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The Shadow Sides of Positive Psychology and the Turn to Resilience

A Critical Analysis of Resilience Training in the U.S. Military

PhD Thesis

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Acknowledgements

During our joint research trip to the U.S. in 2017, Johannes Lang, Robin May Schott, and I met and interviewed various researchers and practitioners working on questions about trauma and resilience, and I am very grateful to all these people, who generously answered my many questions.

To my friends and family, who have offered me much needed support. Thank you for lending me your ears, offering me your shoulders, and for your continuous love and care. I especially want to thank Grete, Finn, Marcus, Anna, Lise, Anne, Anders, Pelle, Josephine, and Liv.

Finally, to Rens van Munster. You started out as my colleague and ended up as my husband, and you have been my most important source of emotional and intellectual support throughout it all. Finding you turned out to be the greatest discovery of all through this process, and I am forever grateful. And to our daughter Frida, who entered our lives in 2019. Frida, you are such a wonderful and life-affirming force. Your fierce curiosity and playfulness have instilled a new sense of wonder in my everyday life, as I get to experience how you explore and discover the world around you. Thank you.

Abbreviations

CSF   *Comprehensive Soldier Fitness* program

DSM   The *Diagnostic and Statistical Manual of Mental Disorders* is a classification system of mental disorders, which are recognized by the American Psychiatric Association, who also published the manual. It serves as the primary authority for psychiatric diagnoses in the United States.

PRP   *Penn Resilience Program*

PTSD   *Post-Traumatic Stress Disorder* – a psychiatric diagnosis first included in the DSM-III from 1980 and in subsequent revisions of the DSM.

Chapter 1. Introduction

Since the formal launch of the field of positive psychology in 1998,[1] this new science of human happiness, well-being, and resilience has become a rapidly growing research field and a world-wide enterprise. Rather than focusing on repairing damage and fixing what is wrong with people, positive psychologists have dedicated themselves to the study of what makes people thrive and grow, based on an assumption that by enhancing people's strengths and resilience, a host of mental health problems can be prevented. In the past 20 years, the science of positive psychology has found many niches in which to flourish. Central figures within this movement have written numerous self-help books offering general readers scientifically proven techniques to enhance their well-being and resilience to make them healthier, happier, and more successful in life, and positive psychological ideas and interventions have proliferated in the various spheres such as education, management, psychotherapy, and other forms of professional counselling on a global scale (Boniwell, 2012; Hart & Sasso, 2011; Seligman, 2019). As noted by Alistair Miller, a philosopher of education, "the appeal of positive psychology, whether to corporate managers, economists, educationalists or managerially minded politicians in search of optimal solutions, should not be under-estimated." (Miller, 2008, p. 592) Take, for example, Martin Seligman, one of the founding fathers and a leading figure in the field, who has played a key role in popularizing and marketing the science of positive psychology to a broad, international audience. His books alone have been translated into almost fifty languages and research on the topic of positive psychology has attracted at least $200 million in grants and contracts (Seligman, 2018, p. 276).

When I started my work on this dissertation, which is part of a larger research project titled "The New Psychology of War,"[2] it was a particular case that had caught my interest, namely the so-called *Comprehensive Soldier Fitness program* (CSF). In late November 2008, Seligman was invited to lunch at the Pentagon with General George Casey Jr., who was chief of staff of the U.S. Army at the time.[3] In 2008, the suicide rates of U.S. Army soldiers had reached a 28-years high (Kuehn, 2009). Around one in five U.S veterans, who had returned from the prolonged wars in Iraq and Afghanistan, suffered from

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[1] In the first week of January 1998, Martin Seligman, Mihaly Csikszentmihalyi, and Ray Fowler met at a house in Akumal, Mexico, and decided to create the field of positive psychology (Seligman, 2002a, p. 265), and when Seligman took over the role as president for the American Psychological Association (APA) in 1998, he made it his mission to use his three-year presidency to launch the field of positive psychology (Seligman, 1999).
[2] For more information about this larger research project and my affiliation, see chapter 2.
[3] See Seligman (2011b, p. 127) for his own account of this meeting.

post-traumatic stress disorder or depression, and about one-third of returning service-members reported symptoms of a mental health or cognitive condition (Tanielian et al., 2008). American service members had faced the intense stress of repeated combat deployments, operating in complex, high-stress situations for months on end, while enduring long separations from loved ones at home (Casey Jr, 2011). When he received the lunch invitation, Seligman "expected to be told about post-traumatic stress disorder (PTSD), and how the army was treating its veterans." (Seligman, 2011b, p. 127). However, General Casey Jr. reportedly had a different agenda:

> "I want to create an army that is just as psychologically fit as it is physically fit," General Casey began. "You are here to advice me how to go about this cultural transformation." (…) "The key to psychological fitness is resilience," General Casey continued, "and from here on, resilience will be taught and measured throughout the United States Army. Dr. Seligman here is the world's expert on resilience, and he's going to tell us how we are going to do it." (Seligman, 2011b, p. 127).

Having already invested heavily in the development of treatments for PTSD and other traumatic disorders, the U.S. Army was looking for new strategies for prevention to teach its servicemembers how they can "be" better *before* deploying to combat so they will not have to "get" better *after* they return." (Casey Jr, 2011, p. 1). Therefore, as a response to this mental health crisis, which threatened the health and well-being of soldiers and their families as well as the readiness and operational ability of the army, the U.S. Army turned to Seligman and the science of positive psychology to help answer the question about how to make soldiers more resilient – how to teach them to bounce back from the various stressors of military life and effectively cope with the potentially traumatic experiences of war. Seligman responded that he would be honored to help, and together with representatives from the U.S. Army and other prominent researchers from the field of positive psychology, he helped develop the CSF program, which was launched in 2009. The CSF program was a large-scale preventive program designed to enhance psychological resilience among soldiers, their family members and other Army civilians (Casey Jr, 2011, p. 1). The aim of this resilience training program was to decrease rates of PTSD, depression, and anxiety; improve performance and morale; improve mental and physical well-being; and help soldiers and their families transition back to civilian life (Seligman & Fowler, 2011, p. 85).

In addition to representing a change in the way the U.S. Army had previously dealt with mental health problems, the CSF program was also a considerable prestige project for the science of positive psychology, which critics had previously characterized as a shallow "happiology" (Lazarus, 2003a; Woolfolk & Wasserman, 2005). The CSF program seemed to serve as an affirmation of the promise and broader relevance of the kind of positive psychology, Seligman had envisioned, when he helped

launch the field of positive psychology at the turn of the century. The program also sparked a broader interest. For example, in 2011, the American Psychologist Association[4] (APA) dedicated the entire January issue of its flagship journal *American Psychologist* to a presentation of the CSF program. In one article, Seligman and Fowler (2011) argued that the resilience training program developed for the U.S. Army could transform the practice of psychology and psychology's relation to medicine and education (p. 82). If the effects of resilience training in soldiers and their families could be successfully demonstrated, this model of resilience training could potentially "revolutionize the balance between treatment and prevention" (p. 85). They also stated that the use of resilience training and positive psychology in the U.S. Army was consciously intended as a model for civilian use (p. 85).

However, despite the broad appeal and considerable popularity of positive psychology, there has also been a growing unease about the ways in which this new science of well-being, happiness, and resilience has been adopted by policy makers, public organizations, and large corporations. Several critical questions have been raised regarding the scientific foundation of positive psychological interventions, and how the central theories and techniques underlying these interventions entail a problematic view of mental health problems and human suffering. For example, several critics have pointed out that the increasing focus on enhancing individual strengths and resilience comes with a risk of blaming individuals for their own suffering and mental health problems, while ignoring how the social and political contexts have contributed to these problems (e.g., Becker, 2013; Davies, 2015; Illouz, 2020). As the use of positive psychological interventions have proliferated in schools, universities, corporations, and, more recently, in the U.S. military with the creation of the CSF program, where the use of positive psychological techniques has been promoted as an antidote to the mental health problems associated with experiences of trauma and adversity, it has become increasingly important to critically examine the foundation of positive psychological interventions like the CSF program and to analyze how the proposed solution of building resilience affect the understanding of the problems, it is intended to prevent.

When I first learned about the resilience program developed by the U.S. military and positive psychologists, I could not help wondering: Why did the U.S. military turn to a branch of psychological science that is primarily concerned with human well-being and growth in order to deal with the problems of trauma? To my knowledge, positive psychology did not offer a comprehensive theory

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[4] With more than 122.000 members, the APA is the leading scientific and professional organization representing psychology in the United States. (https://www.apa.org/about)

about trauma, nor had its central techniques been applied in a military setting. So why did the military invest in a large-scale program based on positive psychological techniques as a response to an epidemic of mental health problems? How did positive psychologists propose to make soldiers more resilient? And what were the central theories and techniques underlying the program? When I started this project, I was also interested in how soldiers responded to the training, echoing a call found in McGarry, Walklate, and Mythen (2015), who had noted that there was "a paucity of critical sociological analysis of the relationship between the military as an institution, soldiers' experiences of military life, and resilience." (McGarry et al., 2015, p. 353) Did soldiers experience the training as useful and relevant, and as sufficiently addressing the various challenges they faced? However, I soon realized that this was a question I was not going to be able to answer, as I was not able to interview soldiers, who had received the training, due to problems around getting access as a foreign scholar working outside the U.S. military. In the fall of 2017, Johannes Lang, Robin May Schott, and I travelled to the U.S. on a trip lasting 18 days, during which we visited Washington D.C., New York City, Boston, and Chicago, where we met and interviewed various researchers and practitioners, who were working with trauma and resilience in the U.S. military. We tried contacting Martin Seligman to interview him about his involvement with the CSF program, but we were unsuccessful in this endeavor. We also experienced other issues around access. While visiting a researcher, who worked at the Walter Reed Army Institute of Research in Washington, we ended up doing our interview at a local Starbucks café, because we could not get the proper clearance to enter the building, despite of our considerable efforts to provide all relevant documents beforehand. During this trip, I realized that getting access to interview active service members about their experience of resilience training and more sensitive matters related to potentially traumatic experiences would require permissions and forms of institutional access, which I could not obtain within the timeframe of my project. Looking at the existing research literature on the CSF program, I also struggled to find other resources that described how soldiers have responded to the resilience training except from a few anecdotes found in Seligman's writings about the program, in which he described the glowing reviews the CSF training had received from active service members.

> "We were, frankly, nervous that these hard-boiled drill sergeants of legend would find resilience training "girly" or "touchy-feely" or "psychobabble." They did not, and more important, they loved (there is no more apt word for it) the course. (…) Their comments brought tears to our eyes." (Seligman, 2011b, p. 177)

Aside from the glowing testimonials reported by Seligman (2011b, pp. 177-180), I was struck by the absence of studies, which had explored how the training was received by the people, it targeted. The only one I managed to find was a doctoral dissertation titled *Internal Frontiers: Health, Emotion, and*

the Rise of Resilience-Thinking in the U.S. Military (Sogn, 2016). In this dissertation, which was based on interviews with active service members and participant observation of CSF training workshops, Sogn described the basics of the CSF training and how soldiers responded to this intervention in varied ways, with responses ranging from enthusiasm, indifference, incomprehension, and active resistance. For example, one military instructor at a workshop, which Sogn attended, described advocating for resilience training as "difficult and unglamorous, a little like "selling a ketchup popsicle to a woman in white gloves."" (Sogn, 2016, p. 114). While Sogn's work suggested that the response was more mixed and less enthusiastic than the portrayal in Seligman's writings, she did not unpack the instructor's statement, nor explore the reasons for these mixed responses any further. She did, however, make another interesting observation, which resonated with a sense of unease I had also felt reading through the various official presentations and materials detailing the program, in that she noticed that something was absent at these workshops:

> "...in the dozens of CSF2 workshops that I attended throughout the course of my fieldwork, any mention of combat, trauma, suicide, or any of the other large-scale problems that the program is meant to address remained conspicuously absent." (Sogn, 2016, p. 118)

How was it possible to deal with the problems of trauma without engaging in conversations about these problems? With this absence in mind, I turned my attention to the available literature on the CSF program as well as the broader literature on trauma and resilience, and I noticed that several of the existing critiques of the program brought up critical questions about how and why the theories and techniques promoted by positive psychologists could be sufficient to prevent the development of PTSD and other mental health problems related to exposure to war-zone trauma (e.g., Brown, 2015; Litz, Steenkamp, & Nash, 2014; Steenkamp, Nash, & Litz, 2013). These critiques pointed to the need to further explore the central assumptions about both resilience and trauma underlying the CSF program and they raised questions about both the usefulness and implications of promoting positive psychological techniques as an antidote to trauma. These are some of the questions, which I aim to address in this dissertation.

1.1. Research focus and questions

In this dissertation, I examine the promises and potential pitfalls of positive psychology and its approach to building resilience. I explore how and why the science of positive psychology was mobilized to address the mental health crisis facing the U.S. military, and how the ideas about strength, resilience, and posttraumatic growth underlying the CSF program create certain normative

expectations about how to deal with suffering. I am especially interested in the way in which positive psychological theories and techniques have been promoted as an antidote to the problems of trauma, and how the notions of strengths and resilience promoted in the CSF program affect how the problems of trauma are viewed and treated, thus making the science of positive psychology and the central assumptions about resilience and trauma underlying the CSF program my central objects of investigation. As such, this dissertation contributes to broader discussions about how the problems of trauma have been dealt with historically, and how the notions of resilience and posttraumatic growth promoted by Seligman and other positive psychologists have implications for the governance of trauma (e.g., Howell, 2012). In addition, since the resilience training developed for the U.S. Army is intended as a general model for civilian use (Seligman & Fowler, 2011, p. 85), my analysis of the CSF program also has broader relevance than just its military application, in that I raise a number of questions and concerns, which have to be carefully considered, before adopting this model as a general antidote to a host of mental health problems in civilian contexts.

Many psychological studies of resilience-building techniques and interventions like the ones proposed by positive psychology are primarily concerned with questions about how to prove their effectiveness. For example, Seligman (2011b) has described his own search for exercises that "actually make us lastingly happier" in order to distinguish these from techniques, which are only "temporary boosts," and from those which are just "bogus." (p. 32) It is undoubtedly relevant to study how well different techniques work to enhance the well-being of individuals and communities and help prevent the subsequent development of mental health problems in populations, who are considered at-risk for such problems due to their exposure to adversity and trauma. However, the quite narrow focus on questions around effectiveness often takes center-stage at the expense of more fundamental questions about the broader implications of a given framework and the central assumptions and techniques underlying different forms of interventions. This seems especially true with the case of the CSF program. During our trip to the U.S. in the fall of 2017, Lang, Schott, and I interviewed Amy Adler, a clinical research psychologist and senior researcher at Walter Reed Army Institute of Research, who generously answered our many questions about her experiences of working on resilience in the U.S. military while sitting in a local Starbucks. Adler had been involved with the development of a previous resilience-building program in the U.S. Army called Battlemind,[5]

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[5] The Battlemind program is a stress management program developed for the US army that focuses on teaching soldiers skills to facilitate the readaptation to life and work after returning home from deployment (Adler, Bliese, McGurk, Hoge, & Castro, 2009). The Battlemind program was integrated in the US army prior to the development of the CSF program, and parts of this program was adapted as part of the CSF program (Harms, Herian, Krasikova, Vanhove, & Lester, 2013, p. 6)

and she was also familiar with the development of the CSF program. As such, she was able to provide an interesting account of the workings of the U.S. Army as an institution and of the development of the CSF program, which she described as a process driven by a search for "a good enough answer" to the question about how to help a struggling soldier population. A similar account can also be found in Seligman's own account of the development of the CSF program, where he describes how he was called upon by the U.S. military to use the knowledge and techniques from positive psychology to address what the U.S. military considered the pressing need to build resilience (e.g., Seligman, 2011b). In this search for a good enough answer, Seligman seemed to offer the U.S. military a form of psychological expertise fit for their purpose and readily applicable. But in this process, which focused on the integration and evaluation of positive psychological techniques to build resilience, more fundamental questions about the implications of adopting a positive psychological framework for building resilience seemed to recede into the background. In my present study, I foreground and address these otherwise neglected question.

Therefore, this dissertation is not a study of the effectiveness of the CSF program. Evaluations of its efficacy have already been carried out by other researchers in connection with the U.S. Army (Harms et al., 2013; Lester, Harms, Bulling, Herian, Beal, et al., 2011; Lester, Harms, Bulling, Herian, & Spain, 2011; Lester, Harms, Herian, Krasikova, & Beal, 2011). Instead, I use the CSF as an empirical case, which enables a broader look at the positive psychological framework underlying the CSF program to provide a better understanding of the central assumptions and techniques underlying this approach to building resilience, and to analyze their implications for how the problems of trauma are viewed and treated. In doing so, I do not offer a comprehensive theory about trauma and resilience, nor do I offer a definitive guide on how to make people more resilient. Rather, drawing on a range of voices and critical perspectives, I offer a critical analysis of the science of positive psychology and its approach to building resilience with the aim of articulating a set of questions and concerns about the foundation of positive psychology, the theoretical assumptions underlying their central techniques, as well as how this proposed solution frames the problems of trauma, which I argue needs to be considered, when the notion of resilience is promoted as an antidote to the problems of trauma. It is tempting to focus on the promise of resilience-building interventions as described by its proponents and to search for simple solutions to the complex problems related to trauma, but as I show in this dissertation, there are also several reasons to pause and question the promises articulated by positive psychologist and to challenge the assumptions on which the CSF program was based. Ultimately, I hope this investigation contributes to a better understanding of the promises and the potential pitfalls of adopting resilience-building interventions based on a positive psychological framework, both in the military and beyond. And I argue that while it may be tempting to embrace the promises of

positive psychology and to adopt its language around resilience as offering a potential antidote to the problems of trauma, there are several shadow sides to this approach not sufficiently acknowledged by its proponents.

1.2. Structure of the dissertation

This dissertation consists of 7 chapters, including the introduction (chapter 1) and the concluding remarks (chapter 7). Having introduced my central case and empirical starting point, as well as my research focus and central questions in the introduction, chapter 2 serves as a methodological interlude, in which I outline how I entered my field, explicate my choice of method and materials, and articulate my analytical strategy.

In chapter 3, I show how this dissertation contributes to a growing field of knowledge about the sociopolitical influence of psychological knowledge and interventions. To situate my own work in this field, I map the three central lines of critiques to show how they offer different critical lenses, which can be used to illuminate different aspects of my case, and I articulate the central tensions between these critiques and use them to further articulate my own critical endeavor.

In chapter 4, I examine the history and scientific aspirations of positive psychology as it was envisioned by Seligman. I show how its central theories and techniques have been shaped by their epistemological commitment to a positivist framework, which has led them to privilege quantitative methods to study causal relationships between variables in search of general principles underlying human functioning. An important part of the appeal of positive psychology is based on its promise to offer a way to measure, understand, and build the characteristics that contribute to human well-being, as well as in its claim to deliver interventions based on hard scientific evidence. The science of positive psychology has also been the target of substantial critiques, which I draw on to discuss whether positive psychologists have lived up to their self-proclaimed ideals. Doing so, I show how positive psychology is largely based on a form of wishful thinking rather than on hard scientific evidence. I also demonstrate how Seligman and other prominent positive psychologists have responses to the criticism of their works to show how certain critical questions tends to become black-boxed or marginalized in the works of positive psychologists.

In chapter 5, I analyze how positive psychologists have articulated the promise of resilience and examine the central theories and techniques underlying positive psychological interventions to build

resilience. By providing a brief overview of psychological research on resilience, I show how positive psychologists have distinctly shaped resilience discourse by weaving together three powerful rationales around health, optimization, and personal growth in their articulation of resilience. Through my analysis of the particulars of CSF program and the central theories and techniques underlying this approach, I demonstrate how positive psychologists' search for the simplest explanations has shaped their central theories and techniques in a way that leads to a rather individualistic and decontextualized understanding of human resilience and well-being, which are presented as primarily resulting from an individual's habitual thought and feelings. Doing so, I also argue that the theories and techniques promoted by positive psychologists can lead to a shallow understanding of resilience, as they place too large an emphasis on cultivating an optimistic mindset and positive emotions without sufficient regard for the role of individual differences and contextual factors.

In chapter 6, I turn my attention to the problems of trauma, which the CSF program was intended to prevent, and I situate the CSF program and its underlying assumptions about trauma in the broader history about how combat related trauma has been viewed and treated over the past 100 years. Through this history, it becomes visible how this program speaks to central questions and discussions within the field of trauma studies, and how it taps into broader concerns about the expanding notion of trauma and victimhood. I examine how, in trying to change the story about trauma, the CSF program deliberately deemphasizes PTSD and other posttraumatic conditions by emphasizing resilience and posttraumatic growth. This chapter also explores my central question about how the proposed solution affects the understanding of the problems, it is intended to prevent, by analyzing how the problems of trauma are framed and explained in official presentations of the CSF program, especially in Seligman's works. Drawing on a range of critical voices from within the U.S. military, I show how there are several shadow sides to the CSF program not sufficiently acknowledged by its proponents, and I argue that the resilience framework proposed by positive psychologists comes with a risk of individualizing, decontextualizing, and depoliticizing the problems of trauma. Finally, I critically examine how the CSF program promotes the notion of posttraumatic growth and I discuss the dangers of turning posttraumatic growth into a normative ideal.

In chapter 7, I offer my final thoughts and concluding remarks. This final chapter emphasizes that while the CSF program has failed to demonstrate its effectiveness for preventing traumatic conditions, and while several key questions remain unanswered, this program and its use of positive psychology still works to individualize, decontextualize, and depoliticize both the problems of trauma and the notion of resilience.

Chapter 2. Methodological interlude

In the following chapter, I outline how I have constructed my methodological approach. To put is simply, a method is a systematic way of doing something, and how we do something depends on what we are trying to achieve or find out. In research, this means that one's choice of method should follow from one's research questions (Punch, 2014, p. 7). This dissertation set out with the ambition to offer a critical analysis of the science of positive psychology and its approach to building resilience to articulate a set of questions and concerns about the foundation of positive psychology, the theoretical assumptions underlying their central techniques, and how this proposed solution is based on a certain understanding of the problems of trauma. This called for a methodological approach that would allow me to analyze not only the content of the CSF program, but also the science of positive psychology itself, and which would allow me to situate these subject matters in broader historical and scientific debates.

In the first section of this chapter, I describe how I entered the field to show how my questions and choice of method was shaped by my experiences of this field. In the second section, I outline how I have constructed this dissertation as a case study and present the materials that I work with. In the third section, I outline how I have constructed my analytical strategy. In composing this chapter, I was inspired by a certain aspect of the methodological writings and reflections offered in Jean Piaget in his book *The Child's Conception of the World* (1929) and in René Descartes' *Discourse on Method* from 1637, namely the way in which they interweave their reflections about the question of methods with descriptions of how they found their own way, thereby including their own process of thinking in their methodological reflections. Therefore, in this chapter, I weave together descriptions of my methodological approach with reflections about my process to explicate how I found my way.

2.1. Entering the field

As mentioned in the introduction, this work is part of a larger research project titled "The New Psychology of War," which was funded by The Danish Council for Independent Research and lead by the psychologist Johannes Lang and the philosopher Robin May Schott, who are both based at the Danish Institute for International Studies. This larger project set out to explore the changing relation between psychological science and warfare by analyzing the psychological and philosophical

implications of the growing interest in resilience and moral injuries in the U.S. military in the wake of the wars in Iraq and Afghanistan. In my part of this project, I focus on the use of positive psychology in the CSF program and how the turn to resilience in the U.S. military affect the governance of trauma, both in terms of how the CSF program seeks to shape soldiers' experiences of war and how it challenges existing assumptions and theories about psychological trauma, namely how it affects the understanding of PTSD. As such, my project both set out to interrogate the central assumptions and techniques underlying the CSF program, as well as the broader forms of psychological knowledge and expertise that have evolved around the concepts of trauma and resilience. This broad focus, as well as the interdisciplinary scope of the project, is an important part of what drew me to apply for the PhD position in this larger project. Coming from a background in psychology, having both taught at the University of Copenhagen and worked as a clinical psychologist in a private practice, I found myself increasingly interested in the science and discipline of psychology itself and its competing frameworks and various vocabularies around human strengths and suffering, as well as their broader social, cultural, and political implications in terms of how we understand and respond to human suffering. As the British sociologist Nikolas Rose has noted:

> "at any time and place, human discontents are inescapably shaped, moulded, given expression, judged and responded to in terms of certain languages of description and explanation, articulated by experts and authorities, leading to specific styles and forms of intervention." (N. Rose, 2006, p. 479)

This dissertation started from my interest in the CSF program and the role and use of positive psychology in a military setting, but, learning more about this program, I found that part of my interest in this case was motivated by my broader interest in the role and use of psychological science and expertise to understand and deal with human suffering. Through my analysis of the CSF program, I wanted to understand how the expertise offered by positive psychologists has come to play a role in shaping the understanding of not only human strengths, but also human suffering, and what the implications of their proposed intervention and explanations are for how suffering becomes viewed and treated.

In late October-early November 2017, Lang, Schott, and I travelled to the United States to conduct preliminary interviews for our projects. The purpose of this joint trip was to interview various researchers and practitioners, who were working with trauma and resilience in relation to the U.S. military, and to learn more about the historical, scientific, and political context of the CSF program. Having decided to focus on the use of psychological knowledge and expertise on questions related to trauma and resilience in the U.S. military, we arranged interviews with people, who could serve as

important interlocutors given their extensive knowledge about the workings of the U.S. military and the wider debates within the research fields on trauma and resilience, to which they had all variously contributed. During our preparations for this trip, we also tried contacting several of the key figures, who had been involved in the development of the CSF program, including Martin Seligman and Brigadier General Rhonda L. Cornum, who had been in charge of developing this program (Seligman, 2011b), but to no avail. Contrary to our expectations, it proved to be remarkably difficult to get in contact with these central figures. We did, however, interview several other researchers, who were familiar with the CSF program and the workings of the U.S. military, including Amy Adler, a research psychologist working at the Walter Reed Army Institute of Research in Washington D.C, Michael D. Matthews, a research psychologist working at the United States Military Academy at West Point, William P. Nash, a retired Navy captain, military psychiatrist, and former head of combat and operational stress control in the U.S. Navy and Marine Corp, and Brett T. Litz, a professor at the Department of Psychiatry and Psychology at Boston University and Director of the Mental Health Core of the Massachusetts Veterans Epidemiological Research and Information Center at the VA Boston Healthcare System.

During our 18-days trip, which took us to Washington D.C., New York City, Boston, and Chicago, we had numerous conversations with people variously involved with the U.S. military and research on trauma and resilience. Some of these meetings took the form of formal interviews conducted in various settings, including a Starbucks café near the Walter Reed Army Institute of Research in Washington D.C., a historical Tavern in Alexandria, VA, an office located underground at the U.S. Military Academy at West Point, NY, an office in the Jamaica Plain Veterans Affairs Medical Center in Boston, MA, and in the hallway of the Palmer House Hilton hotel in Chicago, IL, where we spent the last days of our trip attending a three-day conference organized by the International Society for Traumatic Stress Studies (ISTSS). Others took the form of more informal conversations with people we met along the way, for example the soldiers we met during our lunch at the West Point Academy, or the researchers, whom we met in the breaks between panel discussions or over lunch at the conference in Chicago.

Our participation at the ISTSS conference gave a sense of the tremendous scope, diversity, and ongoing conversations and controversies in the field dedicated to the study of trauma and PTSD in the United States. At this conference, I attended lectures about the difficulties of developing an etiological model of PTSD, as the disorder is characterized by its considerable heterogeneity both in terms of its causes and symptoms, thus defying attempts to capture it in monocausal explanations. I listened to panel discussions on topics such as the emerging concept of moral injury, the challenges

of developing a comprehensive theory of trauma based on the bio-psycho-social model, and the methodological difficulties of conduction cross-level analyses. And I listened to debates about the politics of funding, including the struggle to obtain funding for research to explore novel methodologies and therapeutic approaches other than the dominant models based of cognitive-behavioral therapy of prolonged exposure. At this conference, I was also struck by the relative absence of discussions about resilience and the use of resilience-building interventions. Only a handful of presentations listed in the program dealt directly with the notion of resilience in relation to trauma, and none of these spoke about the CSF program. Despite the rather glowing presentations of the program found in the writings of its central architects, who described it as "unique and historically significant" (Cornum, Matthews, & Seligman, 2011, p. 8), the program and its central proponents were conspicuously absent at this conference.

This absence was perhaps to be expected, given the different natures of the research fields of positive psychology and that of trauma studies. The field of positive psychology has largely been driven by questions about how to *enhance* human well-being and flourishing, subject matters that seem a far cry from the field of trauma studies, which had primarily been concerned with questions about how to understand and treat traumatic suffering. However, when the CSF program was developed, it created a new point of convergence between these previously separate fields, as the CSF program was promoted as a novel and potentially groundbreaking way to prevent the mental health problems associated with trauma (Cornum et al., 2011). When the CSF program was created using the theories and techniques developed by Martin Seligman and other positive psychologists, it was deliberately defined as a prevention-oriented program designed to help people "who are psychologically healthy" better face the adversities of life (Casey Jr, 2011, p. 1), thus distancing itself from other forms of interventions, which deal more directly with the problems of trauma. The promise of the CSF program as articulated by its proponents was that by teaching soldiers how to "be" better before being deployed to combat, they would not have to "get" better after they returned (Casey Jr, 2011, p. 1). In other words, building resilience was assumed to work as an antidote to the problems of trauma. This proposition sounds almost irresistible. Why continue to spend millions of dollars on the research and the treatment of traumatic disorders, if these could be prevented by teaching soldiers how to enhance their resilience by using the simple techniques promoted by positive psychologists? If it works, it would benefit both the individual soldiers and the military as an organization, and it would prove Seligman right in his general critique of psychological science, which he had characterized as dominated by an almost exclusive focus on matters related to pathology, thus neglecting questions about what makes people thrive and grow despite experiences of trauma and adversity (Seligman & Csikszentmihalyi, 2000).

