute for hope.

Acknowledgements

I would like to thank the editors of this volume, as well as Daniela Drago and John M. Young for their helpful comments on earlier versions of this chapter.

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