However, as I show in this dissertation, the seemingly irresistible promise of positive psychology and its resilience-building interventions such as the CSF program have attracted considerable critique, both from researchers within the science of psychology and from researchers in its neighboring disciplines, who have argued against or seriously questioned the promises of positive psychology and its interventions. As I explored the broader scientific discussions about the science of positive psychology and the CSF program, I noticed a pattern of responses ranging from enthusiasm, indifference, incomprehension, and active resistance that were similar to the soldiers' responses to the CSF training as observed by Sogn (2016). Within the ongoing scientific discussions, the most common positions in the debates seem to be either that of the cheerleader, who enthusiastically embrace the promise of positive psychology, or that of the staunch critic. In short, this is a field of characterized by both strong opinions and mixed emotions. This pattern also became visible in our interviews during our trip to the US in 2017. While one of the military psychologists, whom we spoke to, believed that the science of positive psychology could offer substantial advances to the field of military psychology and described the military as a natural home for positive psychology because of its focus on building strengths and character (Matthews, 2008, 2014), others seemed far more hesitant about the potential and promise of positive psychology, when it came to preventing traumatic disorders (e.g., Litz, 2014; Steenkamp et al., 2013). One military psychiatrist, we spoke to, even characterized the CSF program as "snake oil," thus suggesting that in proposing resilience-training as a solution to the problems of trauma, Seligman had been marketing a fraudulent or valueless cure.

Listening to the various voices within the field, I realized that to explore my questions about the CSF program and the use of positive psychological techniques as an antidote to trauma, I needed to develop a methodological approach that could help me navigate the complexity of this field without becoming mired in it, and which would allow me to weave together different lines of critiques. The following sections outline the method and analytical approach I have chosen to help me do so.

2.2. Thinking through a case

This dissertation can best be described as a qualitative case study, as I have taken the Comprehensive Soldier Fitness program as my central empirical case and starting point. In social and humanistic sciences, the term "case" has various usages and meanings. The question "What is a case?" can be

answered in remarkable different ways, and the answers given to this question affect both the conduct and the results of one's research (Ragin, 1992). Because of this great variation, it is not easy to provide a general definition of case studies. Instead, I have chosen to articulate how I have constructed my approach as a case study.

According to Punch (2014), a case study "aims to understand the case in depth, and in its natural setting, recognizing its complexity and its context." (p. 120) Therefore, the case study is more a strategy than a method, as one strives to study one's case in detail, using whatever methods and data that seem appropriate. This strategy contrasts strongly with the reductionist approach of most quantitative research, e.g., methods designed to study psychological phenomena in a decontextualized way such as the laboratory experiments on learned helplessness that made Martin Seligman famous (Seligman & Maier, 1967). Rather than trying to isolate, measure and manipulate a few select variables, a case is to be studied as a complex entity located in its own situation (Stake, 2006). To do so, one must pay attention to the background and context of one's case and explore it in relation to its historical, theoretical, cultural, and political context. In other words, a case study requires a continuous work of contextualization.

According to Flyvbjerg (2006), the conventional view of case study research in the social sciences has been characterized by several misunderstandings, e.g., that detailed examination of a single example cannot be of value in and of themselves, and that they need to be linked to hypotheses, "following the well-known hypothetico-deductive model of explanation." (p. 220) The conventional view of case study research is that the case study is most useful for generating hypotheses in the early stages of research, whereas other methods are more suitable for hypothesis testing and theory building. A second misunderstanding is that a single case study cannot contribute to scientific development, because one cannot generalize on the basis of individual case (Flyvbjerg, 2006). However, as several researchers working with case studies have argued, there is more to be gained from paying careful attention to a particular case than just generating hypotheses, attempting to falsify a general theory, or producing generalizations (e.g., Flyvbjerg, 2006; Moi, 2015; Mol, 2008b). As these scholars have all pointed out, there are other ways in which case studies can contribute to scientific development. Drawing on Wittgenstein, Moi (2015) has argued that a careful analysis of a particular case can work as an antidote to the "craving for generality" that wish to emulate the natural sciences' understanding of explanations and the reductionist search for a few simple principles or laws to explain the phenomena under study. According to Moi (2015), "Theorists in the grip of the "craving for generality" are interested in the general concept, not the particular case." (p. 196) For example, if my study of trauma and resilience had been driven by such as craving, I would have strived to articulate a general

theory about trauma and resilience. However, as I explored the vast literature on trauma and resilience and spoke to researchers working with phenomena subsumed under these concepts, I was struck by the considerable heterogeneity in their meaning and uses, and I realized that I was entering not just one field, but several fields. Knowledge about psychological trauma and resilience grows in a rhizomatic fashion; there are no clearly identifiable beginning or end, but many possible points of entry, which span several centuries, different cultures, and various disciplinary perspectives. For example, research on trauma and resilience spans multiple disciplines, including psychology, sociology, anthropology, philosophy, medicine, law, history, and literature. Rather than trying to settle the matter of trauma and resilience once and for all by providing a general definition of these concepts, I realized that I needed to pay attention to this empirical and theoretical heterogeneity, as I explored my case.

Doing so, I was especially inspired by the approach to case studies articulated by the philosopher Annemarie Mol, who has described the use of case studies in the following way:

> "Good case studies inspire theory, shape ideas and shift conceptions. They do not lead to conclusions that are universally valid, but neither do they claim to do so. Instead, the lessons learned are quite specific. If one immerses oneself long enough in a case, one may get a sense of what is acceptable, desirable or called for in a particular setting. This does not mean that it is possible to predict what happens elsewhere or in new situations. (…) This is not to say that its relevance is local. A case study is of wider interest as [it] becomes a part of a trajectory. It offers points of contrast, comparison or reference for other sites and situations. It does not tell us what to expect – or do – anywhere else, but it does suggest pertinent questions. Case studies increase our sensitivity." (Mol, 2008b, p. 9)

With this formulation in mind, I started exploring the CSF program and its use of positive psychological theories and techniques for building resilience as an antidote to trauma. As a central aim of my work is to produce a critical analysis of the CSF program and its use of positive psychology, my approach can be defined as an intrinsic case study (Stake, 2006, p. 8). I am not trying to refine a general theory about trauma and resilience (as an instrumental case study would). Instead, I attend to the ways in which notions of trauma and resilience are articulated in my case and explore how these articulations/conceptions are situated within a broader field of questions and scientific discussions about trauma and resilience.

In his article about case studies, Dumez (2015) has argued that there are three fundamental questions that one should ask when conducting a case study: W*hat is my case a case of? What is the stuff that my case is made of? And what does my case do?* I address the first two questions in this section, while returning to the third question in the later section about my analytical strategy. The first question

"What is my case a case of?" has two parts. The first part is an empirical categorization of one's case, while the second is a theoretical categorization. Empirically, the CSF program is a case of a resilience-building intervention designed to prevent the mental health problems associated with experiences of trauma and adversity. As such, my analysis of the case of the CSF program lends itself to comparison with other studies of related empirical cases, for example other training programs developed to prevent mental health problems in military populations such as the Battlemind program,[6] or resilience-training programs used with different populations in other contexts such as the *Penn Resilience Program* (PRP)**,** which was created in 1990 as a school-based intervention designed to prevent depression, anxiety, and conduct problems in middle school children (e.g., Seligman, Reivich, Jaycox, & Gillham, 1995/2007), and which served as a prototype in the development of the CSF program (Seligman, 2011b). According to Dumez (2015), a case study requires a comparative approach. However, direct comparisons with other resilience-building interventions are outside the scope and aim of my analysis. But for others interested in such comparisons, my study offers an in-depth analysis of the CSF program, which can contribute to broader discussions of the similarities and dissimilarities between different kinds of resilience-building interventions, both in militaries and in other settings. In the initial phase of my project, I considered comparing the CSF program and its approach to building resilience with the approach of the Danish military, but following several conversations with the military psychologist Halfdan Fryd Koot, who has worked on resilience-building interventions in the Danish military, I decided against this approach, because the Danish military has not yet developed a comprehensive resilience-training program like the CSF program, and to this date, very little has been published on the efforts around resilience training in the Danish military. In addition, it seemed to me that the case of the CSF program represented an extreme case (Flyvbjerg, 2006), deserving of attention in its own right, as this program is the largest resilience-building interventions ever created. In addition, the use of positive psychological theories and techniques represented a significant change in the way in which the U.S. military had previously dealt with the mental health problems related to trauma. Finally, as this program was promoted as a general model intended for civilian use (Seligman & Fowler, 2011, p. 85), my critical examination of how its foundation and its proposed solution affects the understanding of the problems, it is intended to prevent, has a broader relevance, as this model travels and gets taken up in other contexts.

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[6] The Battlemind program is a stress management program developed for the US army that focuses on teaching soldiers skills to facilitate the readaptation to life and work after returning home from deployment (Adler et al., 2009). The Battlemind program was integrated in the US army prior to the development of the CSF program, and parts of this program was adapted as part of the CSF program (Harms et al., 2013, p. 6)

The second part of Dumez's question "What is my case a case of?" concerns its theoretical categorization. This question has a dynamic dimension, as the answer to this question only gradually emerges over the course of the research process. In the beginning of my process, I had a sense that my analysis of the CSF program would contribute to ongoing questions and discussions about trauma and resilience, but how it did so, only became clear as I started conducting my analyses and began situating the science of positive psychology and the assumptions about resilience and trauma underlying the CSF program in a broader historical, scientific, and political landscape. For example, I found that the approach to building resilience promoted by positive psychologists like Martin Seligman, was based on an understanding of traumatic disorders that challenged the centrality of the traumatic event, which had otherwise been affirmed in the diagnostic category of post-traumatic stress disorder and marked a return to an understanding of traumatic disorders as resulting from a preexisting individual weakness rather than from one's exposure to traumatic events. In addition, when Lang, Schott, and I started our work on "The New Psychology of War," it was motivated by a question about the psychological and philosophical implications of the militarization of positive psychology in the wake of the wars in Iraq and Afghanistan, and how positive psychologists had become implicated in attempts to enhance soldier's fighting capabilities and well-being. However, working with my case, I found that the CSF program could also be described as an example of an increasing psychologization of the U.S. army, rather than as a militarization of positive psychology, because the central theories and techniques used were first developed and disseminated in civilian contexts. With the creation of the CSF program, positive psychological theories and techniques found yet another niche in which to flourish in addition to their applications in civilian institutions such as schools, corporations, and social services, as well as their broader dissemination in popular self-help books written by positive psychologists (e.g., Reivich & Shatté, 2002; Seligman, 2011b; Seligman et al., 1995/2007). This observation helped shape my theoretical categorization of my case. Theoretically, my analysis of the CSF program both contributes to ongoing discussions about trauma and resilience and to broader questions about the construction and use of the psychological knowledge and techniques developed by positive psychologists, as well as their broader social, cultural, and political implications for how we understand and respond to human suffering.

I also realized that this program was also a case of the ways in which psychological knowledge and expertise has become a prominent interpretive framework and broader cultural force that shape how various problems are understood and treated. As such, my work contributes to a growing field of knowledge about "therapeutic cultures," which is concerned with questions about the wider sociopolitical implications of psychological science. Research within this field has been driven by critical questions about the diverse and multifaceted roles that psychological discourses, practices,

and technologies have come to play in contemporary societies (e.g., Aubry & Travis, 2015; Nehring, Madsen, Cabanas, Mills, & Kerrigan, 2020). In chapter 3, I map the central questions and lines of critiques within this field to situate my own approach and critical inquiry within this broader landscape of critical perspectives.

2.2.1. Materials

In the following section, I outline how I have gathered the materials through which I have constructed my case as an object for my analysis. As such, this sections serves to address Dumez's second question *"What is the stuff that my case is made of?"* (Dumez, 2015, p. 48), by offering a brief overview of the various kinds of materials I have used in my analysis.

As I began my work, I encountered several difficulties around access. Initially, I had imagined that I could conduct interviews with soldiers, who had received the CSF training, to explore their experiences of the training, but it soon became obvious that this was not feasible, nor would I be able to do participant observation of the training, as this would require several kinds of permissions and a much stricter research design than the more exploratory approach that I had envisioned. I also realized that I was not alone in these struggles. There have been several critical objections to the lack of transparency regarding the content of the CSF program. In an article about the CSF program, Brown (2015) flagged issues about the apparent inscrutability of the program for researchers not working with the U.S. military, which makes it hard to access the tools and methods used in the training and in evaluations of the training. The content of the teaching materials used in the CSF program are copyright protected and have not been made publicly available, which, according to Brown (2015), prevents any meaningful assessment or criticism of this approach to building resilience. Several others have also expressed concerns about the lack of critical perspectives and independent evaluations of the program and its scientific foundation (Quick, 2011; S. L. Smith, 2013; Steenkamp et al., 2013).

However, despite the lack of access to the training, teaching materials and questionnaires used in the CSF training, several descriptions of the content and rationale underlying the CSF program have been made publicly available in various forms. Therefore, in my study, I have analyzed the presentations of the program and its central techniques that could be found in official publications about the CSF program, such as those found in a special issue of the journal *American Psychologist* about the

Comprehensive Soldier Fitness program,[7] in official reports and evaluations of the program (Harms et al., 2013; Lester, Harms, Herian, et al., 2011; U.S.Army, 2014), as well as in publications written by Seligman and other positive psychologists that contain more detailed descriptions of the theories and techniques from positive psychology that are used in the CSF program (e.g., Gillham et al., 2007; Reivich & Shatté, 2002; Seligman, 1990/2006, 2011b, 2018; Seligman et al., 1995/2007). These publications consist of various genres, ranging from academic articles written for other psychological researchers and practitioners, reports written for organizational purposes, and self-help literature written for a general reader. In addition to this, I also watched promotional videos and lectures about the CSF program on YouTube, I monitored the twitter account created for the CSF program which offered various forms of advice on how to build resilience, and I read newspaper articles and army newsletters about the CSF program. In other words, I went through pretty much any kind of materials about the program that I could get my hands on. Finally, I conducted both formal interviews and had informal conversation with various researchers working with trauma and resilience during my fieldwork trip with Lang and Schott in the fall of 2017 and during my three-months research stay at NYU in the fall of 2018, where I spoke to other researchers, who had worked with trauma and resilience outside a military context. Although these interviews and more informal conversations only play a minor role in my analyses, where I have prioritized using the academic publications of some of the people, I interviewed, rather than the interview transcripts themselves, they have played an invaluable role in helping me orient myself and my research in the vast landscape of research on trauma and resilience.

The materials I use in my analyses mainly consist of published texts. I have prioritized the use of materials, which are publicly available, so that my readers can look up any reference and see for themselves what they make of it. In my analyses, I draw on various forms of material, ranging from academic articles, interviews, manuals, speeches, press releases, reports, twitter posts, autobiographical narratives, and self-help literature. Despite the various genres in which these texts are written, I have taken them as examples of what Foucault has called "prescriptive texts" – texts whose main object, whatever their form (speech, dialogue, manuals, self-help literature, interviews, pamphlets, etc.), is to suggest rules of conduct and offer advice, rules, and opinions on how to conduct oneself (Foucault, 1990, pp. 12-13). These materials are practical texts, designed to be read, reflected upon, and experimented with, thereby offering guidance for how to conduct one's life, giving shape to individual and collective actions and ethical reflection. Some of these texts offer very practical advice on how to build resilience, such as the twitter posts from the CSF program, which encouraged soldiers

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[7] These articles were published in 2011 in volume 66, issue 1 of the journal *American Psychologist*.

and other military personnel to express gratitude, to take their minds of counter-productive thoughts, and to smile more.[8] Other texts, such as the academic publications written by positive psychologists, contained little such advice, but they did, however, outline the rationale underlying the advice I found in twitter posts, and they expressed opinions about and suggested rules of conduct for the scientific research underlying this approach. As such, these various representations of the CSF program allowed for an analysis of the norms and ideals created in the CSF program, as well as the foundation of the psychological knowledge and expertise underlying this approach to building resilience.

2.3. Analytical strategy

In developing my analytical strategy, I have been especially inspired by Carol Gilligan, a professor in psychology and gender studies at New York University, and her work on the listening guide method. Part of what drew me to Gilligan's work and method was her careful attention to the interplay between different voices and frameworks, which was grounded in a key discovery she made during her research on moral development, which led to her seminal book *In a Different Voice* (1982). As she interviewed various groups of people about their experiences of moral conflict and choice, Gilligan noticed a different voice, which posed a challenge to the understanding and interpretation she found in the prevailing theoretical framework on moral development, and she found that there were different ways of speaking about identity and morality. This discovery prompted the recognition that the psychological literature on moral development, which had been presented as true and objective, had "a distinctive voice and point of view." (Gilligan, 2015, p. 70). Rather than burying or trying to smooth out this discovery, she started attending more to the interplay between different voices, because she found that "what proved most informative was the relationship of different voices to another" (p. 70). Following her discoveries, Gilligan developed her listening guide method, a qualitative research method that attends to the interplay of voices within an interview or a text, as well as to the cultural setting of research, in order to establish a contextual framework for understanding or interpretation (p. 69). This method, which has now been taught for more than 30 years, was designed as a method of discovery to help researchers uncover new questions and illuminate the complexity and multiple layers of their materials.

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[8] https://twitter.com/USArmySR2/status/1016683901211893761 (Uploaded July 10, 2018. Downloaded on March 5, 2019)

Having noticed the tensions between different voices in the fields of trauma and resilience, which either embraced or dismissed the promise of positive psychological interventions such as the CSF program as an antidote to trauma, I wanted to develop a critique that tried to bridge the gap between cheerleader of the program and its staunchest critics by bringing these different voices into conversations with each other in my analysis. Entering a field that was quite polarized, I experienced a strong pull to position myself as either for or against, and I felt myself continually resisting this pull, wanting to make space for a more ambivalent analysis of the CSF program attuned to understanding both its promise and potential pitfalls. I did not want to simply embrace the promise articulated by proponents of the program, nor did I want to prematurely adopt the suspicion with which it was treated by its critics. Before taking any position, I had to pause and learn more about my case, to which end I found the listening guide method to be incredibly helpful. In a presentation of her listening guide method, Gilligan writes:

> "A constant reminder I find myself giving to researchers learning the method is to slow down. Before analyzing, before classifying, before thinking about what something means or trying to do anything with the data, just listen, first for the distinguishing markers or features of this particular psychological terrain, next for the first-person voice of the person speaking, and finally for the voices that speak to the question that sparked the research. Only then, only after the evidence from these listenings has been assembled, can one begin to compose an analysis that is empirically driven, meaning driven by evidence, and thus which holds the potential for discovery." (Gilligan, 2015, p. 75)

To facilitate a process of discovery, the listening guide method invites researchers to suspend judgement and replace it with curiosity. This does not mean that judgement is suspended indefinitely, but it is deferred until the researchers have developed a thicker understanding of their materials and listened carefully to the multiple voices that speaks to their questions. To me, it was a welcome reminder to resist the rush to judgement that I felt entering the field. This analytical framework also seems especially well-suited for case studies, as it invites the researcher to attend to the complexity of one's case, and to the contradictions and tensions between the different voices and frameworks that speak to one's case.

As an approach to analyzing qualitative materials, the listening guide begins by asking questions about voice and relationship: *"Who is speaking and to whom? In what body or physical space? Telling what stories about which relationships? In what societal and cultural frameworks?"* (p. 69). It then guides the researcher through three successive readings of one's empirical material, in which one attends to a) the features of the particular terrain, which is also called listening for the plot, b) how the "I" or the first-person voice in the material moves across this terrain, and c) the voices within the

material that speak to or inform the researcher's question (p. 69). Through these successive readings, or "listenings," the researcher systematically assembles a trail of evidence, which then serves as the basis for composing an analysis or interpretation of one's materials. In constructing my own analytical approach, I adapted Gilligan's listening guide for my own purposes. The listening guide was originally designed to be used on any kind of text that contains a first-person voice, e.g., interviews transcripts and a variety of literary and historical texts, including novels and diaries (Gilligan, Spencer, Weinberger, & Bertsch, 2003). As most of the materials, I work with, are not written in a first-person voice, I had to adapt the three readings proposed in the listening guide. However, its orienting questions about voices and relationships helped guide me, as I started exploring the historical, scientific, and political landscape in which my case was situated. Having experienced the considerable heterogeneity of the research around trauma and resilience, I started paying more attention to the multiple voices and ongoing debates within these fields, and I found that the approach to building resilience proposed by Seligman and other positive psychologists in the CSF program represented a distinct voice, which I could trace, analyze, and position in relation to other voices within these fields. Treating positive psychology as a voice was useful, as it allowed me to analyze and discuss not only the content of the theories and techniques proposed by positive psychologists, but also their contexts, e.g., the contexts in which these theories and techniques were developed, and the contexts in which they have been applied. It helped me turn what I had previously considered a rather general theoretical framework into an object of investigation, and it enabled me to explore how other researchers had questioned the authority of this voice on different grounds.

A voice is always grounded in a particular perspective, even though some voices – especially in scientific publications – conceal this by speaking in ways that decontextualizes and universalizes what is being said. Haraway (1988) calls this the *god trick* – the seeing of everything from nowhere, which is presented as capable of producing pure knowledge untainted by the vantage point and values of the observer. However, instead of relying on this trick, Haraway argues for a more situated kind of knowledge grounded in partial perspectives and urges us to adopt "politics and epistemologies of location, positioning, and situating, where partiality and not universality is the condition of being heard to make rational knowledge claims." (p. 589) Of course, the science of positive psychology is populated by many different voices, and in treating positive psychology as a voice, I had to consider which voices to include from this field and which to leave out.[9] In addition, the focus on positive

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[9] For more general introductions to the history, scope and diversity of positive psychology, see, e.g., C. R. Snyder, Lopez, Edwards, and Marques (2021) Boniwell (2012), Sheldon, Kashdan, and Steger (2011), and Linley and Joseph (2004).

psychological phenomena is not exclusive to positive psychology but has a longer history in both philosophy and psychological science.[10] I have to include the caveat that my analysis and discussion of positive psychology in this dissertation is by no means exhaustive, rather, it is limited to the voices from this field that spoke directly to the CSF program, and which I deemed central to my analysis of this case. Therefore, I have paid particular attention to the works of Seligman and his close associates, who have played a central role in the development and promotion of the CSF program. There are, of course, other versions of positive psychology than the one articulated by Seligman and his associates (even though Seligman has been a defining and highly influential voice within the discipline of positive psychology), e.g., the version found in *The Routledge International Handbook of Critical Positive Psychology* (Brown, Lomas, & Eiroa-Orosa, 2018). But in this dissertation, Seligman's version of positive psychology takes center stage, while these others only appear as contrasting voices in my analyses.

In adapting the listening guide analysis for my case study, I constructed my own three successive readings of my materials, which were loosely inspired by readings proposed in the listening guide. In my first reading, I focused on my questions about resilience and how the promise of resilience was articulated in official presentations of the CSF program and in the writings of positive psychologists, and I explored the central theories and techniques underlying this approach to building resilience. This reading is similar to the first reading proposed by Gilligan, which begins by listening for the plot of a text by asking what stories are being told and by attending to the landscapes or multiple social and cultural contexts, in which these stories are embedded (Gilligan et al., 2003, p. 160). By paying attention to the stories told about resilience in official presentations of the CSF program, I got a sense of how its proponents spoke about the promise of resilience and how they positioned the program in relation to other approaches. I found that these presentations were structurally similar to the first-person narratives usually used as materials in listening guide analyses, as they involved an act of positioning in the larger terrain of stories and theories about trauma and resilience. Listening for the plot and mapping the terrain also involves paying attention to contradictions and absences in the stories being told, and it encourages the researcher to attend to his or her own responses to what is being expressed and to the persons speaking (Gilligan et al., 2003). Having notice the relative absence

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[10] For example, Seligman's work on character strengths and virtues is inspired by Greek moral philosophy, most notably from Aristotle (Nafstad, 2015; Peterson & Seligman, 2004), and central therapeutic techniques used in positive psychological interventions have been taken from cognitive therapy, which was inspired by Stoic philosophy (Robertson, 2010). Discussions about the philosophical roots of positive psychology are outside the scope of my analysis but can be found elsewhere (e.g., Kristjánsson, 2010, 2012, 2013).

of discussions about trauma in presentations of the CSF program, I used this absence as the starting point for my second reading.

My second reading differs more from the second listening proposed by Gilligan, in which she underlines all the I-statements in her materials to trace how the first-person moves across the terrain. As there are no explicit I-statements in most of my materials, I instead opted for a second reading that focused on questions about trauma. Despite promoting the CSF program as an antidote to trauma, the official presentations of the program seemed to have curiously little to say about the problems of trauma. However, in telling certain stories about strengths and resilience, the official presentations of the program also reveal certain assumptions about what makes people vulnerable to traumatization. Although they are rarely made explicit, the resilience-building intervention proposed by positive psychologists in the CSF program is based on certain assumptions about the problems of trauma, which I have strived to make more explicit through a close reading of the various materials about the program, as well as in the earlier writings of Seligman. In other words, my second reading of my materials explored questions about how the proposed solution of building resilience is based on a particular understanding of the problems it is intended to prevent. As such, this reading also served to contextualize my case, as it helped me to position the CSF program and its approach to building resilience in larger historical debates about the problems of trauma.

The third reading proposed in the listening guide consists of listening for contrapuntal voices to bring the analysis back into relationship with one's research question (Gilligan et al., 2003). The logic behind this step is drawn from the musical form counterpoint, which consists of a combination of different melodic lines that are played simultaneously and move in some form of relationship with each other (pp. 164-165). This step involves paying attention to the tensions, harmonies, and dissonances between different voices in the materials, which speak to one's research question (Gilligan, 2015). In my analysis, I have adapted this step by broadening the scope of my analysis to include a host of other theoretical voices, which also speak to questions about trauma and resilience, and which I have used to question the stories told by proponents of the CSF program in various ways. This allowed me to explore the relationship and tensions between the position articulated by positive psychologists and the voices of other researchers, who have questioned their approach, and it helped me articulate different layers of critique. For example, by making the academic writings of positive psychologists a part of my empirical materials, I started asking questions about the scientific foundation of these texts and of positive psychology itself, which led me to explore the history and scientific foundation of positive psychology and to analyze the implications of their epistemological commitment to positivism and their search for simple answers to complex problems. In doing so, I

was inspired by the works of critical theoretical psychologists, who have argued that we need to turn "the gaze of the psychologist back on the discipline." (Parker, 2007, p. 1) and consider how psychological science is involved in the constitution of its own subject matter.

Together, these three readings allowed me to explore my case at different analytical levels, to weave together different lines of critique, and to bring voices from other disciplinary fields into the conversation. Therefore, my analytical process can best be described as a hermeneutic process, in which I have moved back and forth between close readings of my empirical materials and explorations of a range of other theoretical voices and perspectives, which offered various reflections on these materials, and which have helped me explore my research questions and situate my case in its broader social, historical, scientific, and political landscape. My analytical approach has also shaped how I have composed my analysis. Because of my methodology, the use of theoretical texts as empirical materials, and the complexity of my questions and subject matter, I have chosen to incorporate elements of the state of the art throughout all the chapters of my dissertation. To analyze the ambivalence and polyvalence of the CSF program and its use of positive psychology, I move between different levels of analysis to explore and emphasize the connections, contradictions, and conflicts within and between these different levels. This also has implications for the way I position myself as a critical researcher and for the kind of critique that I articulate. In this dissertation, I listen, amplify, and add to a chorus of concerns about the potential shadow sides of the CSF program and its use of positive psychology. Doing so, I have developed my own critical position as someone who listens – but also interrupts and challenges – the stories told about the CSF program and its use of positive psychology by weaving together different strands of critiques and concerns about the role and use of positive psychology.

Following this outline of my analytical approach, I want to briefly reflect on Dumez's third question about what my analysis of the CSF program can do (Dumez, 2015, p. 48). For Dumez, this question concerns the kind of contribution that one's case study makes. Case studies, he argues, have often been criticized for being too descriptive, by which he means case studies that are conducted in the absence of any theoretical work. According to Dumez (2015), the most fruitful kind of case study is the heuristic one, which bring out new ideas and rethink established theories (p. 54). However, my present case study serves a somewhat different purpose than the ones proposed by Dumez, as I have used the case of the CSF program to critically reflect on the use and implications of adopting a positive psychological framework as the basis of this resilience-building intervention. As such, my case study does not seek to refine a general theory about trauma or resilience. Instead, I have taken this case as a starting point through which to critically explore the particular articulation of resilience found in

the CSF program and the central theories and techniques on which this is based. Doing so, I also offer a critical analysis of the construction and use of positive psychological knowledge as an antidote to the problems of trauma, thus making this theoretical framework a central object of my analysis. As such, my case study not only contributes to a field of questions about trauma and resilience, but it also contributes to a field of broader questions about the cultural influence of psychological science, which is concerned with the role and use of psychological knowledge in late modern Western societies. In the following chapter, I provide an overview of this field, which has been characterized as the study of therapeutic cultures, to give a sense of its central lines of critique and to situate both my case and my own approach and questions in this larger terrain of discussions about the social, cultural, and political implications of the growing use of psychological knowledge and expertise.

Chapter 3. The broader landscape: Studying therapeutic cultures

In this chapter, I situate my work in relation to a broader landscape of questions about the social, cultural, and political implications of the growing use of the psychological expertise such as the one offered by the positive psychologists, and I argue that existing studies of therapeutic cultures offer different lenses of critique, which can be used to illuminate different aspects of the CSF program and its use of positive psychology. Critical social research on therapeutic cultures is burgeoning across a range of disciplines, and in the following sections, I map the three central lines of critique, which have emerged from these various studies of therapeutic cultures to give a broad introduction to this field and to situate my own approach in this broader landscape. The first line of critique presents the expansion of therapeutic cultures and of a therapeutic ethos as having led to an individual as well as a cultural decline; the second line of critique mainly focuses on questions about power, subjectivity, and practices of governing; and the third line of critique emphasizes the ambivalent legacy of the therapeutic turn in late modern Western societies (e.g., Madsen, 2014b, 2020; K. Wright, 2008). Together, these different lines of critique offer different vantage points on the broader social, cultural, and political implications of the growing use of psychological knowledge and expertise, and while my own critical position is closest to the position articulated in the third line of critique, I draw on points from all three lines of critique in subsequent chapters.

Studies of therapeutic cultures are often driven by an interest in the psychologization and cultural influence of psychology in late modern Western societies. According to Madsen (2014b), there is no strict scientific definition of the term "therapeutic culture," but the term is generally used to point to the ways in which psychological science has become a prominent interpretive framework and broader cultural force that both shape how individuals see themselves and others, and how various problems are understood and treated. As emphasized by Furedi (2004a), a therapeutic culture works as a system of meaning, offering representations of life and a vocabulary through which to make sense of individuals' relationships to society. As a field, the study of therapeutic culture is characterized by its interdisciplinarity. Since the emergence of the field in the 1950s, studies of therapeutic cultures have mainly been conducted by historians, sociologists, and philosophers, and have been somewhat marginal in psychological science (although some psychological schools have articulated critiques similar to those found in critical studies of therapeutic cultures, e.g., critical psychology and feminist psychology). In the past 20 years, psychologists have increasingly turned their gaze towards therapeutic cultures and the broader social, cultural, and political influence of psychological science

(e.g., Becker, 2005, 2013; Brinkmann, 2016; Madsen, 2014c, 2018), but much of the work on therapeutic culture still take place in neighboring disciplines.

For the purpose of my analysis, I want to emphasize how the various sociological, historical, and philosophical studies of therapeutic cultures point to the ways in which psychological science is involved in the constitution of its own subject matter – to its *looping effects,* to borrow a term from Ian Hacking (1995a), who has analyzed the role of the human and social sciences in "making up people" (Hacking, 1986). With his concept of looping kinds, Hacking points to the dynamic relationship between scientific concept and categories such as trauma and resilience and the people, who are classified as traumatized and/or resilient. Seeing someone as *of a kind* may change entire sets of perception, both in terms of how people see themselves and how they are seen by others, and it can change how they think about their past, present, and future, as new descriptions invoke certain explanations and expectations (Hacking, 1995a).

> "Inventing or molding a new kind, a new classification, of people or of behavior may create
> new ways to be a person, new choices to make, for good or evil. There are new descriptions,
> and hence new actions under a description." (Hacking, 1995b, p. 239)

Studies of therapeutic cultures typically explore how psychological discourses, practices, and technologies have influenced our contemporary world and their effects on human experiences of self and social relationships, and a central aim underlying studies of therapeutic cultures is the critical enquiry "into the diverse and multifaceted roles which psychotherapeutic discourses, practices, technologies, and institutions may play in contemporary societies" (Nehring et al., 2020, p. 3). Studies of therapeutic cultures often highlight the growing prominence of therapeutic discourses and practices in everyday life, and how therapeutic cultures have changed due to the influence of certain theories or historical developments. The interest in therapeutic cultures need not be limited to the period after the formal creation of psychology as a scientific discipline in 1879, when Wilhelm Wundt founded his psychological laboratory in Leipzig, Germany. As noted by Lears (1983), all cultures, both ancient and modern, have probably had some sort of therapeutic dimension, which spoke to questions about emotional, spiritual and physical well-being (Foucault's late writings about the care of the self in Ancient Greece is a good example of this). However, most analyses of therapeutic culture tend to focus on the past 75 years. Several have noted a postwar boom in the use of psychological experts and expertise following World War II (e.g., Cushman, 1996; E. Herman, 1995; N. Rose, 1999). Similarly, Illouz has argued that American culture underwent a significant transformation after the Second World War, as psychologists joined key social institutions and psychological expertise gained influence in the state, on education, marriage, corporations and in the army, where they helped

engineer social relationships and manage conflicts (Illouz, 2003, p. 163). In line with this historical development, studies of therapeutic cultures are rarely limited to the theories underlying the psychological disciplines and the practices of its professionals (e.g., psychologists, psychiatrists, and social workers), but also analyze how psychological knowledge has made its ways from clinical settings and into our homes, schools, and workplaces, how therapeutic discourse has become an integral part of popular culture (e.g., how it features in movies, television, books, magazines, etc.); and how it can be found in various practices of everyday life, where psychological concepts and ideas are taken up, incorporated, and potentially transformed, e.g. in how we parent our children and how we deal with stressful or traumatic events, thus emphasizing how therapeutic thinking has been colonizing spaces across the private and public spheres (e.g., Illouz, 2003, 2008; Rakow, 2013).

This wide proliferation of therapeutic cultures and of psychological thinking also has implications for how we should think about the production and dissemination of psychological knowledge and discourses. For example, in her analysis of therapeutic discourse, the sociologists Eva Illouz has argued that it constitutes both a formal knowledge system and informal, more amorphous and diffuse cultural system (Illouz, 2008). The formal knowledge system is the product of professional organizations such as universities and research institutions with distinct boundaries and rules of knowledge production and writing, while the informal cultural system is an anonymous, authorless, and pervasive worldview scattered across a dazzling array of social and cultural locations (e.g. TV talk shows, school curricula, and military training programs), which informs our everyday practices and self-understandings (p. 10). Similarly, the sociologist Nikolas Rose has emphasized how the social reality of psychology is not a coherent paradigm, but "a complex and heterogenous network of agents, sites, practices, and techniques for the production, legitimation, and utilization" of psychological truths (N. Rose, 1996, p. 60). The competing theoretical and therapeutic schools in psychological science have had varying influences on the cultural imagination, as they have been applied in different settings. Given this heterogeneity of psychological science, theories, and practices, as well as their widespread presence our social, cultural, and political landscapes, it is most accurate to think of this field as the study of therapeutic cultures, as the plural form highlights the heterogeneity of the field and its multiple objects of investigation. We do well to remember that each therapeutic school or framework and each therapeutic context has its own particularity (N. Rose, 1999, p. 249). This point serves as an important reminder that analyses of therapeutic cultures are always partial and situated, and it urges us to trace how different psychological theories and interventions travel across time and place, to study the ways psychological theories and frameworks rival and contest each other, and to explore how they are taken up, negotiated, and potentially transformed. In short, it is important to

pay attention to the multiple ways in which both theoretical and historical contexts matter in the analyses of therapeutic cultures.

3.1. The first line: A corrosive force leading to individual and cultural decline

The first line of critique tends to represent the growing psychologization and cultural influence of psychological science as a corrosive force that has led to both an individual and culture decline. This line of critique is especially prominent in early studies of therapeutic culture, which often focused on the impact of Freud's ideas on Western (especially American) culture. One of the most famous early works analyzing the cultural influence of psychology is Philip Rieff's *The Triumph of the Therapeutic* (1966/1987). In this book, Rieff offered a sociological analysis of the creation of the 'psychological man' brought about by the Freudian revolution, which he saw as having contributed to increasing isolation, individualism, and the loss of any external moral authorities, and as having encouraged individuals to liberate themselves from societal constraints and pursue their personal fulfillment at the expense of the communal good. Since Rieff's seminal book, several other critical works have followed, offering different analyses of various cultural manifestations of the therapeutic ethos, which was created by the proliferation of psychological theories and practices, and examining the role this ethos has played in shaping American life and culture. These works include (but are not limited to) books like *The Fall of Public Man* by Richard Sennett (1976), *The Psychological Society* by Martin L. Gross (1978), *The Culture of Narcissism* by Christopher Lasch (1978), *The Shrinking of America* by Bernie Zilbergeld (1983), *The Rise of Selfishness in America* by James L. Collier (1991), *A Nation of Victims* by Charles Sykes (1992), *In Therapy We Trust* by Eva S. Moscowitz (2001), *Constructing the self, constructing America* by Philip Cushman (1996), *The Therapeutic State* by James L. Nolan Jr. (1998), and *Therapy Culture* by Frank Furedi (2004b). While these works somewhat differ in their approach and conclusions, they tend to take a rather dim view of the influence of psychology on individuals and society, and their diagnosis and critique of the therapeutic ethos often serve as a defense of certain beliefs, norms, and values, which they perceive as being threatened by the therapeutic ethos. As noted by Illouz (2008, p. 5), many of these analyses are predicated on *a priory* assumptions about what social relations *should* look like, and thus have a prescriptive undercurrent.

This line of critique, which originates from an Anglo-American context, mainly focuses on the perceived negative influence of the therapeutic ethos on Western culture, as reflected in the titles of these books, which highlight narcissism, selfishness, victimhood, and a "shrinking" of America. In

these works, certain psychological frameworks, especially psychoanalysis, are described as having had a corrosive effect on both the individual and the national character. In these critiques, psychological expertise is often presented as invading on the competence of the individual and the family, as creating an unhealthy dependence on the state and on psychological experts, as well as contributing to the weakening of social bonds and the destruction of shared beliefs and values. The rise of therapeutic culture is also perceived as having contributed to the creation of a culture of victimhood, which emphasize vulnerability and harm at the expense of strengths, self-control, and good character:

> "...critics from every discipline and from across the ideological spectrum have decried therapeutic culture for reducing the United States to a country of insular navel gazers unable to engage with anything beyond their own feelings." (Aubry & Travis, 2015, p. 4)

For example, as emphasized by Furedi (2004a), therapeutic culture works as a system of meaning, offering representations of life and a vocabulary through which to make sense of individuals' relationships to society, and Furedi strongly objects to contemporary therapeutic vocabulary, which he sees as having cultivated a powerful sense of vulnerability in individuals and as having contributed to a diminished sense of self and human agency, as individuals have increasingly come to depend on psychological expertise for navigating all kinds of life challenges. This negative portrayal of the cultural implications of therapeutic culture resonates with a critique articulated by Seligman, who has argued that certain psychological doctrines (mainly psychoanalysis and behaviorism) have damaged society by eroding personal responsibility: "Evil is mislabeled insanity; bad manners are shucked off as neurosis; "successfully treated" patients evade their duty to their families because it does not bring them personal fulfillment." (Seligman, 1990/2006, p. 52). Reading Seligman's works through the lens of this critique, it becomes clear how he presents his own approach and the science of positive psychology as an antidote to this corrosive force. In Seligman's research and writings, he repeatedly stresses the role of character, personal responsibility, self-control, and the ability to improve one's own life, and his description of positive psychology is articulated alongside a promise to rebuild that which psychoanalysis and behaviorism is said to have destroyed (e.g., Seligman, 2011b).

I noticed an interesting tension here, in that some of these early critiques also articulated critical concerns that goes to the heart of the subject matter of positive psychology and its emphasis on happiness, self-improvement, and personal growth. For example, in his book *The Culture of Narcissism*, the historian Christopher Lasch (1978) borrowed the narrow clinical term of narcissism from Freud and used it to diagnose what he saw as a larger cultural pathology. In his analysis, Lasch described American culture as a culture of competitive individualism, where the individual pursuit of

happiness had led to a narcissistic preoccupation with the self. After the political turmoil of the sixties, Lasch argued, Americans had retreated into a narcissistic self-obsession, and rather than seeking social and political change, Lasch contended, Americans had turned to psychological self-improvement. The outer revolution focused on changing the social and political landscape had been replaced with an inner revolution mainly focused on personal growth, thus abandoning politics and effectively transforming collective grievances into personal problems amenable to therapeutic intervention (Lasch, 1978). A related point was made by the historian T. J. Lears, who offered an analysis of how the United States underwent a moral change in the beginning of the 20th century, in which the Protestant ethos of salvation through self-denial was replaced with a therapeutic ethos stressing self-realization, which he described as characterized by an almost obsessive concern with psychic and physical health and as urging unending personal growth (Lears, 1983). This emerging therapeutic ethos, Lears argued, was promoted as a liberation, but concealed a coercive moral imperative, wedded to the somewhat vague and elusive ideals of growth and progress, which were worshipped as ends in themselves rather than as means for a higher purpose (Lears, 1983).

Cast in this light of these concerns around the growing emphasis on growth and self-development, positive psychology appears to be part of the problem of psychology's potentially corrosive influence on the relationship between the individual and society, rather than representing a genuine solution to this problem. For example, when Lears described a therapeutic ethos disconnected from communal, ethical, and religious frameworks of meaning, leaving a rather empty, self-centered pursuit of health and happiness for its own sake (Madsen, 2020), he articulated a critique, which would be repeated 20 years later by some of the early critics of positive psychology, who argued that the new positive psychology movement offered little more than a shallow "happiology" (Lazarus, 2003a, 2003b; Woolfolk, 2002). However, while Seligman had initially emphasized the study of happiness and positive emotions as the central subject matter of positive psychology, he soon broadened the scope of positive psychology by adding the study of character strengths and virtues (Peterson & Seligman, 2004), and he reformulated his theory of authentic happiness[11] (Seligman, 2002a), which he expanded to include a larger focus on meaning and accomplishment in his PERMA theory,[12] thus shifting the focus from happiness and life satisfaction to a broader focus on human flourishing and well-being (Seligman, 2011b). According to Seligman, the initial focus on happiness

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[11] Seligman has proclaimed to actually detest the word happiness, which he has argued is so overused that is has become almost meaningless; his book *Authentic Happiness* (2002a) reportedly only got its title because his publisher thought it would sell more books (Seligman, 2011b, pp. 9-10).

[12] In Seligman's PERMA theory, he argues that the construct of well-being consists of five elements: Positive emotion, Engagement, positive Relationships, Meaning, and Accomplishment (Seligman, 2011b, p. 16)

and life satisfaction placed too strong an emphasis on positive emotion, thereby neglecting how experiences of engagement, meaning, positive relationships, and accomplishments also contributed significantly to people's well-being.

However, the increasing focus on strengths, virtues, and character building did not silence the critics of positive psychology, some of whom saw this new focus on strengths and virtues as merely providing "the illusion of the pursuit of higher things" while describing positive psychology as "really just another aspect of contemporary therapeutic culture of self-fulfillment." (Woolfolk & Wasserman, 2005, p. 89). So, while Seligman represents his own work and the science of positive psychology as a corrective to corrosive influence of previous psychological doctrines, others see his work and the science of positive psychology as just another incarnation of the therapeutic ethos described by Lears, which focused on self-realization and personal growth.

3.2. The second line: Knowledge, power, and subjectivity

The second line of critique of therapeutic culture, which is more rooted in European context, is largely inspired by the works of the French philosopher Michel Foucault and tends to emphasize questions about power and subjectivity, as well as how psychological science and interventions have shaped the way we are governed and how we govern ourselves. In his works, Foucault showed how the therapeutic discourses and practices used to shape the formation of subjects were intimately connected with new forms of political power and governance.

Foucault's works have inspired several analyses of therapeutic cultures. One of the most prominent scholars within this line of critique is the British sociologist Nikolas Rose, who has written extensively about the politics of psychiatry, psychology, and mental health (N. Rose, 1996, 1999, 2006, 2007, 2019). Rose's analyses center on questions about how the 'psy' disciplines (psychiatry, psychology, psychotherapy) have played a key role in shaping our current notion of selfhood by developing new ways of speaking about subjectivity and by creating new techniques for acting upon it, thus making the self measurable and manageable in new ways (N. Rose, 1999, p. xxviii). For example, in his books *Inventing Our Selves: Psychology, Power and Personhood* (1996) and *Governing the Soul: The Shaping of the Private Self* (1999), Rose analyzed how the 'psy' disciplines have changed the ways human beings understand and act upon themselves, as well as how they are acted upon by doctors, politicians, therapists, managers, and other authorities. As Rose puts it:

> "...it is not a question of discovering what people are, but of diagnosing what they take themselves to be, the criteria and standards by which they judge themselves, the ways in which they interpret their problems and problematize their existence, the authorities under whose aegis such problematizations are conducted – and their consequences." (N. Rose, 1996, p. 96)

While the first line of critique viewed the expansion of therapeutic discourse as a corrosive force which fostered an atomistic individualism that drove a wedge between individual and society and created vulnerable, narcissistic individuals obsessed with self-realization at the expense of social obligations and communal bonds, I found that the second line of critique turns the analysis on its head by emphasizing how the loosening of social bonds and obligations reflects a change in *how* we are governed, not the absence of governance. Rose has argued that while the various social theorists described under the first line of critique tended to take a rather jaundiced view of the rise of therapeutic culture, their analysis of its devastating effects and nostalgic yearning for the past was fundamentally misleading because it failed to analyze the relationship between therapeutic culture and political power (N. Rose, 1999, p. 220). Instead of seeing therapeutic discourses and practices that focused on self-realization and liberation as weakening the relationship between individual and society, Foucault's and Rose's works suggest that this relationship has merely been reconfigured. Rather than seeing the autonomous self as antithetical to political power, Foucault and Rose have argued that the autonomization of the self is in fact a central feature of contemporary government (e.g., N. Rose, 1996, p. 152).

Rose, for example, has emphasized how the expansion of the therapeutic domain was tied to a shift in the rationales and techniques of government (N. Rose, 1999, p. 217). In his analysis, Rose connects the history of psychology with the history of the modern liberal state and shows that since the mid-nineteenth century, psychological expertise has largely developed in a symbiosis with a culture of liberal freedom (p. viii). In liberal democracies, the exercise of political power is premised on the self-government of the subject, meaning that, to function, liberal democracies presuppose a subject endowed with personal responsibilities for the social consequences of their actions, as well as the ability to self-regulate their conduct (N. Rose, 1999). In liberal democracies, which have increasingly been shaped by a neoliberalist rationality that emphasize individual enterprise, the political subject is "less a social citizen with powers and obligations deriving from membership of a collective body, than an individual whose citizenship is to be manifested through the free exercise of personal choice among a variety of marketed options." (p. 230) The liberated self is not free-floating nor situated outside of power relations, but rather works as "a vital element in the networks of power that traverse modern societies" (p. 217), where it is governed *through* its freedom. While the first line of critique of

therapeutic culture decried the loss of the political subject as a social being that was bound by certain social, political, and civil obligations and committed to certain ideas around social responsibility and social welfare, Rose instead points to the emergence of a new kind of political subject, which is "framed in a vocabulary of individual freedom, personal choice, self-fulfillment, and initiative" (N. Rose, 1996, p. 165), and to the ways in which psychological theories and techniques have been developed and mobilized to help fabricate subjects "capable of bearing the burdens of liberty" (N. Rose, 1999, p. viii).

In this process, old authorities have been challenged, but new authorities have also emerged. As Rose puts it, "we have come to authorize so many authorities to assist us in the project of being free from any authority but our own." (N. Rose, 1996, p. 197) The ideals of freedom, autonomy, and self-realization have simultaneously fostered the expansion of new kinds of psychological expertise to help us achieve these ideals. In other words, psychological science has played an important role in providing new forms of expertise that aim to enhance people's own skills of self-realization, self-direction, and self-management.

> "The self becomes the target of a reflexive objectifying gaze, committed not only to its own technical perfection but also to the belief that 'success' and 'failure' should be construed in the vocabulary of happiness, wealth, style, and fulfilment and interpreted as consequent upon the self-managing capacities of the self." (N. Rose, 1999, p. 243)

Rose has argued that governance in advanced liberal societies largely takes place through techniques and indirect mechanism that can translate the goals of social, political, and economic authorities into individual choices and commitments (N. Rose, 1996, p. 165). As autonomous subjects, we are taught that the quality of our life is largely a result of our character, choices, and lifestyle: "The self is not merely enabled to choose, but obliged to construe a life in terms of its choices, its powers, and its values." (N. Rose, 1999, p. 231). At the same time, subjects are taught to *want* to regulate their conduct in ways that contribute to their own welfare, the welfare of their families, and the welfare of society as a whole (p. 228). Today, the autonomous self has become a key term in the understanding of social problems and their cures, and it has become the object of expert knowledge, as well as a prominent target of intervention (p. 220). Therefore, in his studies of therapeutic culture, Rose has focused "the ways in which subjectivity has become an essential object, target, and resource for certain strategies, tactics, and procedures of regulation." (N. Rose, 1996, p. 152)

Foucault has become a key influence in the study of therapeutic culture because his works challenged previous ways of thinking about knowledge, power, and subjectivity. Foucault has stated that the

objective of his work "has been to create a history of the different modes by which, in our culture, human beings are made subjects." (Foucault, 1982, p. 208) In Foucault's thinking, questions of power are intimately connected with questions about subjectivity and how we are constituted as subjects.

> "We often think of power in terms of constraints that dominate, deny, and repress subjectivity. Foucault, however, analyzes power not as a negation of the vitality and capacities of individuals, but as the creation, shaping, and utilization of human beings *as* subjects. Power, that is to say, works through, and not against, subjectivity." (N. Rose, 1996, p. 151)

This point about power and subjectivity has implications for the study of therapeutic culture, as it encourages an exploration of the ways in which seemingly universal and apolitical psychological theories are situated in broader social, cultural, and political landscapes, which shape and influence the development and application of psychological knowledge in various ways. As such, this lens also serves to challenge the claim made by Seligman and other positive psychologists that it is possible to create a universal, value-neutral psychology (e.g., Seligman, 2002a, p. 303).

In his works, Foucault showed how the history of psychological science is part of larger history about how human beings have always regulated themselves and others in the light of certain truths about themselves, drawing on different forms of knowledge. In his writings, Foucault sketched a history of the different ways, in which human beings have developed knowledge about themselves, e.g., through the sciences such as psychiatry, psychology, medicine, economics, and biology that produced certain kinds of knowledge and truths about human beings, which came to inform people's understanding of themselves (Foucault, 1988). For example, Foucault studied institutions like the prison, the asylum, and the army, which were designed to orchestrate activities and shape human subjectivity in particular ways. He showed how these institutions consisted of regulatory practices that were organized around a practical rationality and directed towards certain goals, e.g., to cultivate certain individual capacities and constrain others in accordance with certain forms of knowledge (e.g., medical, pedagogical, or psychological knowledge) and towards particular ends (e.g., discipline, diligence, or responsibility) (N. Rose, 1996, p. 153). Through his studies of these institutions, Foucault illustrated how the assumptions and objectives underlying these regulatory practices were embodied in the design of institutional spaces, the arrangement of time and activities, in procedures for reward and punishment, and in the operation of certain norms through which subjects were evaluated (N. Rose, 1996, p. 153).

Through these works, Foucault emphasized that who we are (and who we understand ourselves to be) is a product of a contingent history, thus bracketing the search for universal truth about human

being, and instead tracing the production of certain truths and rationalities across time and place in order to "understand who we have been made to be, and, more important, to recognize the historically contingent character of that making." (May, 2006, p. 21) To write a 'critical ontology' of ourselves, Foucault argued, three analytical axes and their interconnectedness should be explored through the analyses of a series of questions: 1) How are we constituted as subjects of our own knowledge? (the axis of knowledge), 2) How are we constituted as subjects who exercise or submit to power relations? (the axis of power), and 3) How are we constituted as moral subjects of our own actions? (the axis of ethics) (Foucault, 1997, p. 318). With these questions, Foucault stressed the intimate connections between knowledge, power, and ethics, and he emphasized how they are intertwined in our practices.

Foucault's questions and points about power, knowledge, and subjectivity have shown themselves to be extremely productive to think with, because they offer an analytical framework which spans both the micro and the macro levels. As Foucault's own writing have shown, we might begin from an analysis of a particular building (e.g., Bentham's Panopticon), a therapeutic program (psychoanalysis), or from a larger history of concept or phenomenon, e.g., the history of sexuality. Thus, Foucault demonstrated how the analysis of a particular case could be used to illuminate broader questions about the historical shifts in how we are governed and how we govern ourselves. Foucault described his analysis of power as concerned with the question of *how* ("how is power exercised?"*)* – a question that shifts the focus from the study of who is in power to the study of *power relations* (Foucault, 1982). This question opened a different line of inquiry into different forms of power. Rather than merely seeing power as judicial (as the right to legislate, prohibit and limit people's activity), Foucault argued that modern forms of power should be studied not as prohibitions from above, but as "an omnipresent relationship that affects all other relations, even at the lowest levels." (Raffnsøe, Gudmand-Hoyer, & Thaning, 2016, p. 51). This form of power is decentralized, it does not belong to state or is imposed from above, but rather traverses all practices (from the macro to the micro) where subjects are managed, steered, guided, and encouraged to regulate their own actions in certain ways, e.g., in schools, armies, hospitals, social agencies, families, clinics, health manuals, self-help books, etc.

In his studies of "governmentality" – a term combining the words government and rationality – Foucault explored the relationship between technologies of domination of others and the technologies of self (Foucault, 1988, p. 19). Foucault offered an analysis of government as *the conduct of conduct* (an activity created to shape, guide, or affect how people conduct themselves), thus emphasizing that to govern means to structure the possible field of actions of others by managing the field of possible actions and outcomes: "The exercise of power consists in guiding the possibility of conduct and putting in order the possible outcomes." (Foucault, 1982, p. 221). Although reluctant to

provide a general theory of power, Foucault defined the exercise of power as a mode of action, which acts upon the actions of others (Foucault, 1982, p. 220). By focusing on the conduct of conduct and the ordering of possible outcomes, Foucault's thinking sensitizes us to the ways in which power relations shape the field of possible actions, not only by constraining or prohibiting, but more often by inciting, inducing, seducing, and by making certain actions easier than others (p. 220). With the concept of governmentality, Foucault also emphasized how this government is informed by certain rationalities (forms of thinking and knowing, which guide the creation of norms, ideals, and certain forms of description and measurements), thus accentuating the close relationship between power and knowledge.

In their works, Foucault and Rose have both emphasized how psychological knowledge has played important role in shaping the fields of possible actions, e.g., by presenting some actions and outcomes as normal, desirable, and healthy, while marking others as abnormal, unwanted, or disordered. As Rose has put it:

> "The perspective on government draws our attention to all those multitudinous programs, proposals, and policies that have attempted to shape the conduct of individuals – not just to control, subdue, discipline, normalize, or reform them, but also to make them more intelligent, wise, happy, virtuous, healthy, productive, docile, enterprising, fulfilled, self-esteeming, empowered, or whatever." (N. Rose, 1996, p. 12)

This perspective emphasizes how therapeutic discourses and practices play a central role in the formation of subjects and how more subtle forms of power relations are produced through the creation of social norms and ideals, e.g., through advice about how we should live and how we should conduct ourselves to ensure our health, happiness, or resilience. According to N. Rose (1996), the proliferation of psychological knowledge since World War II has transformed our notion of personhood – our understanding of "what persons are and how we should understand and act toward them, and our notion of what each of us is in ourselves, and how we can become what we want to be." (p. 11) Rose has emphasized how psychological languages and judgement have grafted themselves into the ethical practices of individuals, i.e. their ways of evaluating themselves in relation to what is true or false, good or bad, and permitted or forbidden, and it has changed the ways in which we understand and conduct our encounters with others, e.g., our family members, colleagues, bosses, employees, and friends (p. 95).

> "… even if the experts on hand to guide us through the conduct of our lives are not all psychologists, they are nonetheless increasingly trained by psychologists, deploy a psychological hermeneutics, utilize psychological explanatory systems, and recommend psychological measures of redress." (N. Rose, 1996, pp. 95-96)

To understand the role of psychological knowledge in guiding the conduct of conduct, it is useful to pay attention to the kinds of practices which Foucault called "technologies of the self," which encompass the various ways in which individuals act upon themselves and seek to transform themselves "in order to attain a certain state of happiness, purity, wisdom, perfection, or immortality." (Foucault, 1988, p. 18). To analyze the technologies of self is to analyze how we become ethical, which for Foucault meant how are constituted as moral beings through an intentional work of the self on itself through self-forming activities and self-cultivating practices. These technologies of the self can be found in activities such as reading, writing, exercising, socializing, or meditating, as well as in the various techniques we use to monitor and evaluate our thoughts, feelings, and actions (e.g., questionnaires, apps, diagnostic checklists, etc.).

Studying therapeutic culture, it is helpful to pay attention to these technologies of the self, because the attention to techniques and practices used as means of self-cultivation helps to connect individual choices, actions, and strivings with the social, cultural, and political context in which such cultivation takes place. This perspective encourages an exploration of the psychological discourses and practices, which guide individual conduct, including the norms and ideals underlying the search for self-improvement and self-realization. As Rose has put it:

> "The history of the self should be written at this 'technological' level, in terms of the techniques and evaluations for developing, evaluating, perfecting, managing the self, the ways it is rendered into words, made visible, inspected, judged, and reformed." (N. Rose, 1999, p. 222)

The governmentality perspective has become a popular analytical frame through which to study the role of psychological knowledge in Western societies. For example, numerous works have analyzed positive psychology and its focus on happiness and resilience in relation to questions about power, subjectivity, and governance (e.g., Binkley, 2011; Cabanas, 2016; Chandler, 2014a, 2014b; De La Fabián & Stecher, 2017; B. Evans & Reid, 2014; Gill & Donaghue, 2016; Gill & Orgad, 2018; Harper & Speed, 2014; Howell, 2012; Joseph, 2013; McDonald & O'Callaghan, 2008; Neocleous, 2013; O'Malley, 2010; Rimke, 2020; Sugarman, 2015). These analyses often highlight how the agenda of positive psychology and its focus on happiness, strengths, and resilience resonate with neoliberal modes of governing, and they typically argue that the advice and techniques promoted by positive psychologists to enhance happiness and resilience foster a therapeutic individualism, which shift responsibility from the state and onto the subject – a process described as 'responsibiliization' in the governmentality literature (e.g., Howell, 2015a). According to Sugarman (2015), one effect of

neoliberal governmentality is that it takes self-reliance and self-responsibility to extremes, by placing the full responsibility of an individual's circumstances fully on the individual's shoulders regardless of the ways in which the individual's choices are constrained by social or structural factors. Thereby, it also places the blame of individual predicaments firmly at the feet of the individual, as such predicaments are framed as resulting from a "mismanaged life" (p. 114). Similarly, B. Evans and Reid (2014) have portrayed the increasing focus on resilience as symptomatic of a shift in governance, where the idea of social responsibility has been replaced by a neoliberalized care for the self (p. 46). Others, such as Gill and Orgad (2018) and Neocleous (2013), have stressed the relationship between the economic development of neoliberalism and the political agenda of creating resilient subjects, who are capable of dealing with the uncertainty and instability of capitalism, in a time where people are increasingly made responsible for their own well-being, as public services are increasingly cut back or privatized. Rimke (2020) also offers a related point in her analysis of the relation between therapeutic culture and neoliberalism, in which she argues that the increasing focus on resilience perfectly embodies the therapeutic individualism fostered by neoliberalism that downplays social, political, historical, and economic factors, thus masking the ways in which wider structural issues of social inequalities and social injustice contribute to human suffering (pp. 41-42). In short, the attention to the logics of neoliberalism shows how depoliticizing tendencies often associated with the proliferation of therapeutic discourses can also be considered a political strategy that exists in alignment with the economic principles and logics of neoliberalism.

Binkley (2011) has argued that, despite the short duration of its existence, positive psychology has grown into a powerful presence in the therapeutic culture of our time, because its theories and interventions focused on human happiness and wellbeing have shown themselves to be incredibly effective in the shaping of the autonomous, agentive neoliberal subjectivities (p. 372). Drawing on Foucault's work on governmentality, Binkley advances a reading of positive psychology and the turn to happiness, which draws out its prescriptive, reflexive, and instrumental dimensions by calling attention to the various ways in which subjects are encouraged to work on themselves (p. 381). Binkley describes how the reams of advice offered by positive psychologists have create "an infectious discourse on the promise of individual happiness that is both uplifting and technical, both shrouded in science and seemingly able to extend to the most mundane moments of personal life" (p. 377), and he argues that the popularity of this discourse is intimately connected with the rise of neoliberal governmentality, as it represents happiness as a something to be enhanced through individual choices and as resulting from habitual actions through which "the individual produces positive emotional states just as a fitness guru might shape a desired muscle group." (Binkley, 2011, p. 391) In a similar vein, Becker and Marecek (2008a) have argued that while positive psychology has become a global

movement, it remains rooted in an American-inspired brand of individualism, which promotes the ideals of a bounded, autonomous self and self-improvement via personal effort, while operating with a rather narrow understanding of the social, which neglects the societal and cultural forces acting on individuals. In a related article, they also argued that positive psychologists largely fail to include the interrogation of power, privilege, and social hierarchy as part of the agenda of the science of the good life (Becker & Marecek, 2008b). As I show in chapter 4, this omission is largely a result of the epistemological and methodological commitments underpinning positive psychology.

3.3. The third line: The ambivalent legacies of therapeutic cultures

Having outlined the first two, and most canonical lines of critique of therapeutic cultures in the previous two sections, I now turn my attention to a third line of critique, which I have found especially inspiring to think with in terms of developing my own critical position. While the first two lines of critique raise important questions and concerns, they have themselves been targets of some debate and criticism. More recently, several scholars of therapeutic culture have argued for the need of a broader recognition of the ambivalent legacies following the expansion of therapeutic cultures (Aubry & Travis, 2015; Illouz, 2008; Martin, 2006; N. Rose & Lentzos, 2017; K. Wright, 2008). These critiques emphasize the polyvalence and complexity of therapeutic cultures, and they argue that we need to rethink the critical analyses of therapeutic cultures in ways that allow for a greater exploration and explication of both possibilities and potential pitfalls of therapeutic cultures.

In their introduction to the book *Rethinking Therapeutic Culture* (2015), Aubry and Travis have argued that the complexity of therapeutic culture has been largely overlooked by its critics, who have tended to "excoriate rather than analyze" (p. 4), which has resulted in "a cultural history of the therapeutic that is conceptually thin, ideologically blinkered, and, unsurprisingly, not very useful." (p. 3) A similar critique has been articulated by the sociologist Katie Wright, who has problematized "the orthodoxy of both social control and cultural decline perspectives" in order to "develop an alternative account that pays greater heed to the complex and contradictory dimensions of therapeutic culture." (K. Wright, 2008, p. 322). According to Wright, the previous two lines of critique underestimate the ambivalent legacy of the therapeutic turn. For example, while critics like Rieff, Lasch and Furedi argued that ascendancy of a modern therapeutic ethos led to a cultural decline, a narcissistic concern with self-development, and as leading to a rise of victimhood culture, thus describing the individual search for self-gratification, happiness, and self-improvement as essentially amoral, Wright has

argued that these analyses fail to recognize the multidimensionality of therapeutic culture: "Without dismissing the potential for narcissistic self-absorption, it is important to acknowledge that valuing the self also entails recognition of suffering, which has a thoroughly moral dimension." (p. 333). According to Wright, the growing cultural influence of the therapeutic discourses has not just resulted in a shallow individual quest for happiness and self-realization, therapeutic discourses have also played an important role in the recognition and legitimization of forms of suffering previously unacknowledged, thus resulting in a shifting orientation to suffering.

> "While theorists since Lasch have recognized the depoliticizing tendency of the therapeutic, it is important too to acknowledge that lifting the lid on pain was itself a political development. As with second wave feminism and the politicization of the personal, in the opening up of private life the therapeutic has been profoundly political." (K. Wright, 2008, p. 333)

For example, Wright has emphasized how the expansion of therapeutic culture and psychological expertise have been instrumental in the exposure of previously unacknowledged forms of abuse and for recognition of psychological trauma by offering a vocabulary through which to articulate injuries to the self and providing a set of techniques to deal with such injuries. A similar point can be found in Judith Herman's seminal book *Trauma and Recovery*, in which she emphasized how the therapeutic vocabulary around trauma has influenced political though, political action, and political change, and how psychological science has played a significant role in "blurring of lines between culture and politics, between the immediate experience of everyday life and more abstract dialogue on matters of public power and social conflict." (E. Herman, 1995, p. 275).

The assumption that the rise of therapeutic culture has made people more self-centered and led to a personal and cultural decline is intimately connected with questions about shifts in authority. For example, critics like Lasch (1978) and Rieff (1966/1987) argued that the expanding therapeutic worldview and use of psychological expertise led to a loss of traditional forms of authority, e.g., the loss of patriarchal and religious authorities. Rieff and Lasch both distinguished between the therapeutic ethos and religion, seeing the former as being overly focused on personal contentment while lacking a conception of obligations that transcend one's individual needs, thus leading to narcissistic self-obsession by undermining notions of self-sacrifice or submission to a higher power or higher cause (Foster, 2016). A similar narrative of personal and cultural decline have also been articulated in the more recent analysis offered by Furedi (2004b). However, not everyone shares the longing for more traditional forms of authority expressed in these analyses. For example, Aubry and Travis (2015) have argued that there is a reactionary quality to these critiques, which paint a rather dystopian image of the implications of the rise of therapeutic culture. These critiques, Aubry and

Travis argue, seem to be driven by a nostalgic impulse, a longing for an utopian past, while failing to recognize how this past operated by excluding, subjugating or disregarding significant portions of the American population due to its ideals of cultural homogeneity and coercive forms of moral authority (p. 14). According to Aubry and Travis, this inattention to power and privilege is both symptomatic and significant, as what is often missing from the first line of critique in its longing for previous forms of community is "any serious concern for the patriarchal lines of authority and the racial and ethnic exclusions through which such communities achieved their appealing coherence" (p. 13). As Aubry and Travis have noted, when Lasch and Rieff suggested that the release from family ties and moral obligations would not make people feel liberated and content, but rather create feelings of deep anxiety and insecurity, they were speaking from a privileged position, as people, for whom these ties and obligations were enabling rather than constraining. However, everybody might not share their sense of loss. For example, Aubry and Travis have emphasized that the falling away of traditional constraints allowed new forms of agency, selfhood, and struggles to emerge, both individually and collectively (p. 14). In some cases, the rise of therapeutic culture might have fostered narcissism, indulgence, and self-centeredness, but the counterculture and the liberatory movements of the 1960s and 1970s (e.g., civil rights, women's right, gay rights, anti-war, anti-nuclear, and environmental movements) also used it to challenge traditional forms of authority and the ideal of a cultural unity based on certain 'American' or 'civic' virtues to empower groups, which had previously been stigmatized or denied meaningful roles in American communities (Aubry & Travis, 2015, pp. 13-14). While critics like Furedi (2004b) have emphasized how the rise of therapeutic cultures contributed to a "disorganization of the private sphere" (p. 21), other feminist and critical social theorists have highlighted the emancipating potential in therapeutic discourses and used them to challenge the sanctity of the family and the separation of the private and the public, which traditional forms of authority rested on, thus contributing to a reconfiguration of unequal and exploitative relationships between men, women, and children (K. Wright, 2008, p. 328).

Therefore, to recognize the ambivalent legacies of the expansion of therapeutic culture means paying attention to both its depoliticizing tendencies as well as its political potential to legitimize forms of suffering, which have previously been overlooked or unacknowledged. While recognizing how certain strands of the therapeutic might lead to hollow individuals or serve as means for social control, Wright also underlines the promise of the therapeutic and its "potential for increasing caring relations and remedying forms of social injustice" (K. Wright, 2008, p. 333). Moving forward, Wright encourages us to pay attention to the historical processes that give rise to the contradictions of the therapeutic, in short, to its social, cultural, and political landscape and to explore how therapeutic discourses both shape and are shaped by their contexts. Psychological knowledge can both be used

to stabilize and challenge an existing social order, e.g., by supporting and promoting stable social roles, or by urging people to critically examine and challenge their social roles (Illouz, 2008). While some psychological theories and techniques can be used to challenge systems of oppressions, others largely appear to serve a status quo and might thus contribute to keep oppressive systems in place. Therefore, to grasp the ambivalent legacy of therapeutic culture, it is important to pay attention to the ways in which certain psychological theories and techniques are mobilized by various actors in specific settings to achieve certain goals, challenge certain ideas, and affirm certain values, as well as to attend to broader questions about how this contributes to the preservation or reconfiguration of existing power relations.

A poignant example of the ambivalent legacy of therapeutic culture can be found in the questions of responsibility, which have emerged from the first two lines of critique. While several of the critics within the first line of critique tended to connect the rise of therapeutic culture with a proliferation of a language and culture of victimhood, which eroded notions of personal responsibility and led to a moral decline and a blaming of others for one's misfortune (e.g., Sugarman, 2020), several of the critique of the second line of critique saw the rise of therapeutic culture as related to shifts in government that shifted certain responsibility from the state onto the individual, who is made responsible for their own health and happiness, and thus also blamed for their own misfortune. The philosopher Mike W. Martin has offered an analysis that paints a more complicated picture of the relationship between morality and mental health, in which he argues that therapeutic culture is morally ambiguous (Martin, 2006). With its vast array of different therapeutic outlooks and moral outlooks, our current therapeutic culture sometimes encourages individuals to accept greater responsibility and engage in healing activities, and at other times, it might foster a victim mentality and encourage the idea that sickness is an excuse for wrongdoings (p. 9). Martin has also argued that some critics of therapeutic culture such as the historian Eva Moskowitz "loads the deck against the therapeutic trend by singling out its most superficial manifestations" (p. 10) and thus fails to sufficiently consider the entanglement of therapeutic, moral, and political questions.

Scholars working within the third line of critique generally urge us to understand and study the therapeutic as a *culture* – as "a complex web of shared assumptions, behaviors, and institutions that bring individuals together and shapes their values and ideals" (Aubry & Travis, 2015, p. 3). From this perspective, the broad analyses within the first line of critique with their often-sweeping generalizations about the negative influence of therapeutic culture are considered as problematic, because they fail to consider how a culture is a living thing, which is maintained and transformed through the practices of individuals and groups, and they fail to consider the multiple ways in which

people make use of, modify, and sometimes resist therapeutic discourses. Several scholars have also raised several objections against certain tendencies in the governmentality-inspired analyses of therapeutic culture found in the second line of critique. For example, Binkley (2011) has noted that "governmentality literature tends to emphasize the macro at the expense of the micro, or the plan over the practice" (p. 386), thus missing out of the tensions and contestations that might be found in these practices. In a similar vein, the sociologist Eva Illouz (2008) has argued that a Foucauldian approach to the study of therapeutic culture will not do, because, despite its brilliance, it suffers some fatal flaws in that it tends to flatten the complexity of the social and fails to take the critical capacities of actors seriously (p. 4). In her critique, Illouz points to a tendency in governmentality studies of therapeutic culture to reduce the intentions and effects of various therapeutic practices and techniques to the articulation of an overarching and all-encompassing logic or governmentality, e.g., that of neoliberalism. [13] This tendency has also been criticized by N. Rose and Lentzos (2017), who have noted how neoliberalism has become an all-purpose term of critique in much contemporary social science, where a pejorative rather than analytical use of the term is dominant, especially in relation to the notion of resilience. According to Rose and Lentzos, the problem is that the blanket critique of neoliberalism often becomes "a means of avoiding the complexities of careful analysis and evaluation – what is happening: neoliberalism; why is it happening: neoliberalism; what's wrong with it: neoliberalism." (p. 42). Rather than adopting such a totalizing analysis that pass a damning verdict on resilience and leaves little space for ambiguity, Rose and Lentzos have suggested a different approach:

> "...perhaps we might do better to abstain from the rush to judgment, refrain from seeking some grand overarching logic such as neoliberalism as the basis for our assessment of resilience, and explore the polyvalence of resilience strategies, and ask whether, how, and in what ways we might find some handholds here for a more optimistic intellectual and political engagement." (N. Rose & Lentzos, 2017, p. 44)

To do so, Rose and Lentzos call for an analytical work that is still heavily inspired from Foucault's works, but which engage in a descriptive work that is more modest in its scope and empirically grounded.

> We need to identify the problematizations around which resilience appears as a solution; the kinds of explanations of problems that resilience provides, notably the centrality of the idea of vulnerability; the specific technologies being developed to enhance resilience; the forms of expertise that are taking shape to define and manage it; and the conceptions of

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[13] However, in her own analysis of resilience and the CSF program, Illouz resorts to some of the same sweeping generalizations about positive psychology and its focus on building resilience, which she describes as naturalizing neoliberal ideology and as being at the service of cut-throat capitalism (Illouz, 2020).

personhood and techniques of the resilient self that are being put into place." (N. Rose & Lentzos, 2017, p. 45)

My analysis of the CSF program and its use of positive psychological theories and techniques is inspired by the questions proposed by Rose and Lentzos. To analyze the forms of expertise underlying the CSF program, I examine the methodological and empirical foundation of the expertise offered by positive psychologists in chapter 4; I analyze the specific techniques used in the CSF program and the central theoretical assumptions on which they are based in chapter 5; and I situate the CSF program in a larger history about how the problems of trauma have been viewed and treated, and I analyze and critically discuss the central assumptions about trauma and the potential shadow sides of positive psychology's approach to building resilience in chapter 6.

The analysis of the ambivalent legacy of therapeutic cultures calls for a more modest, empirically grounded analysis, which considers both the dangers and possibilities of resilience resonates with Illouz's pragmatic approach to the study of therapeutic culture, which is articulated from the vantage point of a sociology of culture. Illouz has highlighted how a thick and contextual account of the uses and effects of therapeutic practices reveals that there is no single overarching effect. Rather, "these uses and effects significantly differ according to whether they take place in the realm of the corporation, marriage, or the support group" (Illouz, 2008, p. 4). As Illouz have pointed out, once concepts and techniques start circulating in the social field, "they can change function, justifying hierarchies and implicit ideologies, even if this was not their original vocation" (Illouz, 2020, p. 84). A similar point has been made by Mol, who has argued that "it is the very specificity of a meticulously studied case that allows us to unravel what remains the same and what changes from one situation to the next." (Mol, 2008b, p. 9) In studying the case of the CSF program, I noticed how the therapeutic ideas and techniques from positive psychology travel, e.g., how the ideas about learned helplessness and learned optimism, which originated from laboratory experiments on animals, have been translated into advice on how to raise resilient children (Seligman et al., 1995/2007) and into techniques on how to teach soldiers to become more resilient (Seligman, 2011b). As I show in chapter 5, as these ideas and techniques have moved around from one context to another, they have largely remained the same, despite targeting diverse populations and different problematizations and addressing shifting contextual demands. However, the implications of adopting these techniques varies considerably depending on the contexts in which they are used. It is one thing to promote resilience-enhancing strategies in schools and parenting books to prevent depression in children (Seligman et al., 1995/2007), but it is another thing to promote these techniques as an antidote to trauma in the U.S. military. For example, as I discuss in chapters 5 and 6, when the U.S. military

decided to launch the CSF program, they wanted to build resilience to equip all soldiers with a so-called mental armor, but they also wanted to change the story about stress and trauma by presenting "the overwhelming positive evidence about growth as a result of stress and trauma."[14] As I show in these chapters, the language of resilience proposed by positive psychologists not only serves to build resilience and enhance well-being in individual soldiers, it also promotes a particular understanding of traumatic disorders, which emphasizes the role of an individual's mindset and challenges the centrality of traumatic events in the development of PTSD and other traumatic disorders, thus targeting broader assumptions about trauma and its aftermath. As such, to understand the ambiguity of resilience, it is important to examine the central ideas about resilience, on which the CSF program was built, and to situate these in a larger history of trauma to analyze how this notion of resilience affects the understanding of trauma. However, before I analyze and discuss the promise of resilience as an antidote to trauma, I first turn my attention to a different promise underlying the use of positive psychology, namely their aspirations to create a hard science of human well-being and resilience based on strong scientific evidence.

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[14] Internal memorandum, "Summary of initial meeting Casey, Seligman, et al." (Department of Defense, 2008). Downloaded on June 22, 2021, from https://thewarhorse.org/wp-content/uploads/2019/10/2.-Strategy-for-CJCS-converted.pdf

Chapter 4. The scientific aspirations of positive psychology

To understand how positive psychology has been taken up and used to promote resilience as an antidote to a host of mental health problems, including trauma, and how positive psychologists like Seligman have come to view and treat questions about trauma and resilience, it is useful, first, to attend to the scientific aspirations and foundation of positive psychology and their goal to create a positive psychological science based on strong scientific evidence. Having labelled itself as a hard science of human happiness and well-being, positive psychology has made claims about its relevance based on its ability to transform not only the discipline of psychology, but also broader cultures of self-help and the coaching industry, which Seligman has described as lacking both "a scientific, evidence-based backbone and a theoretical backbone" (Seligman, 2011b, p. 70). In addition to the rather irresistible subject matters such as human happiness, well-being, and flourishing, part of what makes the science of positive psychology so appealing is its promise that the theories and techniques, which are offered by positive psychologists to help people improve themselves and their lives, are firmly grounded in scientific findings. This promise is often articulated in the popular publications of positive psychologists, for example on the first page of the introduction to Seligman's book *Flourish: A New Understanding of Happiness and Well-being – and How to Achieve Them* from 2011, in which he writes:

> "This book will help you flourish. There, I have finally said it. I have spent my professional life avoiding unguarded promises like this one. I am a research scientist, and a conservative one at that. The appeal of what I write comes from the fact that it is grounded in careful science: statistical tests, validated questionnaires, thoroughly researched exercises, and large, representative samples. In contrast to pop psychology and the bulk of self-improvement, my writings are believable because of the underlying science." (Seligman, 2011b, p. 1)

In other words, the claims about the sound scientific basis of its theories and interventions are central to the self-image and legitimacy of positive psychology, and positive psychologists like Seligman have argued that this is the central feature that distinguishes positive psychology from its predecessors, such as humanistic psychology, and from the larger American history and ideology around positive thinking espoused in self-help books such as Dale Carnegie's books *How to Win Friends and Influence People* from 1936 and *How to Stop Worrying and Start Living* from 1948, Napoleon Hill's *Think and*

Grow Rich from 1937, and Norman Vincent Peale's *The Power of Positive Thinking* from 1952.[15] However, while Seligman has distanced himself from these earlier popular works on the power of positive thinking because of their lack of a proper scientific foundation (e.g., Seligman, 2002a), others, like Cederström and Spicer (2015), have argued that Seligman can be seen as a direct successor of Peale, as Seligman's theory of learned optimism promotes the same kind of individualism by arguing that one's happiness and well-being largely depends on one's mindset and only to a lesser degree on one's circumstances and conditions in life. But before entering these broader questions about the implications of the theories and techniques promoted by positive psychologists like Seligman, which I explore in later chapters, I first want to dwell more on questions about the scientific foundation of positive psychology. Rather than taking Seligman at his word, when he asks us to believe his writings because of the underlying science, I argue that we need to take a closer look at the methodological foundation of positive psychology and scientific evidence underlying some of its central claims and assumptions, as this has been the target of substantial critiques.

In this chapter, I show how the theories and techniques offered by positive psychologists like Seligman have been shaped by their epistemological commitment to create a positivist positive psychological science based on models adopted from the natural sciences. There has been a long debate about the role of positivism in psychological science. While some psychologists, including Seligman, see a methodological commitment to positivism as the only way to create a proper psychological science, others have critically questioned its consequences for psychological knowledge (e.g., Teo, 2018b). However, this chapter does not offer a general discussion of the role and use of positivism in psychological science, nor of the different kinds of positivism that exists.[16] Instead, I analyze how positive psychologist have adopted certain ideals often associated with positivism, and I draw on a range of critical voices to discuss the implications of the epistemological foundation and methodological approach adopted by Seligman and other positive psychologists, whose works have played a central role in the development of the CSF program.

To develop a critical discussion of the implications of their framework, I begin by focusing on the complicated relationship between positive psychology and humanistic psychology, one of its more obvious predecessors within psychological science, as this troubled relationship is especially

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[15] Peale's self-improvement advice had theological roots and was based on the teachings of Jesus Christ, while Hill's and Carnegie's teachings were developed for and largely tailored to businessmen, although they suggested that everyone could profit from their advice.
[16] For readers interested in a general discussion about the role of positivism in psychological science, see Teo (2018b).

revealing of positive psychology's epistemological foundation and methodological approach. I then examine two cases in which positive psychologists have been accused of failing to live up to their own scientific principles, which also raise serious questions about the evidence on which positive psychological interventions such as the CSF program is based. Finally, I turn my attention to some of the broader critiques that have been levelled against the methodological and empirical underpinnings of positive psychology to discuss how the search for simple explanations and general principles comes at a price, in that it leads to and oversimplified and decontextualized understanding of the complex phenomena studied by positive psychologists, and how the assumption that it is possible to create a value-neutral science of human happiness and well-being is problematic, given that positive psychology deals with value-laden subject matters, which cannot be meaningfully separated from their social, cultural, and political context.

4.1. The birth of positive psychology as a hard science of human well-being

In this section, I tell the story of how Seligman and his close associates envisioned and helped launch the discipline of positive psychology.[17] As a new scientific movement, positive psychology really started to take off around 2000. In 1996, Martin Seligman, who was already well-known for his work on learned helplessness and learned optimism in relation to depression, was elected to serve as the president for the American Psychological Association,[18] serving from 1998 and three years ahead (Seligman, 2008). Pondering how he would use his presidency, Seligman had originally planned to launch a program to create an evidence-based platform for psychotherapy, but his initial initiative around evidence-based therapy was met with resistance from therapeutic practitioners and never got off the ground (Seligman, 2011b, p. 61). So instead, Seligman set about to transform American psychology in a different way by launching positive psychology as a corrective to 'traditional psychology,' which he described as characterized by an almost exclusive attention to understanding and treating pathology, and as thus having neglected the study of what makes individuals and communities thrive (Seligman & Csikszentmihalyi, 2000). Therefore, the substance of positive

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[17] In January 1998, Martin Seligman, Mihaly Csikszentmihalyi, and Ray Fowler met in Akumal, Mexico, where they decided to create the discipline of positive psychology (Seligman, 2002a, p. 265).

[18] The American Psychological Association (APA) is a scientific and professional organization representing psychology in the United States. Its mission is to promote the advancement, communication and application of psychological science and knowledge to improve lives and benefit society. The APA has 56 divisions, which are interest groups that cover different subspecialties of psychology (e.g., Division 8 – Society for Personality and Social Psychology) and topical areas (e.g., Division 19 – Society for Military Psychology). The APA also publishes clinical practice guidelines, e.g., for the treatment of posttraumatic stress disorder and prevention in psychology. See https://www.apa.org/index for more information.

psychology was to be anchored in what Seligman saw as the opposite concerns from clinical psychology, namely "the good life – what it is to be healthy and sane, and what humans choose to pursue when they are not suffering or oppressed." (Seligman, 2019, p. 3)

According to Seligman, psychological science had "lost its way" (Seligman, 2002a, p. 17ff). Before World War II, Seligman argued, psychological practitioners had three distinct missions: to cure mental illness, to make the lives of ordinary people happier, more productive, and more fulfilling, and to identify and nurture individuals with exceptional talents (p. 19). However, after the trauma of World War II, the academic research and the clinical practice of American psychologists came to emphasize the treatment of mental illness, a development furthered by the creation of the Veterans Administration (now Veterans Affairs) in 1946 and the founding of the National Institute of Mental Health in 1947, which increased funding for research about pathology and treatments (Seligman, 2002a; Seligman & Csikszentmihalyi, 2000). Psychological science, Seligman believed, had turned into a victimology overly preoccupied with damage, deficits, and weaknesses, while neglecting its two other more positive missions of making the lives of all people better and of nurturing genius (Seligman & Csikszentmihalyi, 2000, p. 6). Therefore, the goal of this new discipline of positive psychology was to revive the two neglected missions of psychology to achieve a scientific understanding of human flourishing and to create effective interventions to build thriving and positive qualities in individuals, families and communities, which were also assumed to have preventive effects and buffer against mental illnesses (Seligman, 2011b; Seligman & Csikszentmihalyi, 2000).

In trying to change the subject matter of psychological research from some of the worst things in life towards what makes life worth living, positive psychology rearticulated a set of questions and concerns that were also at the core of humanistic psychology, which predates positive psychology by more than 40 years. The humanistic psychology movement began in the 1950s and included prominent American psychologists like Abraham Maslow, Carl Rogers, and Rollo May, whose works focused on human strengths, potentials, motivation, growth, and self-development. Maslow, for example, formulated the now famous 'hierarchy of need' and his concept of self-actualization, which emphasized how people could be motivated by growth, and not just by deficiencies (Maslow, 1968). Similarly, when Carl Rogers developed his client-centered therapy, he emphasized the role of empathy and unconditional positive regard in the therapeutic relationship, as well as the positive potentials of his clients, which contributed to de-pathologizing counselling by focusing on normal rather than neurotic subjects (Taylor, 2001, p. 23). Psychotherapy, in Rogers view, was not just about

treating pathology, but could also strive to foster personal growth and serve as a source of support and guidance during difficult times (Elkins, 2008).

Looking at their subject matters, the gap between humanistic and positive psychology seems almost non-existing, as both movements privilege the study of health over pathology and share an interest in creating psychological interventions, which seek to improve of the lives of ordinary, healthy people and foster growth, rather than merely treating psychological disorder. As such, positive psychology largely appears to be a reframing of humanistic psychology with its longtime emphasis on the strengths and potentials of human beings and on developing psychological theories and practices, which are based on a growth-oriented perspective (Elkins, 2008). The two movements also share similar critiques of the large focus on pathology in the psychological science and practices of their time. While positive psychology was positioned against the "illness ideology" in contemporary clinical psychology with its large focus on treating pathology (Maddux, 2002), humanistic psychology was largely a reaction to what its proponents viewed as the deterministic and pathologizing nature of Freudian psychology and the mechanistic assumptions and experimental research practices of behaviorism (Elkins, 2008, p. 267).

However, while Seligman has acknowledged that the two movements share similar interests and subject matters and that both stress the role of free will, responsibility, hope, and positive emotion (Seligman, 2002a, p. 275), he has also explicitly sought to distance positive psychology from humanistic psychology. The key to understanding this act of distancing does not lie in the subject matter, rather, the most striking difference between humanistic and positive psychology concerns questions about epistemology and discussions about what counts as good science and what scientific methods one should use (e.g. Held, 2004; Taylor, 2001; Waterman, 2013). For example, in 2000, the journal *American Psychologist* published a special issue about the new science of positive psychology, which launched positive psychology to a broader audience. Having played a key role in both formulating this new field and in editing this special issue, Martin Seligman and Mihaly Csikszentmihalyi wrote a general introduction to the emerging field of positive psychology, in which they accused humanistic psychology of failing to "attract much of a cumulative empirical base," and of having "spawned myriad therapeutic self-help movements," which in some incarnations had "encouraged a self-centeredness" (Seligman & Csikszentmihalyi, 2000, p. 7). Humanistic psychology, according to Seligman and Csikszentmihalyi, had failed to deliver on its otherwise "enormous promise," because it lacked a proper scientific foundation (p. 7). Two years later, Seligman again portrayed humanistic psychology as alienated from conventional empirical science and as having "coupled their important premise with a sloppier, radical epistemology stressing phenomenology and

individual case histories" (Seligman, 2002a, p. 275). Csikszentmihalyi has made similar points in his later writings, e.g., by noting that while positive psychologists and humanistic psychologists share similar interests, positive psychology "does not share Maslow's and Roger's suspicion of abstraction and quantification, but tries instead to extend the scientific method" to deal with positive aspects of human experience and functioning (Csikszentmihalyi, 2006, p. 5).

Seligman and Csikszentmihalyi's critique of humanistic psychology as unscientific and guilty of promoting narcissism has since been contested by several other scholars, who have argued that this critique is based on a mischaracterization of humanistic psychology, both in terms of its scientific foundation and its cultural legacy (e.g., Elkins, 2008; Giorgi, 2005; Held, 2004; Taylor, 2001). There are some fundamental and irreconcilable differences in the epistemological underpinnings and central methods of humanistic psychology and positive psychology, which go to a broader question about what counts as proper psychological science. While humanistic psychologists challenged the dominant theoretical schools and methodologies of its time (namely behaviorism and psychoanalysis) and argued that the study of meaning and relationships made psychology fundamentally a human science, positive psychologists have largely embraced the natural science model as their gold standard and adopted what they saw as "the well-charted scientific methods of the past" (Seligman, 2002a, p. 266), which in effect meant that they adopted a rather narrow philosophical framework of positivism as their foundation (Friedman & Robbins, 2012, p. 88).[19]

These different epistemological foundations have implications for their methodological approach and the kinds of questions they ask. While humanistic psychology mainly based itself on the phenomenological tradition, which privileges the use of qualitative methods, positive psychologists' commitment to a positivist framework, which privileges quantitative methods, meant that they have emphasized the use of experimental and statistical methods (Waterman, 2013, p. 128). Generally, positive psychological research tends to exclude qualitative data (such as interviews, field studies, case histories, discourse analysis, and so forth), because such materials provide "no way of finding out what caused what" (Seligman, 1990/2006, p. 21). Instead, positive psychologists have mainly adopted research practices, which aim at studying the relationships between variables, e.g., the relationship between optimism and health, which is assessed through correlational or experimental empirical studies. According to Waterman (2013), humanistic psychologists were generally driven by

[19] This explicit commitment to positivist ideals has situated positive psychology advantageously in the landscape of American psychology, which has increasingly come to be shaped by ideals from the natural sciences, while the humanistic psychology has found itself occupying a more marginal position (Elkins, 2008).

an ideographic approach, striving to understand the psychological functioning of unique individuals within their particular contexts. Positive psychologists, on the other hand, have generally taken a nomothetic approach, striving to discover general principles underlying human functioning that are applicable across broad categories of people and to formulate laws, which allows them to make predictions (p. 128). For example, positive psychological research on happiness has strived to prove that happiness is a *cause* – and not a mere consequence – of desirable outcomes such as better performance at work, good health, longevity, and gains in income (Seligman, 2019, p. 12). Doing so, positive psychologists have also strived to develop very general techniques to boost resilience, well-being, and prevent mental health problems, which are applicable to a wide variety of problems, contexts, and populations. For example, the very general techniques designed to cultivate resilience are assumed to prevent a host of mental health problems, such as trauma, depression, and anxiety, and they have been distributed to various populations, ranging from middle-school children to soldiers in the U.S. military (Seligman & Fowler, 2011).

The aim of discovering the assumed universal laws or general principles underlying human functioning is also evident in Seligman's earlier work on learned helplessness and learned optimism (Seligman, 1990/2006). The experiments on learned helplessness, which began in the 1960s, were based on the idea that "only well-controlled experiments could isolate cause and discover cure" (Seligman, 1990/2006, p. 21). In these early experiments, which were couched in a behaviorist framework,[20] Seligman and his colleagues Steve Maier and Bruce Overmier were trying to understand the fundamentals of mental disorders by extrapolating findings from controlled experiments on animals (Peterson, Maier, & Seligman, 1993). The assumption was that by creating a laboratory model of helplessness, laboratory experiments could then "be used to understand how it comes about, how to cure it, how to prevent it, what drugs worked on it, and who was particularly vulnerable to it" (Seligman, 1990/2006, p. 20). In the case of learned helplessness, the experiments were motivated by the hope that these studies could subsequently be used to explain complex phenomena such as depression and victimization with very few principles (Peterson et al., 1993). In a book about their joint work on learned helplessness, Seligman, Maier, and Peterson described their approach as couched in:

> "... a long-standing debate within the social sciences between those who simplify phenomena in their attempt to understand them versus those who complicate them.

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[20] Seligman's work on learned helplessness was originally couched in a behaviorist framework, but he later reinterpreted his findings in these experiments using a cognitive framework, as I show in chapter 5. This shift, however, did not lead Seligman to abandon his search for causal factors, as behaviorism and cognitivism share a similar interest in the mechanisms underlying human actions and the search for universal principles.

"Complophiles" focus on the richness and complexity of human behaviors and despair when faced with attempts to reduce them to a few simple laws. "Simplophiles" strategically ignore this richness and try to explain as much as they can about human behavior with the fewest possible principles. We are card-carrying simplophiles in a field dominated by complophiles." (Peterson et al., 1993, p. 12)

While presenting their approach as somewhat marginal in the early 1990s, this is hardly the case today, where the epistemological trends of American mainstream psychology have shifted and increasingly come to be shaped by ideals from the natural sciences (Elkins, 2008). As such, the commitment to positivist ideals underlying most positive psychological research largely serves as an extension of what has now become the dominant ideals and practices of knowledge production in American mainstream psychology. Elkins (2008) has argued that while humanistic psychology was once a major force in American psychology, it has since fallen out of favor, in part because it is inherently incompatible with the scientific ideals and basic assumptions underlying contemporary mainstream psychology. Positive psychology, on the other hand, might owe part of its success to having readily embraced and adopted the dominant scientific ideals and basic assumptions of American mainstream psychology. Building on the "highly transferable science of mental illness," which had developed methods to study causal pathways that led to negative outcomes, positive psychologists like Seligman have adopted similar methods to study causal pathways that lead to positive outcomes, as they emphasized how these methods offered a way to measure, understand, and build the characteristics associated with human flourishing (Seligman & Csikszentmihalyi, 2000, p. 13). In the first handbook about positive psychology, which was published in 2002, a group of positive psychologists affirmed this epistemological commitment:

"All of the advances that have been made in experimental design and sophisticated statistical analyses within the pathology paradigm can be used in the service of positive psychology science. A viable and enduring positive psychology will be founded not on armchair philosophical speculations but rather on carefully crafted hypotheses that can be tested empirically and analyzed with the latest statistical procedures." (C. Snyder et al., 2002, p. 753)

Reflecting this commitment to creating a positivist positive psychological science, Seligman has continually emphasized that the theories and interventions in positive psychology should be 'evidence-based' (Seligman, 2019):

"Positive psychology is rooted in scientific evidence that it works. It uses tried-and-tested methods of measurements, of experiments, of longitudinal research, and of random-assignments, placebo-controlled outcome studies to evaluate which interventions actually work and which ones are bogus. It discards those that do not pass this gold standard as ineffective, and it hones those that pass." (Seligman, 2011b, p. 71)

As such, the mission of positive psychology and its commitment to create a positivist science of human well-being resonates with the broader turn towards evidence-based practice in clinical psychology (e.g., Spring & Neville, 2014), which is driven by concerns about how to monitor the effectiveness of therapeutic interventions and find the most cost-effective therapeutic approaches. These concerns are also evident in positive psychological interventions, which are usually short-term, and mostly consist of psychoeducation and self-help techniques, which have been found to help increase human well-being and resilience, for example the gratitude exercise, where people are encouraged to write down three things that they are thankful for every day, based on studies suggesting that the habitual acknowledgement and expression of gratitude benefits people's health, sleep, relationships and boosts their performance (Reivich, Seligman, & McBride, 2011; Seligman, 2011b, p. 171). While positive psychologists have not invented gratitude journals, they have strived to systematically study and document the positive effects of gratitude on health, happiness and well-being to provide 'hard, scientific evidence' of the benefits of cultivating gratitude (e.g. Emmons & Stern, 2013; Seligman, 2011b). Thus, an important part of the appeal of positive psychology is based on its promise to bring hard science to bear on questions about human happiness, well-being, and resilience, its claim to design interventions to boost wellbeing and resilience based on sound empirical evidence, and on the scientific authority and legitimacy it bestows on the various self-help techniques it promotes.

> "Positive psychologists, armed with their clipboards and questionnaires, could finally tell us what *really* makes happier, stronger and more resilient. From the start, positive psychology was a wonderful marketing proposition – who doesn't believe in science? who doesn't' want to be happier?" (J. Evans, 2013, p. 221)

However, while positive psychologists have emphasized that their approach and dedication to create interventions based on hard, scientific evidence is what separates them from humanistic psychology and makes positive psychology a true science, I join a chorus of critics, who have seriously questioned whether positive psychologists have lived up to their self-proclaimed ideals to show that positive psychology is largely based on a form of wishful thinking rather than on hard scientific evidence.

4.2. Hard science or bad science? The critiques of the critical positivity ratio & the happiness formula

While positive psychology has been promoted as a hard science based on positivist ideals, its scientific foundation has also been the target of substantial critiques. In this section, I examine two examples, where positive psychologists have been accused of failing to live up to their own ideals and of

propagating pseudoscience, before then turning my attention to some of the broader critiques that have been levelled against the methodological and epistemological foundation of positive psychology in the next section. I do not mean to suggest that the two examples examined in this section are grounds for a total dismissal of the science of positive psychology. Instead, I want to emphasize how these examples raise pertinent questions about positive psychologists' search for simple explanations and universal principles, which is built on a decontextualized understanding of happiness, well-being, and positive emotions, and I show how they are telling of the ways in which positive psychologists like Seligman have responded to critiques that have been levelled against their works.

The first example concerns the work on the critical 2.9 positivity ratio, which was formulated by the psychologists Barbara L. Fredrickson and Marcial F. Losada and published in a much-cited article from 2005. Prior to the publication of this work, Fredrickson had already made a name for herself within the field of positive psychology, as she was the winner of the first $100,000 Templeton Prize in 2000 for research in positive psychology, and her subsequent work, including that on the critical positivity ratio, led to her being hailed as "the laboratory genius of positive psychology" by Martin Seligman, who also invited her to teach at his master course of applied positive psychology (the "MAPP" program[21]) at the University of Pennsylvania – a $40,000 course mostly taught to non-psychologists, who wish to bring principles of positive psychology into their own lives and professions (Seligman, 2011b, pp. 64-67).

Fredrickson had previously studied the adaptive value of positive emotions, which she argues critically contributes to human flourishing, resilience, and good mental health, as formulated in her broaden-and-build theory. This theory states that positive emotions broaden an individual's so-called thought-action repertoires (e.g., that the feeling of joy sparks the urge to play), and that this broadened mindset in turn promotes the discovery of new, creative actions, ideas and social relationships, which help build enduring personal resources (Fredrickson, 2001; Fredrickson, Tugade, Waugh, & Larkin, 2003). Building on this theory, Fredrickson and Losada had set out to study whether a particular ratio of positive to negative affect could serve as a general predictor of human flourishing and good mental health, and whether such a ratio could be used to distinguish individuals, groups, and organizations that flourished from those, who languished (Fredrickson & Losada, 2005).

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[21] The broad appeal of positive psychology is reflected in first group of students at the MAPP program, which included the head of a successful advisory company in Switzerland, a Canadian neurosurgeon, an American hedge fund manager, a well-known comic and artist with his own one-man Broadway show, a researcher in finance from Tanzania who was also a finalist in the reality TV show *Survivor*, as well as an senior executive from the Gallup Corporation and the director of social services for the government of Scotland. (Seligman, 2011b, p. 65)

The distinction between flourishing and languishing was built on the work of Keyes (2002), which had used the two terms to describe a mental health continuum in order to emphasize that mental health should be understood as more than just the absence of pathology. In Keyes (2002), the 'symptoms' of good mental health were associated with the presence of positive emotion and the ability to function well psychologically and socially, while languishing was described as emptiness and stagnation and as "constituting a life of quiet despair." (p. 210). Building on this distinction, Fredrickson and Losada adopted the term flourishing to denote "an optimal range of human functioning, one that connotes goodness, generativity, growth, and resilience," which they associated with positive mental health, while the term languishing was used to denote an incomplete mental health and to characterize people, who did not meet the diagnostic criteria for mental disorders, but who nevertheless described their lives as "hollow" or "empty" (Fredrickson & Losada, 2005, p. 678).

To study the relations between positive emotion and human flourishing, Fredrickson and Losada took a mathematical model derived from nonlinear dynamics previously developed by Losada, and used it on data from two different samples totaling 188 participants consisting of American university students, who had answered a serious of questionnaires about their mental health and their experiences of 20 different emotions each day over a period of 28 days (Fredrickson & Losada, 2005, p. 683). Their findings, they argued, represented a potential breakthrough, as it appeared that they had discovered a critical positivity ratio of 2.9013, meaning that individuals who flourished met or surpassed a 2.9 ratio of positive affect to one negative affect, while individuals with a positivity ratio below 2.9 did not display flourishing mental health (p. 683). Furthermore, this critical positivity ratio was not limited to individuals, but also seemed to apply to marriages and business teams (p. 684). E.g., when Fredrickson taught at Seligman's MAPP course, she described a different study in which they had transcribed every word said in business meetings in sixty different teams in one company,[22] and then coded each sentence for positive and negative words to study the ratio between positive and negative statements (Seligman, 2011b, p. 66). The results were said to have revealed a sharp dividing line: "Companies with better than a 2.9:1 ratio for positive to negative statements are flourishing. Below that ratio, companies are not doing well economically." (p. 66). It appeared that this ratio was a magic number, able to predict both mental health, productivity, and financial success.

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[22] In Seligman's original retelling (Seligman, 2011b, p. 66), he misstates these alleged findings of this study by saying that they were based on studies within 60 different organizations, when they were, in fact, only based on studies of 60 teams within just one organization (Friedman & Brown, 2018, p. 249)

The critical positivity ratio has enjoyed considerable popularity in positive psychology, where it soon became an influential and often cited work, which spawned various interventions aimed at cultivating more positive emotions to get people over this magical tipping point of 2.9. For example, the critical positivity ratio has been applied to marriages (e.g., Fincham & Beach, 2010), businesses (e.g., Rego, Sousa, Marques, & Cunha, 2012), and health care (e.g., Gallan, Jarvis, Brown, & Bitner, 2013), and it was seen as evidence of both Fredrickson's broaden-and-build theory and of the usefulness of techniques designed to cultivate positive emotion, such as the techniques promoted to enhance emotional resilience in the CSF program designed for the US military (e.g., Algoe & Fredrickson, 2011). It has also gained a broader audience through popular books such as Fredrickson's book *Positivity: Groundbreaking research reveals how to embrace the hidden strength of positive emotions, overcome negativity, and thrive* from 2009 and Martin Seligman's book *Flourish* from 2011, where Seligman described Fredrickson's work as potentially life-changing and argued that techniques to build positive emotions were "just as important in military settings as it is in the boardroom, in a marriage, or in raising teenagers," thus emphasizing the universal applicability and relevance of such techniques (Seligman, 2011b, p. 139).

The popularity of the positivity ratio within the positive psychology movement was hardly surprising, as it appeared to embody and combine two central goals of positive psychology. First, these findings emphasized the relevance of the focusing on positive emotion in research and interventions and underlined how the science of positive psychology could be used to improve people's lives, thus proving that positive psychology was more than the shallow "happiology" its critiques had painted it as (Lazarus, 2003a; Woolfolk & Wasserman, 2005). Second, the work on the critical positivity ratio also appeared to deliver on the promise that positive psychology could develop a cumulative, empirical body of research to ground their ideas. Fredrickson and Losada's use of quantitative methods and mathematical models resonated with the ambition to create a "hard science" of human flourishing as emphasized in the introduction to positive psychology written by Seligman and Csikszentmihalyi (2000), in which they chastised humanistic psychology for what they perceived as a lack of scientific rigor. For example, in an endorsement of Fredrickson's best-selling popular book about the critical positive ratio (Fredrickson, 2009), her work garnered the strongest praise from Seligman, who described it as "the perfect blend of sound science and wise advice on how to become happier." (Seligman in Friedman & Brown, 2018, p. 242)

However, the work on the critical positivity ratio also turned out to raise serious concerns about the scientific foundation of positive psychology and its own scientific rigor. While the work on the critical positivity ratio was frequently cited and widely accepted within the positive psychology movement,

few seemed to have thought to seriously question or critically examined its validity. Having been peer-reviewed and published in *American Psychologist*, the flag-ship peer-reviewed scholarly journal published by the American Psychological Association, the article by Fredrickson and Losada (2005) had been given an official stamp of approval, and their claims were readily accepted both by academic psychologists and by the lay public. In addition, there is something very compelling about the idea of a magic number and the claim to have discovered a universal truth about human emotions, which is valid for individuals, groups, and organizations alike. Together, this might explain why this ratio attracted very little critical attention, until it caught the eye of a part-time master's student by the name of Nicholas J. L. Brown, who was a man in his 50s about to take early retirement from his previous job as head of IT network operations in a large corporation.[23] Having transferred to a managerial position in human resources, Brown was looking for evidence-based technique to promote employees' welfare.[24] Therefore, Brown had enrolled in a postgraduate course in applied positive psychology at the University of East London, where he was introduced to Fredrickson and Losada's critical positivity ratio and the claim that human flourishing was reducible to the magic ratio of 2.9 positive emotions to one negative. Brown found this idea of a universal-invariant ratio between positive and negative emotions, which was assumed to be the same for individuals, marriages, organization, and other human systems across all cultures and times, to be rather incredible. Therefore, he took a closer look at Losada's equations and found that Losada's use of the mathematical models suffered from fundamental conceptual and mathematical errors. For example, Losada had based his mathematical model on the Lorenz equation from the field of fluid dynamics, but he had failed to justify how these differential-equations could be applied to describe changes in human emotions over time (Brown, Sokal, & Friedman, 2013). In addition, some of the values used by Losada to calculate the critical positivity ratio were totally arbitrary and had been lifted from paper written by Edward Lorenz in 1963, in which Lorenz had described his method in abstract, using said numbers only for illustrative purposes, thus making the predicted critical positivity ratio totally arbitrary as well (p. 811).

Having discovered these problems, Brown needed help to develop the mathematical and academic argument of his critique, so he contacted Alan Sokal, a professor of mathematics famous for his role in the Sokal affair.[25] After reviewing the work by Fredrickson and Losada and the arguments against

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[23] https://www.theguardian.com/science/2014/jan/19/mathematics-of-happiness-debunked-nick-brown
[24] https://narratively.com/nick-brown-smelled-bull/
[25] In 1996, Sokal wrote a deliberately nonsensical paper filled with heavy jargon and designed to flatter certain ideological preconceptions, which was subsequently published in the (then-non-peer-reviewed) journal *Social*

it presented by Brown, Sokal agreed with Brown's critique, noting that "In 10 seconds I could see it was total bullshit".[26] Subsequently, Brown and Sokal went on to publish several articles together with the psychologist Harris L. Friedman, in which they argued that the work on the positivity ratio contained numerous fundamental errors both conceptually and mathematically, thus finding the claims made by Fredrickson and Losada about having demonstrated a critical positivity ratio of 2.9 to be wholly unfounded (Brown et al., 2013; Brown, Sokal, & Friedman, 2014b; Friedman & Brown, 2018). According to Brown et al. (2013), rather than delivering a scientific breakthrough, Fredrickson and Losada had engaged in the kind of "wishful thinking" that Seligman and Csikszentmihalyi had otherwise distanced themselves from in their introduction to positive psychology, in which they stated that "positive psychology does not rely on wishful thinking, faith, self-deception, fads, or hand waving; it tries to adapt what is best in the scientific method" (Seligman & Csikszentmihalyi, 2000, p. 7).

One might expect that the critique levelled against the critical positivity ratio would have encouraged positive psychologists to critically examine their basic assumptions as well as their scientific methods. However, in her response to the criticism, Fredrickson still defended the central idea of a tipping point. In the original article by Fredrickson and Losada (2005), the authors had made a distinction between "Fredrickson's theory and Losada's mathematics" (p. 685), a distinction that was further highlighted in the way they responded to the criticism of the critical positivity ratio. In her response to the criticism, Fredrickson refrained from defending Losada's mathematical and conceptual work, saying she had neither the expertise nor the insight to do so on her own, while Losada himself chose not to respond to the criticism altogether (Fredrickson, 2013). In a brief correction to their original article, which was subsequently published in the *American Psychologist*, the modeling element and the model-based predictions about the positivity ratio of 2.9 were formally withdrawn and accepted as invalid, but Fredrickson and Losada (2013) maintained that other parts of the article were still valid. Fredrickson also published a longer response of her own, in which she stated that, while the mathematical modeling was wrong, her broaden-and-build theory about the role of positive emotions in human flourishing and resilience was still sound, and she argued that the empirical support for this theory had only grown stronger over the years (Fredrickson, 2013). Furthermore, she still defended the idea of a critical tipping point, although she recognized that this idea was in need of further study (Fredrickson, 2013). In other words, the central storyline about the adaptive value of positive

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Text. When his hoax was revealed, it became front-page news in *The New York Times* and was generally interpreted as exposing a lack of scientific rigor, both in postmodern cultural studies, but also more generally in the social sciences.

[26] https://www.theguardian.com/science/2014/jan/19/mathematics-of-happiness-debunked-nick-brown

emotions and the potential existence of a critical tipping point seems to remain intact despite the serious critique levelled against it. In their subsequent response, Brown, Sokal and Friedman acknowledged that their criticism did not necessarily invalidate the theory proposed by Fredrickson concerning the role of positive emotions in human flourishing, but they did, however, seriously call into question the idea of a tipping point independent of all demographic and cultural factors by arguing that this was a far-fetched and largely unsubstantiated claim (Brown et al., 2013, p. 812). The central problem, they argued, was not Fredrickson's theory, which might still hold some truth, but the overstated claim to have discovered a universal tipping point and the erroneous use of mathematical models, which gave the false impression of having created an exact science of human happiness and well-being.

In a later reply to Fredrickson response titled *The persistence of wishful thinking*, Brown, Sokal, and Friedman (2014a) again called into question the assumptions and alleged supporting evidence that Fredrickson had presented in her response as support for her continued belief in the idea of a critical positivity tipping point, and they argued that Fredrickson had failed to sufficiently consider how her ideas about the value and existence of non-linear positivity ratio was impacted by the retraction of the mathematical model. By holding on to the idea that a critical positivity tipping point exists, despite having no empirical evidence to support this claim, Fredrickson seemed to continue to engage in a form of wishful thinking rather than in a process of true, critical scientific endeavor. It seemed like the notion of a universal tipping point was so appealing to Fredrickson that she was not willing to abandon the idea nor acknowledge that it might be an artefact of the misapplication of a mathematical model. Instead, she has continued to suggest that such a universal ratio might still exist and remain to be discovered, although noting that "considerable empirical work remains to be done" before precise statements of positivity ratios could be made (Fredrickson, 2013, p. 820).

Pondering the wider implications for positive psychology of the debunking of the critical positivity ratio, Brown et al. (2014b) suggested that positive psychologists need to accept that they cannot have their "hard science" cake and eat it too (p. 637), if their idea of a hard psychological science means misappropriating quantitative models from the psychical sciences. Brown et al. (2014b) emphasized how the models and methods used by positive psychologists did not stand the same test nor deliver the same evidence as the mathematical models used in the physical sciences, noting that the extensive replication, confirmation, and predictive precision required before a model is accepted in the physical sciences is not possible in psychological science because of the complexity of its subject matter (p. 637). Rather, the ambition to distance positive psychology from the perceived failings of humanistic psychology and make positive psychology a "hard science" appeared to have made positive

psychologists prone to what Brown et al. (2014b) called *romantic scientism* – the "unfulfillable dreams for a simple "scientific" explanation of complex phenomena, combined with an insufficient understanding of the degree of empirical confirmation that is a requisite of a genuine science." (p. 637)

According to Friedman and Brown (2018), a number of unnamed adherents to positive psychologists challenged their critique by claiming that "Fredrickson's work on the critical positivity ratio was just an anomaly" (p. 250). However, while the debunking of the critical positivity ratio is probably the most striking example, it is not the only time that positive psychologists have been accused of betraying their own scientific principles. Looking at discussions of Seligman's works, I also found that Seligman himself has faced similar charges of romantic scientism. In his book *Authentic Happiness* (2002a), Seligman offered his lay readers a "happiness formula," which he stated in the following equation: $H = S + C + V$. According to Seligman, a person's enduring level of happiness (H) is determined by three factors: one's set range (S), one's life circumstances (C), and factors under one's voluntary control (V), with V being emphasized by Seligman as "the single most important issue in positive psychology" (2002a, p. 45), as these are the factors targeted in positive psychological interventions. This equation, which seems to offer a simple scientific explanation of the complex phenomenon of happiness, has been criticized for being pseudoscientific by Barbara Ehrenreich, an American social critic and journalist, who is an outspoken critic of both positive psychology and the role of positive thinking in American culture. In her book *Bright-Sided: How Positive Thinking Is Undermining America* (2009), Ehrenreich recounts meeting Martin Seligman for an interview, in which she questioned the scientific foundation of positive psychology and Seligman's happiness formula in particular. In this interview, Ehrenreich asked a series of seemingly simple questions about the happiness formula like "what are the units of measurement?" and "How do we know that H is a simple sum of the variables, rather than some more complicated relationship?" which Seligman reportedly treated rather dismissingly. At one point, he even suggesting that Ehrenreich did not sufficiently understand the math and told her that "she should go home and Google it" (B. Ehrenreich, 2009, p. 157).

In later comments on Ehrenreich's critique of his theory about optimism, Seligman complained that Ehrenreich had "failed to address the full range of the scientific literature" in her book (Seligman, 2011b, p. 201), but he did not substantially address her questions or critique. In his writings, he has also donned her with the nickname "Barbara ("I hate hope") Ehrenreich" (Seligman, 2011b, 2018), echoing a sentiment once expressed by Ehrenreich in an article, which began with the sentence "I hate hope" (B. Ehrenreich, 2007), a framing that makes it sound like Ehrenreich's critique is tainted by her

assumed pessimistic mindset and therefore not to be taken seriously. In short, Seligman has continuously seemed to dismiss, rather than substantially address, Ehrenreich's questions about his happiness formula, even though other researchers have supported her critique (e.g., Coyne, Tennen, & Ranchor, 2010, p. 36). Ehrenreich's critique also raised a point that Seligman does not seem to acknowledge, namely that his happiness formula seemed to serve an ideological rather than a scientific purpose. In summing up her critique, Ehrenreich writes:

> "…clearly Seligman wanted an equation, because equations add a veneer of science, and he wanted it quickly, so he fell back on simple addition. No doubt equations make a book look weightier and full of mathematical rigor, but this one also makes Seligman look like the Wizard of Oz." (B. Ehrenreich, 2009, pp. 157-158).

Like the critical positivity ratio, the happiness equation reads more like a result of the romantic scientism as described by Brown et al. (2014b) than a genuine scientific finding, and I have used these critiques to cast light on the fact that the underlying science remains controversial, despite the claims frequently made by positive psychologists that their theories and techniques are based on hard scientific evidence. As Horowitz (2018) has noted in his recent history of positive psychology: "Virtually every finding of positive psychology under consideration remains contested, both by insiders and outsiders … Major conclusions have been challenged, modified, or even abandoned." (p. 5) However, positive psychologists like Fredrickson and Seligman nevertheless seem to continue to stick to their central assumptions and ideas, despite the substantial challenges to the evidence used to support them, which I have used to show how Seligman's vision of positive psychology is based on a promise about scientific rigor, which it has yet to live up to.

4.3. Questioning the foundation of positive psychology

In addition to the concerns raised in relation to the examples above, I want to highlight how the conceptual and methodological foundation of the studies often cited as evidence by positive psychologists have been the target of several other substantial critiques. In 2003, Richard Lazarus, a prominent psychologist known for his work on emotions, stress, and coping, published a critique of positive psychology, stating that he found "much wrong with the conceptualization, research methods, and philosophical claims" of many positive psychologists and he argued that if positive psychology research did not "shape up, important issues could be ill served and end up on the huge waste heap of past methodological and philosophical follies" (Lazarus, 2003a, p. 94). The problems identified by Lazarus included methodological issues such as the lack of longitudinal studies and the

reliance on cross-sectional research that studies correlations between variables (e.g., optimism and longevity), but which are ill-suited to infer causation, as well as conceptual issues such as the tendency to take an oversimplified approach to emotions, which are labelled as either positive or negative for the purpose of comparing them, without sufficiently grounding this ascription of value in actual measurements of the emotions (Lazarus, 2003a). The reliance on one-time-only checklists and oversimple questionnaires to measure emotions without follow-up further amplifies this issue, as this approach excludes more accurate and full descriptions of *the flow of emotions*, the study of which should be based on "careful measurements of the same research participant's emotions over time and across different conditions" (Lazarus, 2003a, p. 104). To identify the mechanism underlying correlations between emotions, health, and well-being, psychologists need to distinguish between fluctuating states and stable personality traits, in order to establish what this mechanism might be (state, trait, or both), and this cannot be done without full descriptions of an individual's flow of emotions. Lazarus also expressed a concern about the broad generalizations made by positive psychologists noting how their search for general principles might lead them to underestimate the influence of individual differences, and he emphasized how their findings and conclusions should be treated in a more modest and tentative way, e.g., by taking into consideration how they might only be applicable to a limited proportion of persons (Lazarus, 2003b).

A related critique has been articulated by Coyne and Tennen (2010), who found the use of positive psychology in cancer care to be based on "bad science, exaggerated claims, and unproven medicine," and they urged positive psychologists to "rededicate themselves to a positive psychology based on scientific evidence rather than wishful thinking." (p. 25) Having reviewed the studies cited to support the claims made by positive psychologists, e.g., that optimism can influence the progression and outcome of cancer and be used to predict health and mortality, Coyne and Tennen (2010) expressed serious concerns about the conceptual and methodological foundation of these studies, as well as with the reporting of findings, and they noted that "with what appears to be consistent confirmatory bias, negative evidence has been ignored or reinterpreted to create an impression of progress and impressive breakthroughs." (p. 22) In a scathing summation, Coyne and Tennen further argued that "positive psychology investigators have been indifferent to the scientific evidence and have applied study methods and designs that are – based on strong psychological science – completely inadequate." (p. 24) In a different article, Coyne et al. (2010) argued that the assertions made by positive psychologists about the adaptive value of positive psychological states on cancer outcomes had created a self-perpetuating storyline, which emphasized data consistent with the storyline and ignored null findings and contradicting data, thus making this storyline resistant to evidence to the contrary. Coyne and Tennen (2010) have argued that the writings by prominent positive

psychologists such as Seligman would benefit from adopting a more sober and scientifically accurate tone, which acknowledged that the research literature on the health benefits of positive states is still far from clear. Seligman, on the other hand, has interpreted the research literature regarding optimism and cancer more favorably and argued that "the evidence is robust, significance levels are high, and the findings replicate over and over" (Seligman, 2011b, p. 202). Although Seligman briefly acknowledges that most studies examining the relationship between optimism and health are correlational studies, which cannot determine causation, he nevertheless draws the conclusion that changes in optimism leads to improved health (Seligman, 2011b, pp. 204-205). However, as Seligman sticks to his reading of the findings, he does not engage in the broader methodological critique raised by Coyne and Tennen (2010) regarding the exclusion of null and negative findings, which tends to be excluded, thus ignoring evidence seemingly in conflict with his claims.

Coyne and Tennen are not alone in this critique of positive psychology. Others have raised related conceptual and methodological concerns, e.g., Held (2004), who has argued that positive psychologists – and Seligman in particular – tend to promote research about the benefits of optimism and positivity without sufficient regard for nuance and ambiguity, instead using it to advance a dominant, polarizing message that "positivity is good and good for you; negativity is bad and bad for you." (p. 12) A similar critique has been offered by Miller (2008), who has argued that positive psychology is founded on a serious of fallacious arguments, including unjustified generalization, circular reasoning, a failure to properly define its central concepts, and on unfounded assumptions about causal relations based on studies of correlations between variables (p. 591). For example, according to Miller (2008), there is more air of circular reasoning in arguments that people who are optimistic and untroubled by worries or doubt are happier, when happiness is defined as a state of being optimistic and untroubled by worries and doubts (p. 605). Given the methodological shortcomings of the studies cited as evidence for the theories and techniques promoted by positive psychologists, Miller has questioned the value and usefulness of the prescriptions found in positive psychological interventions, which strive to teach people to cultivate an optimistic mindset.

> "Instead of demonstrating that positive attitudes explain achievement, success, well-being and happiness, positive psychology merely associates mental health with a particular personality type: a cheerful, outgoing, goal-driven, status-seeking extravert." (Miller, 2008, p. 591)

This, according to Miller, is especially problematic, as this positive, optimistic attitude is then held up as a model of good mental health to be achieved through a recrafting of people's mindsets, e.g., in positive psychological interventions that strive to teach people how to cultivate a more optimistic

mindset such as the CSF program, which Miller believes seriously underestimates how people's dispositions to think and act in certain ways are not just a result of their mindset, but the result of a whole complex of historical, social, and personal circumstances (p. 603).

In addition, Wong and Roy (2018) have pointed out that the commercialization of positive psychology through the proliferation of self-help books by prominent positive psychologists like Seligman and Fredrickson have resulted in the marketing of pseudoscience in the name of science (p. 144), and Coyne et al. (2010) have argued that "we need a sharper distinction between the scientific research program of positive psychology versus positive psychology as a social movement with a closely associated marketing of self-help materials, personal coaching, and training programs." (p. 36) But at the same time, I find that these two are not easily separated, as part of the broad appeal and remarkable success of positive psychology rests on the continual blurring of this line. This also makes it difficult to pin down positive psychology as an object of critique. The interaction between Ehrenreich and Seligman provides a good example of this difficulty. In her works, Ehrenreich articulates three interrelated critiques: a) a critique of the scientific foundation of positive psychology, e.g., in her critique of Seligman's happiness formula, b) a cultural critique, in which she argues that the positive psychology movement and its central message about the benefits of optimism has deep roots in American culture, thus questioning the supposed value-neutrality of the science of positive psychology, and c) a political critique grounded in her personal experiences with breast cancer and her encounters with the American "cult of positivity," which she characterizes as placing an additional burden on cancer patients, who are encouraged to cultivate an optimistic mindset to improve their prognosis, even though the scientific evidence for the health-enhancing effect of positivity is still muddled (B. Ehrenreich, 2007, 2009) But in his response to Ehrenreich's critiques, Seligman narrowly focuses on her questions about scientific evidence, as he accuses Ehrenreich of cherry-picking her way through the research on cancer and optimism and of failing to address the full range of scientific literature, and he goes on to present her critique as potentially dangerous, noting that "...in matters of life and death, cherry-picking to dismiss the value of optimism and hope for women with cancer is, in my opinion, dangerous journalistic malpractice." (Seligman, 2011b, p. 203) Not only does Seligman inadequately address Ehrenreich's questions about the scientific evidence underlying his claims, but he also ignores her other critical questions about the underlying values and political implications of positive psychology.

While Seligman seems especially annoyed by Ehrenreich, his response appears to be characteristic of his way of engaging with (and dismissing) certain forms of critique of positive psychology. In his book *The hope circuit: A psychologist's journey from helplessness to optimism* from 2018, Seligman

distinguishes between three forms of critique of positive psychology – the strong, the weak, and the ad hominem attacks "that cast me as the Darth Vader of psychology [and] make me wish I had stuck to playing bridge." (Seligman, 2018, p. 266). The ad hominem attacks, which Seligman only refers to in passing, are probably the accusations that he aided CIA in designing their enhanced interrogation program, and thus had played a role in the torture of suspected terrorists in the aftermath of the 9/11 attacks (e.g., Shaw, 2016). These accusations have been vehemently denied by Seligman, who has repeatedly stated that these allegations are wholly unfounded (Seligman, 2016, 2018). For Seligman, strong critiques point to weaknesses in the theoretical or empirical basis of positive psychology, and comes in a form that is "testable and will eventually prove right or wrong." (p. 266). Seligman sums up examples of the weaker critique in sentences like "positive psychology is individualistic and selfish" or "positive psychology is oblivious to misery," while naming very few sources of such critiques. Without these sources, all we have is Seligman's very general summation of the critique, and this is a shame, because the examples Seligman gives of weaker critiques appear to involve the kinds of questions, which are concerned with the broader social, cultural, and political implications of the theories and techniques proposed by positive psychology. By applying a rather narrow definition of what counts as hard science and as scientific evidence, and by framing the only relevant critique as one that helps improve the theoretical and empirical foundation of positive psychology, these broader questions about social, cultural, and political implications of positive psychology are framed as irrelevant or "not really scientific" and thus become black-boxed or marginalized. This tendency has also been noted by people working within the field of positive psychology, for example Paul T. Wong and Sandip Roy, who have argued that "an implicit culture of scientism permeates every aspect of the positive psychology community, from research to practice" and they have noted how broader discussions are often derailed by a lack of understanding of how "the scientific process involves more than just scientific findings" (Wong & Roy, 2018, p. 144).

Positive psychological research largely seems to be driven by a quantitative imperative, understood as the view that to study something scientifically means measuring it (Michell, 2003). Seligman has repeatedly stressed the central role of measurements and stated that the goal of positive psychology is "to measure and build human flourishing" (Seligman, 2011b, p. 29).

> "As our ability to measure positive emotion, engagement, meaning, accomplishment, and positive relations improves, we can ask with rigor how many people in a nation, in a city, or in a corporation are flourishing. We can ask with rigor when in her lifetime an individual is flourishing. We can ask with rigor if a charity is increasing the flourishing of its beneficiaries. We can ask with rigor if our school systems are helping our children flourish." (Seligman, 2011b, p. 28)

Seligman has argued that measurements of well-being and flourishing can guide political decision-making. For example, Seligman believes that by measuring human flourishing, it becomes possible to predict how certain policies or practices might contribute to the goal of enhancing human flourishing:

> "We can now ask of public policy, "How much will building this new school rather than this park increase flourishing?" We can ask if a program of vaccination for measles will produce more flourishing than an equally expensive corneal transplant program. We can ask by how much a program of paying parents to take extra time at home raising their children increases flourishing." (Seligman, 2011b, pp. 28-29)

However, measurements are not just a neutral method of evaluating a world out there, they also become means of conferring value by making certain values the yardstick, which is used to guide and evaluate the effects of different policies and practices. But who are the groups of people, who benefit from building a new school rather than a park, or from measles vaccinations rather than corneal transplants? Whose flourishing are most important? These are not questions that can be adequately answered solely based on quantitative measurements of flourishing. In addition, this approach tends to gloss over conflicting social and political interests. According to Madsen (2014a), the positivist view of psychology is based on the assumption that the scientific knowledge developed within academic psychology is progressive and value-free, and applications of this knowledge are perceived to be beneficial for society and humankind (p. 610). However, as Madsen has also pointed out, the relationship between psychological science and the kind of society it serves is more ambiguous; psychological science has not only fostered social progress, but it may also serve to repress or conceal society's real conflicts, thus making the idea of a purely benevolent and value-neutral psychology ethically naïve.

While Seligman (2002a) has stated that he strongly believes that the science of positive psychology is "morally neutral (but ethically relevant)" (p. 303), I find myself siding with the numerous critics, who have argued otherwise. For example, the often-overlooked value-dimension of positive psychology has been the target of substantial criticism. Wong and Roy (2018) have noted that despite the ambition and confidence of positive psychologists like Seligman, who believe that it is possible to create a universal science of the good life that transcends particular cultures and politics, the subject matter of positive psychology might be more culture-bound than other psychological phenomena, because notions of the positive and the good life rest on value judgements that are shaped by social norms and cultural context (p. 149). Similar critiques can be found in Friedman and Robbins (2012), who have argued that positive psychologists have created a quandary for themselves by claiming to adhere to a value-neutral approach to science, while dealing with unavoidably value-laden material, and in Woolfolk and Wasserman (2005), who have argued that the assertion that positive

psychological science produce value-neutral knowledge about human well-being and happiness is dubious, because there are always value judgments embedded in its organizing concepts of health versus sickness and human strengths versus weaknesses (p. 88). By assuming that that their methods are capable of producing objective and value-free knowledge, positive psychologists largely fail to examine the cultural and moral assumptions underlying their work (Christopher & Hickinbottom, 2008).

Seligman, on the other hand, has argued that the science of positive psychology is descriptive and not prescriptive:

> "It is not the job of Positive Psychology to tell you that you should be optimistic, or spiritual, or kind or good-humored; it is rather to describe the consequences of these traits (for example, that being optimistic brings about less depression, better physical health, and higher achievement, at a cost perhaps of less realism). What you do with that information depends on your own values and goals." (Seligman, 2002a, p. 129)

Positive psychology, Seligman argues, does not prescribe certain ways of being, rather, "it describes, studies, and asks how to build what is prescribed within the culture." (Seligman, 2019, p. 10) According to Seligman, positive psychology does not question or challenge the values of individuals or cultures, rather its contribution lies in "helping cultures and individuals better achieve what they already value. (p. 10). However, in my view, the line between description and prescription seems a tenuous one as the theories and techniques developed by positive psychologists are translated into therapeutic interventions and disseminated in various context, e.g., in schools, corporations, and the U.S. military, as well as in a growing number of popular self-help books written by prominent positive psychologists. Seligman, for example, has described the idea of self-improvement as "absolutely central to American ideology. It is tantamount in importance to freedom in our national identity; indeed, advancement is probably the end for which Americans believe freedom is the means." (Seligman, 1993, p. 16) As a result, "there is an enormous, and profitable, self-improvement industry that plays to your desire to achieve." (Seligman, 1993, p. 16) Seligman's work largely seems to have been tailored to the demands of this specific market. Throughout his career, Seligman has strived to improve the self-help industry as reflected in some of his earlier publications, which predates the launch of positive psychology, in which he offers his reader a definitive guide to self-improvement, e.g., his book from 1990 titled *Learned Optimism: How to change your mind and your life* and his book *What You Can Change and What You Can't; The complete guide to successful self-improvement* from 1993.

The blurring of the line between the descriptive and the prescriptive, which I noticed in Seligman's works, has also been noticed by Friedman and Robbins (2012), who have argued that positive psychology owes part of its broad cultural appeal and commercial success to the fact that consumers of science, such as the readers of the self-help books published by prominent psychologists and organizations like the U.S. Army, tend to attribute moral prescriptive authority to empirical findings (p. 93). While Seligman assumes that the psychological knowledge produced by positive psychologists is value-neutral, critical psychologists have emphasized that psychological knowledge is rarely neutral and often has political ramification (e.g., Teo, 2018b, p. 105) Christopher and Hickinbottom (2008) have also argued that "in failing to recognize the tacit cultural and moral assumptions underlying their investigations, positive psychologists not only distort the outlooks of cultures that do not subscribe to an individualistic framework, they also insulate themselves from reflecting critically on their work." (p. 563) A central concern underlying these critiques is that positive psychology can become a form of disguised ideology that may serve to perpetuate the socio-political status quo by focusing on helping individuals to adjust to existing societal conditions rather than challenging them. For example, as noted by Becker and Marecek (2008a), there are both scientific and political disadvantages of the decontextualization and assumed universalism that results from the methodological foundation of positive psychology, because it might result in the production of a form of psychological knowledge, which "inadvertently reproduces and strengthens cultural ideologies and societal structures of domination that perpetuate inequalities of gender, ethnicity, and class." (p. 1769) A similar point has been made by Yakushko (2019), who has argued that despite its claims to be exclusively empirical, data-driven, experimentally confirmed, and ideologically neutral, the science of positive psychology represents yet another approach to psychology "that minimizes or denies the role of social context in shaping human emotional experiences." (p. 111)

Seligman, Peterson, and Maiers have defended their position as "simplophiles," who strategically ignores the richness and complexity of human actions to simplify the phenomena they try to understand (Peterson et al., 1993, p. 12). However, this position, with its commitment to a positivist framework and focus finding on simple causal explanations and universal principles, has attracted considerable critique from other researchers, who have emphasized that such a reduction comes at a price in that it leads to an oversimplified and decontextualized understanding of the phenomena studied by positive psychologist. For example, Slife and Richardson (2008) have argued that positive psychological researchers tend to treat the phenomena they study in a decontextualized manner, viewing them as "separate from culture, history, and even physical situations" (p. 699) In their search for causal explanations of human flourishing, positive psychologists tend to study the functional relationship between different variables, which are then interpreted as causality. In this approach,

psychological and social factors are construed as variables, which can be operationalized using standardized research designs to address practice and policy relevant questions and guide interventions (Stenner, 2017, p. 4). However, according to Teo (2018b), this focus on variables comes with the risk of turning complex phenomena into simple ones (p. 115). In their search for the simplest explanation, positive psychologists tend to treat problems and solutions in a rather isolated manner, largely stripping them of their social, cultural, and political contexts. As Seligman stresses in his formulation of the happiness formula, positive psychology has mainly been concerned with factors that are under an individual's voluntary control, thus making the individual the central object of positive psychological interventions (Seligman, 2002a). Although people's life circumstances are believed to influence their happiness and well-being to some extent, positive psychological interventions largely tend to focus on individual factors, as Seligman has noted that changing one's life circumstances "is usually impractical and expensive" (Seligman, 2002a, p. 50). Therefore, positive psychological interventions largely focus on the changes people can make by adjusting their individual outlooks, rather than on changing social and structural arrangements. As I show in the next chapter, this is also the case in the CSF program, which largely targets individuals' thoughts and feelings by encouraging people to cultivate an optimistic mindset and generate more positive emotion to enhance their resilience. However, when questions about resilience are only examined through studies of the relationships between variables, e.g., how optimism or positive emotions might buffer against developing symptoms of mental disorders, it decontextualizes the problems and stressors, which make resilience relevant in the first place. This, in turn, lead to an overly individualistic understanding of both problems and solutions, which fails to properly consider the role of contextual factors, and this is problematic when dealing with phenomena such as trauma and resilience, which cannot be meaningfully separated from their social, cultural, and political context. By largely individualizing and decontextualizing the matters of trauma and resilience, positive psychologist like Seligman also fail to properly acknowledge and reflect on the potential social and political ramifications of their approach for how trauma and resilience are viewed and treated, an omission this dissertation seeks to rectify. Thus, moving forward with my analysis of the central techniques and explanations proposed by positive psychologists, I both focus on what they include and what they leave out, and I explore how the approach to building resilience proposed in the CSF program is situated in larger debates about trauma and resilience, which are rarely explicitly addressed or discussed in official presentation of the CSF program or in the works of positive psychologists.

Chapter 5. The promise of resilience: Positive psychology and the Comprehensive Soldier Fitness Program

In this chapter, I offer a brief introduction to the history of resilience research to show how positive psychologists have shaped resilience discourse and articulated the promise of resilience. I then turn my attention to the particulars of the CSF program as I explore its background and trace how it was based on Seligman's earlier work on learned helplessness and learned optimism, and I examine the central positive psychological techniques used to build resilience. While I offer some critical reflections along the way, this chapter is largely descriptive, as it serves to explicate the central positive psychological theories and techniques underlying the CSF program, and it provides an important foundation for the critiques and discussions raised in the following chapters, in which I further analyze and discuss the shadow sides of the CSF program, e.g., how this approach to building resilience affects how the problems of trauma are understood and treated.

The idea of resilience has deep roots in the disciplines of medicine, psychology, and education, where it has become an umbrella concept to denote a range of ideas, practices and concepts related to positive patterns of adaptation in the context of risk and adversity (Masten & Obradović, 2006). However, research on resilience is burgeoning in many different fields, where researchers study the variations in how individuals, families, communities, economies and ecologies respond to threats and challenges (Masten, 2014). Catastrophes in the form of wars, terror attacks, natural disasters, pandemics, climate change, and economic crisis has motivated action at many levels of policy and intervention in an effort to protect life, promote well-being, and improve the odds of resilience in individuals, communities, organizations, economies, and nations that are threatened by adversities (p. vii). As a response to situations characterized by risk and uncertainty, the idea of enhancing resilience in individuals, communities, organizations, and nations, is increasingly being presented as a solution to a broad range of pressing social and political concerns. For example, the focus on resilience has made its way into discussions about national security, psychological trauma, public health, corporate risk analysis, international finance and economic policy, disaster management, climate change adaptation, and urban planning (e.g., Grove, 2018; Tierney, 2014; Walker & Cooper, 2011). As a result of its various uses and broad application, the term resilience has multiple meanings. As noted by Grove (2018), there is no clear definition of what resilience is, as it shifts meaning and function from one context to another, making it "a notoriously slippery concept to pin down." (p. 5) For example, in the behavioral sciences alone, there is a long history of controversies about the proper

definition and meaning of resilience (Masten, 2007). These controversies include discussions about whether resilience is best defined as a trait, a process, an outcome, or a pattern of life course development. whether it should be understood as narrow or broad, unidimensional or multifaceted, and in short or long term, and whether it should encompass recovery as well as resistance, internal as well as external functioning, and external as well as internal resources (p. 924). As these controversies suggest, resilience is far from a unified construct, rather, its meaning varies across time and place, as do the questions and concerns which the focus on resilience is meant to address. For example, resilience is sometimes defined as the absence of pathology following trauma and adversity (e.g. Rutter, 1987), while at other times resilience is defined as the presence of something *more* than just the absence of pathology, and thus becomes tied to certain ideas and theories about health, well-being and flourishing (e.g. Seligman, 2011b). Similar points have been made by Joseph (2013), who found that the policy literature on resilience revealed that resilience can mean different things in different contexts, and by Kaplan (2013), who has argued that "the deceptively simple construct of resilience is in fact rife with hidden complexities, contradictions, and ambiguities." (p. 39) Therefore, rather than getting bogged down in a search for conceptual clarity, it is more productive to study the specific sites, in which resilience operates, and attend to the ways in which resilience is mobilized in specific situations in response to specific problems and to achieve specific ends (Grove, 2018, p. 32) In other words, it is more useful to study how resilience is articulated in a particular case and within a particular theoretical framework, as this approach allows us to take the ambiguity of resilience seriously. For example, meticulous case studies allow us to explore similarities and differences between different cases, or to trace how certain assumptions about resilience travel from one context to another.

In line with my choice of a case study methodology, my analysis of the CSF program and its use of positive psychological theories and techniques is loosely inspired by N. Rose and Lentzos (2017), who have called for a more descriptive, empirically grounded analysis of resilience-building interventions, which focuses on the specific technologies being developed to enhance resilience, the forms of expertise that are taking shape to define and manage it, and on the kinds of explanations of problems that resilience provides (p. 45). Having already examined the scientific debates around the scientific approach and empirical foundation of the expertise offered by positive psychologists in chapter 4, this chapter is dedicated to examining the central theories underlying the techniques proposed by positive psychologists to enhance resilience, while the question about how these techniques rest on a particular understanding of the problems of trauma is discussed in the subsequent chapter.

In this chapter, I draw on examples from the Comprehensive Soldier Fitness program (CSF), the Penn Resiliency Program (PRP), and from the advice and techniques promoted in self-help books based on positive psychology[27] to unpack how positive psychologists approach and promote resilience, and I examine the close ties between CSF program and non-military programs, most notably the PRP, which is a prevention program designed for school children that served as a prototype for the CSF program. The CSF program warrants special attention for several reasons. First, to my knowledge, it is the largest resilience-building intervention ever created. The US military initially allocated $125 million towards the creation and implementation of the program (Casey Jr, 2011, p. 3), which were to be delivered to hundreds of thousands of American soldiers as well as their families (Seligman, 2011b; Seligman & Fowler, 2011). Second, the creation of the CSF program was presented as marking a shift in the ways both the US military and psychology have traditionally dealt with mental health problems, and as representing a transformation of both the practices in the U.S. military and of the science and practices of psychology (Seligman & Fowler, 2011, p. 82). For example, the CSF program is a universal prevention program that targets all active service-members in the US army as well as their families, and not just the soldiers, who have been deployed and been in combat, and who have otherwise been considered to be particularly at-risk for developing mental health issues and targeted using selective prevention strategies (Adler et al., 2009). Finally, the CSF program is a prominent example of a larger shift in the social sciences, where resilience thinking is being developed as a counter narrative to traditional discourses focused on risk and vulnerability, thus replacing disease-driven inquires on trauma and vulnerability with a positive psychology of human strengths that takes a more health-centered approach to building resilience to adversities and preventing vulnerability to dysfunction or disorder (Almedom, 2008; Almedom, Brensinger, & Adam, 2010). Despite having been developed for the U.S. military, the program was also intended as a general model for civilian use, which could potentially change the future of medicine by shifting the focus from treating illness to building health (Seligman & Fowler, 2011, p. 85).

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[27] Before launching positive psychology as a distinct endeavor in 2000, Seligman had already outlined his assumptions about resilience and its relation to his work on learned helplessness in three books for the general reader: *Learned Optimism: How to change your mind and your life* (Seligman, 1990/2006); *What You Can Change And What you Can't*: The Complete Guide to Successful Self-Improvement and *learning to accept who you are* (Seligman, 1993); and *The Optimistic Child: A Proven Program to Safeguard Children Against Depression and Build Lifelong Resilience* (Seligman et al., 1995/2007). Since then, several self-help books have followed, written either by positive psychologists or by authors building their approach to resilience on the foundation provided by positive psychology, e.g., *The Resilience Factor: 7 Essential Skills for Overcoming Life's Inevitable Obstacles'* (Reivich & Shatté, 2002); *"Flourish: A New Understanding of Happiness and Well-Being – and How to Achieve Them"* (Seligman, 2011b); and *"Bouncing Forward: The Art and Science of Cultivating Resilience"* (Haas, 2015).

Looking at the broader history of resilience research, as I do in section 5.1, it becomes clear how the works of positive psychologists have only played a rather marginal role in resilience research as compared with the works of prominent resilience researchers from the fields of developmental psychology and developmental psychopathology. However, positive psychologists have played a prominent role in popularizing the concept of resilience by translating this concept into a set of self-help techniques, which can be easily taught and disseminated both in formal interventions and in self-help literature. In other words, when it comes to the popularization of resilience discourse, positive psychology has had a major cultural and political impact, which is not necessarily proportional to its scientific strength. This has, in part, been achieved by the way in which positive psychologists have articulated the promise of resilience and marketed resilience as a universal ideal and potential solution to a broad range of pressing social and political concerns.

In my descriptions of the background of the CSF program and the central contributions made by positive psychologists, I focus on the way in which positive psychologists have articulated a particular understanding of resilience, which is presented as primarily resulting from an individual's habitual thought and feelings. Although the CSF program takes a rather comprehensive approach to resilience by including both physical, emotional, social, family, and spiritual aspects of resilience, I have chosen to focus on the use of positive psychological techniques in this program and to articulate the central assumptions and rationales underlying the use of these techniques. Taking inspiration from Mol (2008a) and her point that case studies can be used to illuminate what is desirable and called for in a particular setting (p. 9), I have strived to articulate the prescriptions and ideals created in the CSF. Doing so, I aim to show positive psychologists have distinctly shaped the language around resilience by promoting a universal, decontextualized, and largely individualistic approach to building resilience.

5.1. A brief history of psychological resilience

Before we examine the particulars of the CSF program, it is useful first to take a brief look at the history of research on psychological resilience to situate positive psychology in this broader landscape to show how positive psychologists have shaped resilience discourse and how they have articulated the promise of resilience, on which the CSF program was based.

Historically, the systematic study of human resilience emerged in the late 1960s, around the same time as research and theories of ecological resilience began to take hold in the study of ecosystems (Garmezy, 1971; Holling, 1973; Masten & Obradović, 2008), but the field of psychological research on resilience as a phenomenon had been growing since the 1950s, especially within the fields of developmental psychology and developmental psychopathology. For example, in 1951, John Bowlby published his work on the mental health of homeless children in post-war Europe in a WHO monograph titled *Maternal Care and Mental Health*, which emphasized the importance of and life-long influence of the early attachment between a child and its primary caregivers and underlined how this attachment was crucial for children's psychological development (Bowlby, 1952). Other influential works include Ruth Smith and Emmy Werner's classic longitudinal study of children born in Hawaii in 1955, whom they followed for 40 years (R. S. Smith & Werner, 2001; Werner & Smith, 1992), as well as the works of Norman Garmezy, Michael Rutter and Ann Masten, who have studied competence, resilience and the resistance to mental illness in children growing up under adverse circumstances (Garmezy, 1971; Garmezy & Masten, 1986; Masten, 2007, 2014; Rutter, 1985, 1987, 1993, 2006, 2007). These researchers, who were interested in the etiology of psychopathology, studied children who were considered at risk for developing psychopathology and other developmental problems due to their exposure to several risk factors, e.g., perinatal stress, poverty, parental psychopathology, and disruptions of their family unit (Werner, 1993).

These studies, which began from an interest in these children's *vulnerability* (their susceptibility to negative developmental outcomes following exposure to various risk factors), also came to inform the emerging science of resilience. As these researchers followed the lives of at-risk children forward in time, variations in outcomes became apparent – while some children developed psychological disorders and showed seriously impaired functioning, other children's life trajectories revealed remarkable successes in multiple domains of life (Masten & Obradović, 2008). The discovery that some children successfully coped with the developmental tasks of childhood, adolescence, and adulthood, despite being exposed to serious risk factors, underlined how the existence of individual differences in response to adversity. The question that now emerged had to do with how to study these differences and how to understand the route to resilient outcomes. In other words, the studies of vulnerable, but not-yet-disordered persons had opened the door to the study of normal development under disadvantaging conditions and the search for protective factors began, because, if we could learn what had made a difference in the lives of these children, it could help guide prevention and policy (Masten, 2001).

Early notions of resilience, both in research publications and in the mass media, implied that these resilient children were remarkable individuals who possessed an extraordinary inner strength by describing them as stress-resistant, 'invulnerable,' or 'invincible' (Masten, 2001). Garmezy (1971), for example, described them as the "invulnerables" of a society, because, despite being at risk for developing psychological disorders, these children were "seemingly immunized against disorganization," and he urged the mental health disciplines, which had long dedicated themselves to studies of the "vulnerable" to rededicate themselves to the study of the forces that moved the "invulnerables" to survival and adaptation (p. 114). However, the idea of invulnerability proved itself to be misleading, as no human individual is invulnerable, and researchers soon began to focus on a wider range of protective factors and processes underlying human resilience (Masten, 2014). The idea of resilience as extraordinary was also challenged by later research, which tend to emphasize that resilience is the norm rather than the exception, thus underlining the *ordinariness* of resilience phenomena (e.g., Masten, 2001, 2014). These findings have also been highlighted by positive psychologists, who have emphasized how the processes and skills underlying resilience are no longer considered extraordinary, but rather a part of ordinary adaptational systems (Cornum et al., 2011).

Within the fields of developmental psychology and developmental psychopathology, resilience research has developed through four major waves (Masten & Obradović, 2006). The first wave was largely descriptive and aimed to identify characteristics of child, family, relationships, or environment that correlated with resilience, thus creating a short list of protective factors and potential assets associated with resilience (p. 14). A second wave of resilience research built on these earlier efforts and sought to uncover the *processes* that might account for the observed correlates of resilience, for example by studying attachment relationships and family interactions as potentially protective stress regulators (Masten, 2007, p. 922). Doing so, researchers within the second wave emphasized how resilience is a phenomenon that arises from many different processes, and they strived to understand the complex, systemic interactions that shape both pathological and positive outcomes (M. O. D. Wright, Masten, & Narayan, 2013, p. 22). The works of positive psychologists are largely situated within the third wave of resilience research, which is characterized by efforts to promote resilience through prevention, intervention, and policy, and which focused on experiments to test resilience ideas in practice.[28] Building on the lessons from the first two waves, researchers within the third wave began to translate the basic science of resilience into actions to promote resilience (p. 27). This

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[28] For example, Weissberg, Kumpfer, and Seligman (2003) argued that "prevention research had matured sufficiently to synthesize new knowledge and offer key findings to guide prevention practice and policy" and that it was time to translate research finding into effective preventive programs to be disseminated "across family, school, community, health care, and policy interventions" (p. 425).

mission is evident in the works of positive psychologists, who have largely focused on translating findings on human strengths and protective factors into concrete strategies and techniques for prevention. For example, in an introductory article to positive psychology, Seligman and Csikszentmihalyi (2000) raised questions about how psychologists could prevent problems like depression, substance abuse, and schizophrenia in vulnerable youths, as well as the problems of violence in children "who have access to weapons, poor parental supervision, and a mean streak" (p. 7). To answer these questions, they referred to findings on protective factors and argued that prevention researchers had discovered human strengths, which acted as buffers against mental illness, and they noted that "the task of prevention in this new century will be to create a science of human strength whose mission will be to understand and learn how to foster these virtues in young people." (p. 7). Psychologists, Seligman and Csikszentmihalyi argued, needed to learn how to amplify strengths rather than repairing weaknesses and how to create climates in families, schools, religious communities, and corporations that fostered these strengths (p. 8). In other words, the mission of positive psychology, as articulated by Seligman and Csikszentmihalyi, strongly resonates with broader arguments about the usefulness of the concept of resilience, which underline how the focus on resilience can move the field of mental health away from deficit-based model of mental health and disorder and towards a greater inclusion of strengths and competence-based models of prevention and treatment (Cornum et al., 2011; Southwick, Bonanno, Masten, Panter-Brick, & Yehuda, 2014). In addition to these first three waves, a fourth wave of resilience research has also emerged, which expands the perspective from a focus from individuals to a multilevel perspective that integrates multiple levels of analysis spanning biological, psychological, social, and societal levels of analysis and intervention (Masten, 2007). A prominent example can be found the work of Michael Ungar, who has championed a social ecological understanding of resilience that conceptualize resilience less as an individual capacity and more as a quality of the environment and its capacity to facilitate growth, thus emphasizing the role of contextual and cultural factors (Ungar, 2013, 2012).

However, despite the strong overlaps in questions and interests between resilience researchers working within developmental psychology and developmental psychopathology and the works of positive psychologists, I think it would be a mistake to simply conflate these fields, because doing so, we would risk overlooking the distinct way in which positive psychologists have shaped resilience discourse and articulated the promise of resilience. While much of the earlier research on resilience originating from developmental psychology and developmental psychopathology was conducted with individuals or populations, who were considered at-risk for developing psychopathological disorders, e.g. children growing up in poverty or who had experienced early parental loss (e.g. Rutter, 1985; Werner & Smith, 1992), positive psychologists have shifted this focus and broadened the scope

of their resilience-building interventions considerably. This shift can be observed in Seligman's work. For example, when Seligman helped develop the Penn Resiliency Program (PRP), it was initially designed as a selective prevention program that targeted school children, who were considered at risk for developing symptoms of depression (Jaycox, Reivich, Gillham, & Seligman, 1994). But since the creation of this program, which predates the launch of positive psychology with about 10 years, positive psychologists have expanded the market for resilience-building techniques substantially by targeting the general population, rather than just focusing on more limited populations considered at-risk for developing mental health problems. In addition, positive psychologists have played a prominent role in popularizing and commercializing the notion of resilience by promoting resilience as a set of largely cognitive skills that people can easily learn to adopt and which can be easily be disseminated and applied by lay people without any need for specialist training (Brunner & Plotkin Amrami, 2019). These skills, positive psychologists have argued, can help *all* individuals to lead happier, healthier, and more fulfilling lives, as well as to perform better and become more successful – both at work and in their private lives (e.g., Reivich & Shatté, 2002; Seligman, 2011a, 2011b). Listen, for example, to the way in which the promise of resilience is articulated in the following examples from the introduction to the self-help book *The Resilience Factor: 7 Essential Skills for Overcoming Life's Inevitable Obstacles* written by Reivich and Shatté (2002), which I cite *in extenso*:

> "How many times in the last week have you said to yourself, "I can't take this stress anymore," or "Why do I keep overreacting to such little things," or even "Is this all there is to life?" Or maybe things are going "just fine," but you keep thinking that something's missing. If you're like most Americans, burning the candle at both ends or just feeling worn from juggling too many obligations, you've probably had thoughts along these lines recently. What you need is more resilience – the ability to persevere and adapt when things go awry. (Reivich & Shatté, 2002, p. 1)

> "Everyone needs resilience, because one thing is certain, life includes adversities. There are inevitable daily hassles – work dumped on your desk at 4:45 P.M., children who need to be in different places at the same time, disagreements with your significant other. There are probably major setbacks too – a lost job, a failed relationship. And recent events have shown that our lives may also be touched by great trauma. But if you increase your resilience, you can overcome most of what life puts in your way. (Reivich & Shatté, 2002, p. 1)

> "It's such an important concept that it bears repeating: Everyone needs resilience. More than fifty years of scientific research have powerfully demonstrated that resilience is the key to success at work and satisfaction in life. Where you fall on the resilience curve – your natural reserve of resilience – affects your performance in school and at work, your physical health, your mental health, and the quality of your relationships. It is the basic ingredient to happiness and success." (Reivich & Shatté, 2002, p. 1)

> "Resilience enables you to achieve at the highest levels at work, to have fulfilling, loving relationships, and to raise healthy, happy, successful children. It allows you to meet the

needs of your job and still have time and energy to be there for your family. It is what enables you to bounce back quickly after a crisis at work or home. Resilience helps you handle the stressful moments with your adolescent, your ex, or your new partner. (Reivich & Shatté, 2002, p. 4)

"Resilience is of vital importance when making quick and tough decisions in moments of chaos. What's more, it grants you the ability to do so with grace, humor, and optimism. Resilience transforms. It transforms hardship into challenge, failure into success, helplessness into power. Resilience turns victims into survivors and allows survivors to thrive. Resilient people are loath to allow even major setbacks to push them from their life course." (Reivich & Shatté, 2002, p. 4)

"So, how can we make you more resilient? We have spent the last fifteen years applying what was learned in the lab and in therapy rooms toward developing seven skills that anyone can use to think more accurately about themselves and their world. Mastering these skills will lead you to more fulfilling relationships, to a more productive career and to feeling excited and energized in life. We have worked with corporate executives, parents, children, teachers, and athletes – and we have proof that the skills we teach work. This book will show you how to increase what is right in your life as well as fix what is wrong." (Reivich & Shatté, 2002, p. 5)

These passages give a sense of the promise and scope of resilience-training as it is being promoted by positive psychologists. One of the authors, Dr. Karen Reivich, is a long-term collaborator with Martin Seligman. She was one of the co-authors of the book *'The Optimistic Child'* (Seligman et al., 1995/2007), a manual for parents, teachers, and coaches, which was built on the lessons from the PRP, and she was also one of the people in charge of militarizing the materials from this school-based program and of conducting the training of military personnel, when the CSF program was implemented in the U.S. Army in 2009.[29] I find that these six quotations reveal different aspects of positive psychologists' approach to building resilience. The first quote exemplifies how the individual is the primary object of attention and intervention – if you are struggling, you are encouraged to work on yourself and enhance your own resilience rather than critically examine your life circumstances. The second quote exemplifies how this language of resilience takes a universal approach and targets everyone, because "everyone needs resilience." (Reivich & Shatté, 2002, p. 1). The third quote emphasizes how resilience is assumed to be central to one's happiness and success in life, and as influencing one's physical and mental health as well as the quality of one's social relationships. The fourth quote emphasize that, if you are resilient, you can have it all – e.g., you can achieve at the highest levels at work while still having the time and energy to be there for your family and successfully juggle

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[29] Seligman has even called Reivich "the Oprah Winfrey of positive psychology" (Seligman, 2011b, p. 166), which assumedly tells us something about her communication skills, her abilities when it comes to the dissemination of positive psychological interventions, as well as her role in increasing positive psychology's presence in popular culture.

the often-conflicting demands of modern life. The fifth quote exemplifies how resilience is not only about learning to adapt or cope with hardship, but also about reframing challenges into opportunity for personal growth. And finally, the sixth quotation emphasizes why we should trust the expertise of positive psychologists, as they have spent years "applying what was learned in the lab and in therapy rooms" and translating this evidence and expert knowledge into a set of skills, which you can learn to master (p. 5). In each of these passages, the promise and power of resilience is reiterated, and as readers and potential consumers of self-help literature or resilience interventions, we are heavily encouraged to work on our resilience. The good news – and central message – is that resilience apparently consists of a set of skills that can be easily taught, and which can enable all people to lead happier, healthier, and more fulfilling lives, as well as to enhance their performance and to increase their chances of success, both at work and in their private lives. The passages above clearly exemplify the way in which positive psychologists like Reivich and Seligman have articulated the promise of resilience, and how they have played a prominent role in popularizing the notion of resilience by translating the science of resilience into a set of individual skills, which are marketed in the form of self-help techniques, and this is the central promise on which the CSF program was based.

I find that part of the strong appeal of positive psychology and its language around resilience lies in its ability to weave together three powerful rationales. First, building resilience is intended to *promote health* and *prevent psychological disorders,* and the range of problems, to which resilience is promoted as a solution, is striking. In the works by Seligman and other positive psychologists, building resilience is promoted as strategy for preventing a host of psychological problems such as depression, anxiety, and PTSD, as well as to mitigate negative effects of stress more generally. For example, in the PRP, the focus on building resilience is promoted as an antidote to the problems of depression and anxiety in school-children (Reivich, Gillham, Chaplin, & Seligman, 2013); in the CSF program, resilience-training is promoted as a preventive strategy targeting both PTSD, depression, and anxiety (Seligman & Fowler, 2011); and in self-help literature, the value of building resilience is emphasized in relation to a broad spectrum of experiences, ranging from the ordinary stresses of everyday life to extraordinary experiences of trauma, loss and adversity (Reivich & Shatté, 2002). Second, building resilience is also presented as central to *maintaining and optimizing one's performance*. For example, in descriptions of the PRP, Seligman emphasizes that the purpose of this school-based intervention is not about feeling good, but about *doing well*, which he states as the primary goal – feeling good is "only a delicious byproduct" (Seligman et al., 1995/2007, p. 36). The aim to optimize one's functioning is also explicitly stated as one of the goals of the CSF program, where the value of both physical and psychological resilience is emphasized in relation to how it enables people to maintain or enhance performance both at work and at home (Casey Jr, 2011). The CSF

program includes performance enhancement training, in which soldiers are taught about attention control, energy management, goal setting, how to maximize their training, about healing after injuries and how to manage work and home life (U.S.Army, 2014). The third rationale is also exemplified in the CSF program, which is intended to *foster personal growth, self-development and self-actualization*, and to "*develop the full potential* of soldiers" (U.S.Army, 2014, p. 6). This aim resonates with the foundational mission of positive psychology to create a science of the good life, which offers a certain kind of expertise on what makes people thrive and grow. For example, in presentations of the CSF program, the notion of posttraumatic growth is often mentioned to underline how the skills of resilience can help people turn trauma into growth, thus echoing Nietzsche and the idea that 'what does not kill you makes you stronger,' and Seligman has repeatedly stressed the notion of posttraumatic growth in his writings about the program to emphasize how a substantial number of people, who suffer from intense anxiety and depression following extreme adversity, will subsequently grow and attain a higher level of functioning than before (Seligman, 2011b, p. 159). The transformative potential of resilience is also highlighted in the passages quoted earlier from Reivich and Shatté (2002), in which they emphasized how resilience "transforms hardship into challenge, failure into success, helplessness into power. Resilience turns victims into survivors and allows survivors to thrive." (p. 4). This third rationale underlines how the resilience-building interventions created by positive psychologists not only aim to help people to bounce back to their previous level of functioning following brief disturbances caused by stress and trauma, but also to *bounce forward* and turn experiences of adversity into opportunities for growth (e.g., Haas, 2015; Seligman, 2011b).

To Seligman and other positive psychologists, to be resilient is to be adaptive and to embrace hardship and failure by adopting a mindset that reframes adversity and negative experiences as challenges and opportunities for growth. From this perspective, resilience is not just about the absence of psychopathology,[30] it is also the presence of *something more*, e.g., the presence of certain capacities, positive feelings, skills, and habits that are used as markers of good mental health. In fact, according to Seligman (2011b), one of the central takeaway lessons from positive psychology is that "being in a state of mental health is not merely being disorder free; rather it is the presence of flourishing." (p. 183) This broad definition of health is taken from the Preamble to the Constitution of the World

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[30] Resilience has often been studied as an absence of psychopathology in at-risk population, e.g. in the early research on resilience from developmental psychopathology, but this conception of resilience has since been criticized for being too narrow (e.g. Rutter, 1993).

Health Organization from 1946,[31] which stated that "Health is a state of complete positive physical, mental, and social well-being and not merely the absence of disease or infirmity." (cited in Seligman, 2008, p. 4). Following this definition, Seligman (2011b) has argued that "the skills of flourishing – of having positive emotion, meaning, good work, and positive relationships – are something over and above the skills of minimizing suffering." (p. 54) Thus, our health (and happiness) is something to be achieved, not only by minimizing suffering, but by using certain techniques designed to boost our well-being and resilience, and this is where positive psychology has positioned themselves as the experts on what makes people thrive and grow. As I described in chapter 4, when Seligman launched the field of positive psychology, he described it as representing an important corrective to what he saw as psychology's two neglected missions: "Making normal people stronger and more productive, as well as making high human potential actual." (Seligman, 2002b, p. 6). Seligman has repeatedly emphasized how interventions built on findings from positive psychology hold the promise to prevent many of the major psychological disorders by promoting health in its broadest sense, which encompasses physical, psychological, and social well-being. This assertion is predicated on the assumption that there are human strengths that function as buffers against mental illness, such as "courage, future-mindedness, optimism, interpersonal skill, faith, work ethic, hope, honesty, perseverance, [and] the capacity for flow and insight," and that by identifying, amplifying, and concentrating on these strengths in people, it is possible to do effective prevention (Seligman, 2002b, p. 5). This is the ambitious mission that the resilience-building interventions designed by positive psychologist are supposed to help achieve, as reflected in the three rationales found in presentations of resilience-building interventions such as the CSF program as well in the self-help literature published by positive psychologists. Following this general introduction to the history of resilience research and the promise of resilience as articulated by positive psychologists, it is now time to take a closer look at the particulars of the CSF program and the central theories and techniques underlying this resilience-building intervention.

5.2. The Comprehensive Soldier Fitness Program

The CSF program, which was based on the principles of positive psychology, is the most extensive and elaborate resilience-training program ever created. As emphasized by the program developers, the

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[31] This definition comes from the Preamble to the Constitution of WHO as adopted by the International Health Conference, New York, 19 June - 22 July 1946, which was signed on 22 July 1946 by the representatives of 61 States (Official Records of WHO, no. 2, p. 100) and entered into force on 7 April 1948. The definition has not been amended since 1948.

CSF program is unique and historically significant, because it is the largest intervention ever created to improve the psychological resilience of all members of an organization with over 1.1 million members (Cornum et al., 2011, p. 8). This program, which was created in 2008 and launched the following year (Seligman, 2011b), was based on a broad understanding of resilience that encompasses both coping, adaptation, recovery, learning, and growth, as reflected in the definition of resilience as "the mental, physical, emotional and behavioral ability to face and cope with adversity, adapt to change, recover, learn, and grow from setbacks." (U.S.Army, 2014). When the program was created, it was in response to the "unprecedented levels of posttraumatic stress disorder, depression, suicide, and anxiety along with a need for a resilient Army capable of meeting the persistent warfare of the foreseeable future." (Seligman & Fowler, 2011, p. 82). In an attempt to deal with this mental health crisis, the U.S. Army turned to Seligman and the science of positive psychology, and together they created the CSF program to enhance resilience among soldiers, their family members and other Army civilians (Casey Jr, 2011, p. 1). The hope was that this program could help decrease rates of PTSD, depression, and anxiety, improve performance and morale, improve mental and physical well-being, and that it could help soldiers and their families cope with military life as well as to transition back to civilian life (Seligman & Fowler, 2011, p. 85). This program was also a considerable investment for the U.S. military, which initially allocated $125 million towards the creation and implementation of the program (Casey Jr, 2011, p. 3), a later PBS Newsweek article from 2012 described the program as a "$140 million initiative,"[32] and in 2015, it was estimated that the U.S. military had invested a total of $287 million in this program over six years (Singal, 2021, p. 131).

The CSF program was designed as a prevention-oriented program and was purposefully distanced from the army medical community. Since the stigma against mental health care is strong in the U.S. army, the program designers feared that the soldiers would resist CSF training, if they believed it was a medical treatment program (Lester, McBride, & Cornum, 2013, p. 195). The program was not meant to replace interventions treating psychological disorders, but rather to supplement existing medical interventions by focusing on helping those "who are psychologically healthy face life's adversities – including combat and prolonged separation from loved ones – by providing evidence-based training." (Casey Jr, 2011, p. 1). More specifically, the CSF program was designed around five dimensions of strengths: physical, emotional, social, spiritual, and family (U.S.Army, 2014, p. 7), which in turn correspond to the broad definition of human health endorsed by the World Health Organization (Lester et al., 2013). These five dimensions encompass physical strength and health; an optimistic approach to challenges; trusting relationships and good communication; identifying one's purpose

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[32] https://www.pbs.org/newshour/nation/military-jan-june12-csf_training_01-02

and core values and beliefs; and building a nurturing family unit (U.S.Army, 2014). The aim of the program was to build soldiers' fitness in all five domains, and to expand the military's existing focus on physical fitness to also include psychological fitness. The term 'fitness' was chosen as a substitute for the word resilience, because, as one military psychologist noted, "ordinary soldiers understand what fitness means but may find the word resilience confusing at best" (Matthews, 2014, p. 83). It created a powerful analogy between physical fitness and psychological resilience, which suggested that resilience can be trained like a muscle (Koch, 2019, p. 217). By representing resilience as grounded in a set of skills that can be taught, practiced, and developed over time, it also resonated with the strong tradition of training in military institutions (Howell, 2015b). The CSF program consisted of several components including 1) the assessment of individual soldiers using the Global Assessment Tool (GAT), which was designed to measure an individual's psychological fitness and pinpoint areas in need of improvement, which are then targeted using online training modules; 2) universal resilience training delivered continuously to all military personnel to enhance their performance and help them face both personal and professional challenges; and 3) the education of 'Master resilience trainers,' which are soldiers or other military personnel with advanced training in how to build the mental, emotional, and physical skills for maintaining and enhancing resilience, who conduct resilience training within the various army units (Cornum et al., 2011, p. 6). In addition, various self-help tips on how to become healthier and more resilient were routinely disseminated through Army newsletters and social media accounts.

Since its launch in 2009, the program has been expanded and renamed several times. In October 2012, the program was renamed the *Comprehensive Soldier and Family Fitness* (CSF2) and assessment and training tools were included to cover the entire 'military family,' targeting not just soldiers, but also their families and other army civilians. For example, military spouses were now offered resilience training themselves, and some were also offered teaching courses, so they could become 'Master Resilience Trainers' and teach the skills of resilience to other military spouses and children. In March 2013, the program became part of the larger *Ready and Resilient Campaign* (R2), which offered nothing new in terms of the content of the programs, rather, it merely gathered existing military programs that targeting soldier resilience and readiness under one umbrella to make them all more effective and to eliminate redundant programs (Lopez, 2013). In February 2019, the R2 campaign was renamed yet again and became *SHARP, Ready and Resilient* (SR2), when the Army Resiliency Directorate was merged with the Army Sexual Harassment/Assault Response and Prevention (SHARP) Directorate, a program designed to prevent sexual assault and harassment and to support

survivors.[33] When Lang, Schott, and I interviewed military psychologist Amy Adler during our trip to the U.S. in 2018, she described how programs typically have a shelf-life of three-five years in the U.S. military before they are renamed, restructured, or abandoned due to organizational politics and changing leaderships, who want to leave their own stamp on the organization, making programs like the CSF a continually moving target for academic researchers and program evaluators alike. However, despite this frequent renaming, the central techniques and advice based on positive psychology appear to have remained the same and remained in use ever since the creation of CSF and CSF2,[34] although this continuous renaming and restructuring have made it increasingly difficult to assess what role these techniques play in the U.S. military today and how they are currently being evaluated.[35]

Besides the considerable size and scope of the CSF training program in the U.S. Army, I believe the CSF warrants attention for two additional reasons. First, as mentioned earlier, the program was not only intended for military use, rather Seligman has proposed that this program could well become a general model in medicine and in social science (Seligman, 2019; Seligman & Fowler, 2011). As Howell (2012) has pointed out, militaries often function as a form of psychological laboratories, in which "modes of discipline and governance have been invented and honed, and subsequently migrated into civilian contexts" (p. 217). However, the border that separates CSF from civilian applications has, in fact, always been porous. Indeed, according to Seligman (2011b), the central resilience training techniques offered in the CSF program are almost exact parallels to the civilian PRP, which was originally created in 1990 as a school-based intervention designed to prevent depression, anxiety and conduct problems in middle school children (Gillham, Brunwasser, & Freres, 2008). Like the CSF, its aim was to increase resilience by promoting optimism, adaptive coping skills and effective problem-solving through the application of techniques from cognitive-behavioral therapy, which were adapted for normal children aged 9-14.[36] The PRP has since been taught in primary and secondary schools,

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[33] In her work on military resilience, Howell (2015b) has noted that these resilience campaigns are "methodologically promiscuous, not only adhering to positive psychology, but also borrowing from and developing other allied fields, and thus combining positive psychology with military psychology, sports psychology, and even mindfulness meditation, with its roots in Buddhism." (p. 20)

[34] As of August 2020, an army spokesperson reportedly told Singal (2021) that the content adapted from the PRP is still part of the current version of CSF program.

[35] Therefore, when I refer to the resilience-training program in the US Army, I simply refer to the Comprehensive Soldier Fitness program (CSF) for the sake of clarity.

[36] The PRP was designed using a train-the-trainer model, which trains select people in how to teach the resilience skills to others. For example, school teachers were trained to teach the children the skills of the program, and later, parents were also included and taught about the skills that their children are learning, so they could continue to reinforce these skills at home after the program itself has ended (Seligman et al.,

both in the US and abroad, as well as to individuals, teams, and leadership from a variety of organizations, including health care, law enforcement and first responders, colleges and universities, corporations, government, and professional sports around the world.[37] For example, the PRP has been taught to educators, leaders, and social workers in the United Kingdom[38] and in Australia.[39] In other words, the PRP and its central techniques were already made to travel, and the Positive Psychology Center, which is situated at the University of Pennsylvania and led by Martin Seligman, Karen Reivich, and others, has played a key role in designing, researching, and disseminating resilience-building interventions to different populations in a variety of contexts. As stated on their website, Seligman and his colleagues at this center have trained more than 60,000 trainers, which have then gone on to teach the skills of resilience to more than one million people.[40] Although the CSF program was modelled on the PRP and based on the same theoretical assumptions and general advice and techniques as those found in this school-based program, the CSF nonetheless articulates a more comprehensive understanding of resilience compared to the one found in the PRP by including physical, emotional, social, family, and spiritual aspects of resilience.

My second reason for zooming in on CSF is that this program, unlike its earlier incarnation in PRP, explicitly links resilience to the prevention of traumatic disorders such as PTSD. However, prior to the creation of the CSF program, it had not been tested whether the techniques adopted from the PRP could in fact be used to prevent PTSD, and there were no known outcome studies of resilience training similar to that found in the CSF program, which had examined the effects of such training in populations exposed to stress of the intensity and duration that soldiers face during combat and deployments (e.g. Nash, Krantz, Stein, Westphal, & Litz, 2011; Steenkamp et al., 2013). There was also no evidence from the field of trauma studies that suggested that PTSD can be prevented through universal prevention initiatives like the CSF program, rather, the best available evidence for PTSD prevention only seems to support the use of selective and indicated prevention efforts that specifically

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1995/2007). As part of this training, parents were also taught that in order to teach their children the cognitive skills of optimism, they should first incorporate these into their own thinking in order to model optimism for their children (p. 133). Thus, both teachers, children, and their families were made objects of intervention in this program. The skills and techniques promoted in the PRP are outlined in more detail in Reivich and Shatté (2002); in Seligman's theory of learned optimism (Seligman, 1990/2006); in the book "The Optimistic Child" (Seligman et al., 1995/2007); as well as in several research articles about the program (e.g. Brunwasser, Gillham, & Kim, 2009; Jaycox et al., 1994; Reivich et al., 2013; Seligman, Ernst, Gillham, Reivich, & Linkins, 2009) Further references can be found here: https://ppc.sas.upenn.edu/research/resilience-children

[37] https://ppc.sas.upenn.edu/services/penn-resilience-training

[38]   https://guidebook.eif.org.uk/programme/penn-resilience-programme-uk-implementation-in-primary-school

[39] https://www.wellbeingandresilience.com/building-capability

[40] https://ppc.sas.upenn.edu/resilience-programs/resilience-services

targeted people, who exhibited clinically recognizable stress-related symptoms (Steenkamp et al., 2013, pp. 508-509). In addition, when the CSF program was launched, it was done so without any prior pilot testing, [41] which some critics described as "highly irregular and obviously worrisome considering the stakes." (Eidelson, Pilisuk, & Soldz, 2011, p. 643) Seligman, on the other hand, ascribes the lack of pilot testing to decisions made by U.S. Army leadership, as he recounts a conversation that took place sixty days after his initial meeting with the U.S. army, in which he and General Rhonda Cornum presented their ideas for the program, including their request to perform a pilot study, to which General Casey Jr. reportedly responded:

> "I don't want a pilot study. We've studied Marty's [Seligman's] work. They've published more than a dozen replications. We are satisfied with it, and we are ready to bet it will prevent depression, anxiety, and PTSD. This is not an academic exercise, and I don't want another study. This is war. General, I want you to roll this out to the entire army." (Seligman, 2011b, p. 163)

Not everyone involved with the development of the program shared General Casey's conviction. For example, in an interview with Singal (2021), Carl Castro, a retired colonel heavily involved with the CSF program and other mental health program in the U.S. Army, is quoted for saying: "No one was happy with the level of evidence with Marty's [Seligman's] program, (…) Everyone recognized that there were significant shortcomings in the data that existed for Marty's work, but it was the best we had." (p. 127). While the PRP program is one of the most widely researched depression prevention programs, a meta-analysis by Brunwasser et al. (2009) found that research findings regarding its effects have been inconsistent. The majority of studies have found some beneficial effects, but others have found no significant effects, and the program's inconsistent effects are still not well understood. In addition, Brunwasser et al. (2009) also pointed out that there are too few studies to evaluate the effectiveness of the PRP, when it is delivered by trainers, who did not receive direct training and supervision from program developers. This limitation is also central for the CSF program, which is

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[41] Instead, the studies of PRP were taken as sufficient evidence that if resilience can be taught in civilian populations, the same goes for military populations. As a result, the CSF was created by transferring and slightly adopting the foundational assumptions and techniques from the PRP. For example, training materials developed for the PRP, which were written for civilian schoolteachers, were rewritten to fit a military context (Seligman, 2011b, p. 164). But as they were "militarizing" the materials through conversations with military personnel, Seligman noted that many of the civilian examples, e.g., about the stress of family conflicts, were still highly relevant in the military context, and that they just needed to add some military examples, rather than redesign the whole thing (p. 166).

based on a train-the-trainer model, where some soldiers are taught how to teach resilience skills to other soldiers.[42]

In the absence of any pilot studies before the roll-out of the program, Seligman and Fowler (2011) promised that the U.S. Army would rigorously evaluate whether building resilience decreases rates of PTSD, depression, and anxiety (p. 85). However, despite the subsequent release of four official evaluation reports (Harms et al., 2013; Lester, Harms, Bulling, Herian, Beal, et al., 2011; Lester, Harms, Bulling, Herian, & Spain, 2011; Lester, Harms, Herian, et al., 2011), the usefulness of the CSF program for preventing PTSD and other posttraumatic conditions remains an open question. The four evaluation reports have been presented as offering (some) evidence of the effectiveness of the CSF program by both the U.S. Army and by Seligman (2018), but their findings have also been heavily criticized by several researchers, who have argued that the evaluations suffer from serious methodological limitations that have led evaluators to overstate the evidence of CSF program's effectiveness (Brown, 2015; Eidelson & Soldz, 2012; Steenkamp et al., 2013).[43]

So, although questions about scientific evidence features prominently as a selling-point in the writings of positive psychologists, it appears that it was largely the popular appeal of positive psychology and its three-fold promise that building resilience by teaching the skills developed by positive psychologists could help promote health, enhance performance, and foster personal growth, which had opened the doors to the U.S. Army. In 2007, colonel Jill Chambers had been tasked with leading a study on the mental health problems of soldiers in the U.S. military, which led her to travel around the U.S., where she had conversations with numerous soldiers back from Iraq and Afghanistan, who told her stories of trauma tinged with stigma (Singal, 2021, p. 119). With the ongoing mental health crisis, it was clear that the military needed to do something, and by coincidence, Seligman's

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[42] It seems quite a leap of faith to take the existing studies of the PRP as sufficient evidence that the techniques, which have demonstrated rather inconsistent effects in reducing depressive symptoms in school-age children, could also prevent the onset of PTSD, a condition associated with some of the most extreme situations with which humans can be confronted." (Brown, 2015, p. 8)

[43] While Seligman (2011b) has claimed that positive psychology uses "tried-and-true methods of measurement, of experiments, of longitudinal research, and random-assignment, placebo-controlled outcome studies to evaluate which interventions that actually work and which one are bogus" (p. 71), these critics have pointed out that there are several areas in which the design and evaluations of the CSF program fall short of these high standards. For example, Brown (2015) has pointed out problems with the lack of transparency about the tools and methods used in the CSF program, which have not been made publicly available. This lack of transparency makes any meaningful assessment or criticism of the program from researchers not affiliated with the U.S. military very difficult. As Brown puts it: "While the intention of the scientists who contributed to the development of CSF was surely not to create an unfalsifiable, self-justifying process whose validity cannot effectively be questioned by outsiders, there seems to be a significant danger of precisely that occurring" (p. 10)

work made it into the hands of Chambers on a plane ride from Washington D.C. to Boston by way of her husband, the country musician Michael Peterson, who happened to be reading Seligman's book *Learned Optimism* (1990/2006), and he suggested that Chambers called Seligman, and she then did, which in turn led to the meeting with General Casey Jr. and to the creation and launch of the CSF program (Singal, 2021, p. 120).

To General Casey Jr., the creation of the CSF program appeared to respond to a concrete and urgent military need in that he needed to address the serious mental health crisis in the U.S. military (Kuehn, 2009; Tanielian et al., 2008). An internal memo from the initial meeting between General George W. Casey, Martin Seligman, and other military representatives gives a sense of the general objective behind the development of the CSF program.[44] According to this memo, the purpose of program was two-fold: first, it was to "equip all service members with mental armor"[45] on the basis of Seligman's research on learned helplessness and learned optimism, and, second, it was to "change the story about stress and trauma" by presenting "the overwhelming positive evidence about growth as a result of stress and trauma."[46] Crucially, then, the CSF not only aimed to increase the resilience and well-being of soldiers, but it also set out to transform the broader cultural understanding of trauma, which has largely been shaped by a medical framework, most notably with the creation of the PTSD diagnosis, which was first included in the third edition of the Diagnostic and Statistical Manual (DSM-III) from 1980, which I say more about in chapter 6. One military representative reportedly framed the issue like this in the initial meeting between Seligman and the U.S. Army: "We do not want our legacy to be the streets of Washington full of begging veterans, post-traumatic stress disorder, depression, addiction, divorce, and suicide." (Colonel Jill Chambers in Seligman, 2011b, pp. 126-127). This worry was undoubtedly shaped by the experiences and complicated legacy following the Vietnam War, which took a heavy toll on the returning U.S. veterans. An epidemiological study of Vietnam veterans by Kulka et al. (1990) had found that 15.2 percent of male veterans suffered from PTSD almost 20 years after leaving Vietnam, and that an additional 11.1 percent suffered from partial PSTD. This study also estimated the lifetime prevalence for PTSD among Vietnam veterans to be 30.9 percent for men and 26.9 percent for women (Kulka et al., 1990). Now the U.S. military seemed to be facing similar challenges regarding the mental health of returning troops from Afghanistan and Iraq. As noted by Howell (2015a), the mental health problems of these soldiers represent a two-fold problem for the

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[44] Internal memorandum, "Summary of initial meeting Casey, Seligman, et al." (Department of Defense, 2008). Downloaded on June 22, 2021, from https://thewarhorse.org/wp-content/uploads/2019/10/2.-Strategy-for-CJCS-converted.pdf
[45] Ibid.
[46] Ibid.

military: first, the problem of maximizing human resources to maintain operational readiness, and second, the problem of minimizing casualties and their associated costs. So, when the U.S. Army turned to Seligman, "their question was not how to provide more treatment but rather how to prevent these problems." (Seligman & Fowler, 2011, p. 84). Seligman responded to this request by suggesting that the human response to adversity is normally distributed: on the left-hand side of the distribution are the minority, who develop mental health problems such as PTSD, depression, and anxiety; in the middle you have the great majority of people who are resilient, meaning that they return to their normal level of functioning after a brief period of disruption; and on the right-hand side of the distribution are people who exhibit *posttraumatic growth* – "people who after adversity attain a higher level of functioning than they began with" (p. 84). According to Seligman:

> "...focusing on the pathologies of depression, anxiety, suicide, and PTSD was the tail wagging the dog. What the army should do was to move the entire distribution of the reaction to adversity in the direction of resilience and growth. This would not only help prevent PTSD but also increase the number of soldiers who bounce back readily from adversity. Most important, it would increase the number of our soldiers who would grow psychologically from the crucible of combat." (Seligman, 2011b, pp. 127-128)

This idea of moving the entire distribution towards resilience and growth strongly resonates with the mission of positive psychology and the critique of 'traditional psychology' previously articulated by Seligman, who believed that, after World War II, psychology had become too focused on repairing damage using a disease model of human functioning (Seligman, 2002b). To redress this imbalance, Seligman argued, it was necessary to "bring the building of strength to the forefront in the treatment and prevention of mental illness." (p. 3) The U.S. Army readily embraced Seligman's idea of building strengths as an antidote to the problems of trauma and other mental health problems. For example, in an article from a special issue of the journal *American Psychologist* about the CSF program, General George W. Casey Jr., then Chief of Staff of the U.S. Army, presented CSF in the following way:

> "So, the Army is leveraging the science of psychology in order to improve our force's resilience. More specifically, we are moving beyond a "treatment-centric" approach to one that focuses on prevention and on the enhancement of the psychological strengths already present in our soldiers. Rooted in recent work in positive psychology, CSF is a "strengths-based" resiliency program that shows promise for our workforce and its support network so our soldiers can "be" better *before* deploying to combat so they will not have to "get" better *after* they return." (Casey Jr, 2011, p. 1).

In their presentations of the CSF program, Casey Jr and Seligman both stress that the goal of CSF is to build psychological strengths to improve resilience and increase the number of soldiers "who would grow psychologically from the crucible of combat." (Seligman, 2011b, p. 128), thus underlining how

the CSF program is not just about teaching army members strategies on how to deal with stress and potentially traumatic events, but it is also about sending the message that potentially traumatic experiences can be transformed into opportunity for growth. Consequently, the CSF program is about more than just prevention – it is also about enhancement and about creating 'better' soldiers, capable of adapting to and withstanding military life and of successfully transitioning back to civilian life after military service. This focus on optimization and self-development underlines how resilience training not only aims to teach people how bounce back to their previous level of functioning after disturbances caused by stress and trauma, but also how to *bounce forward* (e.g., Haas, 2015), thus arguing that is it possible to capitalize on experiences of adversity by actively turning them into opportunities for growth. Thus, as McGarry et al. (2015) have also argued, the focus on resilience in the CSF program is not just about "bouncebackability," but it also incorporates an ideal about "betterability" as it aims to create soldiers that are able to "thrive on adversity" (p. 360).

So, how, in practical terms, does the CSF program train soldiers to become more resilient? What are the central techniques promoted in the program? To begin to answer that question, it is useful to look at the 'Resilience tips' section in the CSF2 Quarterly Newsletter (2012), which offers the following advice on how soldiers can improve their resilience in a number of domains:

> **Physical** – add superfoods to your grocery list such as broccoli, eggs, beets, blueberries, tomatoes and eat oily fish such as salmon three to four times per week to help build your nutritional resilience and keep your brain working optimally.
>
> **Emotional** – Grab the challenge, not the way out of the challenge. As Winston Churchill put it, "A pessimist sees the difficulty in every opportunity; an optimist sees an opportunity in every difficulty".
>
> **Family** – Family resilience can be developed when parents model healthy family behavior such as having dinner together and engaging everyone in affirming, healthy conversation.
>
> **Social** – Know your personal strengths and which trait strengthen the character of those around you. Use those strengths to work well with others in a give and take manner. This can lead to good working relationships and strong friendships.
>
> **Spiritual** – Take a break from your busy schedule to meditate on what is really important to you. [47]

Here, soldiers are given mundane advice like adding "superfood to your grocery list" to boost their physical fitness and to "take a break from your busy schedules to meditate on what is really important

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[47] The CSF2 Quarterly, Newslettter 1 from 2012 can be found here: https://www.yumpu.com/en/document/read/4745908/newsletter-1-comprehensive-soldier-family-fitness-us-army

to you" to improve their spiritual fitness. In the newsletter, one can also find a section on the dietary benefits of Omega-3 supplements, as well as a health campaign dressed up as salad recipe. Even though "salat is a healthy meal choice", the recipe text reads, one should be "beware of the salad dressing" as a "perfectly healthy and calorie friendly meal can quickly turn unhealthy".[48] It is striking, and perhaps somewhat amusing, to read just how similar these tips are to the advice typically found in women's magazines and in other forms self-help literature addressing a general reader. This advice shows how the CSF program is based on a very broad notion of fitness. The objects of intervention both include soldiers' performance within the military as well as various aspects of their everyday lives and social relationships. It is also striking that there is no mention of the extraordinary demands of war. There is no mention of the disturbances created by multiple deployments, the risk of severe injuries and death, the loss of comrades and close friends, nor of the complexities of counterinsurgency warfare with its blurred lines between civilians and combatants, which American soldiers faced in Iraq and Afghanistan. Instead, these resilience tips intended to equip soldiers with a mental armor target much more ordinary aspects of life, e.g., by encouraging soldiers to monitor their diets, cultivate strong friendships, and engage in "affirming, healthy conversation" during family dinners. Looking at these tips, it appears that the central threats against soldiers' health and well-being hides in the salad dressing, rather than in the improvised explosive devices (IEDs) frequently used in roadside bombings in Iraq and Afghanistan.

To understand the role positive psychology plays in the CSF program and how Seligman and the U.S. Army envision to achieve their ambitious goals, we must take a closer look at the central techniques and assumptions based on positive psychology in the CSF program. As I show in the following sections, Winston Churchill is not alone in pointing to the value of optimism, rather, if we are to understand Seligman's central contribution to the CSF program and unpack the assumptions underlying the belief that this program can work as an antidote to the problems of trauma, we have to take a closer look at Seligman's early work on learned helplessness and learned optimism, which played a central role in the development of both the PRP and the CSF program.

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[48] The CSF2 Quarterly, Newslettter 1 from 2012 can be found here:
https://www.yumpu.com/en/document/read/4745908/newsletter-1-comprehensive-soldier-family-fitness-us-army

5.3. The early beginning: The experiments on learned helplessness

Significantly, when Seligman and other positive psychologists started developing resilience-building interventions, they did not just draw on earlier waves of resilience research, but largely based their approach to building resilience on Seligman's previous work on learned helplessness and learned optimism. These theories spurred Seligman's thinking about the possibility of psychological immunization and have come to play a central role in the understanding of resilience promoted in positive psychological interventions. As such, these theories warrant special attention. Therefore, in this section, I offer an introduction to the experiments on learned helplessness that informed Seligman's subsequent theory about learned optimism, which largely serve as the theoretical foundation of the PRP program and the CSF program, to show how they have played a key role in shaping the foundational assumptions about mental health and psychological resilience underlying these programs.

Indeed, before he became known as the father of positive psychology, Seligman had first made a name for himself in psychological science in the 1960s, when he began studying a phenomenon that would later be termed "learned helplessness." In 1964, the twenty-one-year-old Seligman arrived at the University of Pennsylvania to work in the psychological laboratory of Richard L. Solomon,[49] a prominent experimental psychologists and behaviorist learning theorist, who was trying to understand the fundamentals of mental illness through well-controlled animal experiments (Seligman, 1990/2006). In some of these experiments, which were designed to study traumatic avoidance learning in animals, dogs were placed in shuttle boxes[50] and submitted to intense electric shocks, to which the "typical" dog would respond by scrambling around the small compartment, slamming into walls, while simultaneously emitting high-pitch screech, salivating profusely, and urinating and defecating in a manner described as "projectile eliminating" (R. L. Solomon & Wynne, 1953).[51] But during one experiment, the dogs did not behave as expected. In this experiment, which

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[49] Richard L. Solomon (1918-1995) was an experimental psychologist, who, among other thing, carried out research on avoidance learning within a behaviorist paradigm.

[50] The shuttle box used in the experiments had two compartments separated by an adjustable barrier; when submitted to electric shocks inside one of these compartments, the dogs could jump over the barrier and into the other compartment and escape the shock (e.g. R. L. Solomon & Wynne, 1953).

[51] I have included this description of the dogs' reactions, as it contrasts with Seligman's later descriptions of his ethical considerations about causing "minor pain" to his test subjects. While he, as an animal lover, reportedly found it distasteful to inflict pain on these dogs, he argued that the experiments could be justified, because he believed that there was a reasonable change that he would eliminate more pain in the long run than the pain he caused in the short run, as he could generalize his findings from these animals to people (Seligman, 1990/2006, pp. 20-21).

was meant to study the transfer of learning from one situation to another, the dogs was first submitted to weeks of Pavlovian conditioning,[52] where, day after day, they had been exposed to first a high-pitch tone and then an electrical shock in order to teach them to pair the two, so that later on, when they heard only the high-pitched tone, they would associate this tone with the electric shock and react with fear, even when no shock was subsequently administered. (Seligman, 1990/2006) Following this conditioning, the real experiment was then to take place inside the shuttle box, where the dogs would be placed in one compartment and exposed to the tone to test if they would react to the tone in the same way as they did to the shocks (by jumping a low barrier to get away). If the dogs did so, the experiment would have demonstrated that emotional learning could transfer across different situations (Ibid.).

However, before the experiment could begin, the dogs were first placed in the shuttle box and submitted to an electric shock to teach them how to jump the low barrier to escape the shock, because once they had learned to do so, the researchers could then test whether the tone alone could produce the same response. Teaching the dogs to jump the barrier was usually done quite easy, but when the shocks were administered, these dogs just lay down whimpering without even attempting to get away. This unexpected response gave Seligman the idea that, during the preparation for the study, the dogs had perhaps learned *more* than just to associate the tone and the electrical shock: "During the Pavlovian conditioning they felt the shocks go on and off regardless of whether they struggled or jumped or barked or did nothing all." (Seligman, 1990/2006, p. 20). Having experienced the futility of their actions, the dogs had apparently given up – they had learned to become helpless. Seligman was excited by the implications of this discovery, seeing this response as a potential analogy to the human helplessness that was "all around us – from the urban poor to the newborn child to the despondent patient with his face to the wall" (p. 20). Having stumbled across a laboratory model of human helplessness, Seligman believed that further experiments "could be used to understand how it comes about, how to cure it, how to prevent it, what drugs worked on it, and who was particularly vulnerable to it" (p. 20).

To test this idea, Seligman began a series of experiments on learned helplessness together with Steve Maier and Bruce Overmier in early January 1965. These experiments repeated the findings that dogs, who had been exposed to inescapable shock, were less likely to try to escape electric shock in other

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[52] Pavlovian condition, also called classical conditioning, describes a process of learning through association, which involves the pairing a biologically potent stimulus with a previously neutral stimulus. The classic example is Pavlov's dogs, who learned to associate food (potent stimulus) with the ringing of a bell (neutral stimulus), and thus began to salivate merely at the sound of the bell.

situations. Somehow, their previous experience of helplessness interfered with the dogs' escape-avoidance responses in future situations. Having to pose an explanation of what they were observing, Overmier and Seligman (1967) suggested that the source of this interference was learned helplessness. The basic assumption was that if an animal learns that it has no control and expects this to be true in the future, it undergoes motivational and cognitive changes that are responsible for its subsequent failure to learn to escape (Peterson et al., 1993, p. 25). These experiments supported Seligman's initial assumption that experiences with uncontrollable events could lead to an expectation that future events would also elude control, and that this expectation could create disruptions in motivation, cognition, emotions, and learning.

But if helplessness was a learned response, then it could also be unlearned. Therefore, Seligman and Maiers took a group of dogs that had been taught to be helpless, put them back in the shuttle box, and then proceeded to drag them over the barrier and back again, until the dogs realized that their own actions worked and began to move by themselves again, thus curing them of their learned helplessness (Seligman, 1990/2006, p. 28). They also began to think about prevention and the idea of *immunization*. If inescapable shocks could lead to helplessness and interfere with motivation, then high degrees of control and the ability to escape might also work to "immunize" their test subjects against learned helplessness. Seligman and Maier (1967) then investigated the effects of escapable versus inescapable shock and found that the *degree* of control over the shock allowed to the animal during initial conditioning was an important determinant of whether a dog would later exhibit learned helplessness, when it was put in the shuttle box. For example, in one experiment, one group of dogs was allowed some control over shock (they could press a panel and the shock would stop), while another group of dogs was given no control over the shock (nothing they did during shock exposure would terminate the shock), and they found that this later group of dogs would become passive, when put in the shuttle box, while the first group of dogs, who had been allowed some control, would try to escape.

Having discovered that teaching research subject beforehand that responding mattered could prevent learned helplessness, Seligman and Maier also found that dogs, who were taught this mastery as puppies, where immunized to learned helplessness all their lives (Seligman, 1990/2006, p. 28). According to Seligman, the implications of these findings, for human beings, were thrilling, and one of the central lessons Seligman drew from these experiments was that "the remarkable attribute of resilience in the face of defeat need not remain a mystery. It was not an inborn trait; it could be acquired." (p. 30)

The experiments on learned helplessness sparked Seligman's thinking around resilience, but the experiments also produced findings that could not be explained by this model alone. As researchers began to conduct experiments on learned helplessness on humans (e.g., Hiroto, 1974; Hiroto & Seligman, 1975), which showed similar results as those in Seligman and Maier's original experiments, Seligman also started to pay attention to a different aspect of these results:

> "Ten years into our work on learned helplessness. I change my mind about what was going on in our experiments. It all stems from some embarrassing findings that I keep hoping will go away. Not all of the rats and dogs become helpless after inescapable shock, nor do all of the people after being presented with insolvable problems or inescapable noise. One out of three never gives up, no matter what we do. Moreover, one out of eight is helpless to begin with – it does not take any experience with uncontrollability at all to make them give up. At first, I try to sweep this under the rug, but after a decade of consistent variability, the time arrives for taking it seriously. What is it about some people that imparts buffering strength, making them invulnerable to helplessness? What is it about other people that makes them collapse at the first inkling of trouble?" (Seligman, 2002a, p. 23)

This change of mind was motivated by the critique Seligman had faced from others, who had picked up on this loose end, which Seligman had initially overlooked. For example, at a lecture given by Seligman in 1975, John Teasdale, a psychologist from Oxford University, had pointed out that Seligman was glossing over the facts that one-third never became helpless and that, out of the ones who did, some bounced back right away while others never recovered, and in addition, some where only helpless in the situation they learned to be helpless about, while others gave up in brand new situations (Seligman, 1990/2006, p. 32). Similar objections were also been raised by Lyn Abramson and Judy Garber, two students working in his research group, whom he subsequently enlisted to help him reformulate the theory of learned helplessness (p. 40).

These critics posed Seligman with the question about how to understand the observed individual differences between those who are vulnerable to helplessness and those who are not, but his critics also offered him a possible answer. The solution, they proposed, had to do with people's attributions – how they explain to themselves the bad things that has happened to them. Taking inspiration from attribution theory,[53] Seligman and his colleagues began to focus on how people interpret the causes of the uncontrollable event, as the attributional framework offered a solution to the theoretical and

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[53] This interest in causal attribution was consistent with larger trends in psychology and with the shift from a behaviorist to a cognitive framework. The 1960s and 1970s saw a waning of interest in the empty organism approach in behaviorism, and there was an increasing interest in the ways in which people process information and understand the world (Peterson et al., 1993). In the reformulation of the theory of learned helplessness, Seligman and his colleagues drew on Bernard Weiner's attribution theory, but they also made certain revisions to attribution theory. For more details, see Seligman (1990/2006, p. 43) and Abramson, Seligman, and Teasdale (1978).

empirical controversies about the effects of uncontrollability on humans (Abramson et al., 1978). The inspiration from attribution theory came to play a pivotal role in Seligman's thinking around vulnerability and resilience and it led him to reformulate his explanation of learned helplessness based on a cognitive hypothesis, which stated that mere exposure to uncontrollability is not enough to render an organism (human nor animal) helpless, rather, the organism *must come to expect* that outcomes are uncontrollable to exhibit helplessness.[54] This reformulation was based on a view of persons as rational beings, who act in accordance with their interpretation of the world (Peterson et al., 1993, p. 113). The central assumption is that when people find themselves to be helpless in a particular situation, they ask themselves why, and the causal attribution they then make determines the generality and chronicity of their helplessness (Abramson et al., 1978, p. 50). An important advantage of the reformulation was that the focus on attributional style also better explained why helplessness could be reversed and prevented by experiences with success and mastery, which could counter the tendency to generalize the feeling of helplessness to other situations (Abramson et al., 1978, p. 61).

5.4. Cultivating a resilient mind: The theory of learned optimism

The reformulated learned helplessness theory placed a particular emphasis on the role of one's *explanatory style*, a concept used to describe the way individuals habitually explain why events happens, especially their interpretation of causes. If the giving-up reaction observed in the experiments on learned helpless followed from a belief that nothing one does matters, then one's explanatory style had to be "the great modulator of learned helplessness" (Seligman, 1990/2006, p. 15). According to Seligman (1990/2006), there are three crucial dimensions to one's explanatory style: *permanence*, *pervasiveness* and *perseverance* (p. 44). *Permanence* is about time and determines how long a person gives up for; permanent explanations of bad events, e.g. thinking it will *never* end or it will *always* be like that, produce long-lasting helplessness, while temporary explanations, which see problems are more transient and as something happening *sometimes* or *lately*, produce resilience (p. 44). *Pervasiveness* is about space: universal explanations produce helplessness across many

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[54] The central works on learned helplessness and personal control by Seligman and others where published in four books for the general reader: *Learned Optimism: How to change your mind and your life* (Seligman, 1990/2006); *Learned helplessness: A theory for the Age of Personal Control* (Peterson et al., 1993); *What You Can Change And What you Can't*: The Complete Guide to Successful Self-Improvement and *learning to accept who you are* (Seligman, 1993); and *The Optimistic Child: A Proven Program to Safeguard Children Against Depression and Build Lifelong Resilience* (Seligman et al., 1995/2007).

situations, while specific explanations produce helplessness only in the troubled area of one's life. People, who make universal explanations for their failures give up on everything, when failure strikes in one area, while people, who make specific explanations may become helpless in one area of life, but they are still able to carry on with other areas of their lives (p. 47). Finally, *personalization* is about how people feel about themselves; people who blame themselves for bad events (internal style) tend to think they are worthless, talentless, unlovable, and have lower self-esteem than people, who attribute failure to other people or to external circumstances (p. 49).

For Seligman, this all basically boils down to two contrasting ways of looking at life, which he sums up in two general explanatory styles: *pessimism* and *optimism*. These two different outlooks, he argues, are the great amplifiers of learned helplessness and mastery (Seligman, 2011b, p. 189). While pessimists automatically think that the cause of their problems is permanent, pervasive and personal (*it will last forever*, *it undermines everything,* and *it is my fault*), optimists interpret setbacks as surmountable, particular to single problem, and as resulting from temporary circumstances or other people (Seligman, 2002a, p. 24). The central assumption is that an optimistic explanatory style stops or helps contain the experience of helplessness, whereas a pessimistic explanatory style spreads helplessness (Seligman, 1990/2006). According to Seligman, a pessimistic explanatory style can also make a person more susceptible to a host of psychological and physical disorders, while an optimistic explanatory style is assumed to immunize individuals to the negative effects of experiences of trauma, stress, and adversity, and to help build strengths, enhance performance, and promote health and resilience.

> "Life inflicts the same setbacks and tragedies on the optimist as on the pessimist, but the optimist weathers them better. As we have seen, the optimist bounces back from defeat, and, with his life somewhat poorer, he picks up and starts again. The pessimist gives up and falls into depression. Because of his resilience, the optimist achieves more at work, at school and on the playing field. The optimist has better physical health and may even live longer. (…) For pessimists, this is bad news. The good news is that pessimists can learn the skills of optimism and permanently improve their lives. Even optimists can benefit from learning how to change. Almost all optimists have periods of at least mild pessimism, and the techniques that benefit pessimists can be used by optimists when they are down." (Seligman, 1990/2006, p. 207)

While pessimism and optimism are not the cause of trauma, depression, or happiness, they are considered significant intervening variables. A pessimistic mindset is seen as a risk factor that increases the likelihood of a host of physical, psychological, and social problems. An optimistic mindset, in turn, is assumed to work as a protective factor, which lead to overall better health, resilience and quality of life (Seligman, 1990/2006, 2011b). Even though Seligman argues that one's

explanatory style is formed during childhood and adolescence, he also emphasizes that it is not set in stone, rather, it is something that can be worked on and deliberately targeted in interventions: "individuals can choose the way they think." (Seligman, 1990/2006, p. 8) Faced with this choice, Seligman argues, people should be careful to avoid pessimism, because people with a pessimistic explanatory style are more likely to encounter all kinds of trouble and suffer unnecessarily:

> "… pessimism is an entrenched habit of the mind that has sweeping and disastrous consequences: depressed mood, resignation, underachievement, and even unexpectedly poor physical health. Pessimism is not shaken in the natural course of life's ups and downs. Rather, it hardens with each setback and soon becomes self-fulfilling." (Seligman et al., 1995/2007, p. 7)

Therefore, Seligman believes that pessimists should be encouraged to improve their lives by learning the skills of optimism, which include learning how to speak to themselves in a more encouraging way, when they experience setbacks.

However, while Seligman's tends to describe pessimism in purely negative terms and portray it as a bad habit of the mind with "sweeping and disastrous consequences" (Seligman et al., 1995/2007, p. 7), other researchers take issue with this characterization. The psychologists Julie Norem and Edward Chang, who have studied the positive aspects of pessimism and negative thinking, have argued that positive psychologists like Seligman, who promote optimism as universally beneficial, underestimate the role of individual differences and ignore that there are potential costs to *both* optimism and pessimism (Norem & Chang, 2002). According to Norem and Chang, the usefulness of cultivating optimism and positive thinking varies across situations and is influenced by both the cultural context and the individual's intrapsychic context. For some people, cultivating optimism might in fact have unintended negative consequences. For example, highly anxious people usually benefit more from adopting a strategy of defensive pessimism than one of optimism, as the former often helps them to manage their anxiety in a way that does not interfere with their performance (Norem & Chang, 2002, p. 997). In other words, optimism is not always the right tool (Norem, 2014).[55] While it is tempting to conclude that optimism is always to be desired over pessimism – a conclusion drawn by Seligman, which is also supported by much of American popular culture, which Norem and Chang (2002)

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[55] More recently, researchers identifying as positive psychologists have argued for the need to integrate the dark side of life into positive psychology and for exploring the interconnections between the positive and the negative (Ivtzan, Lomas, Hefferon, & Worth, 2016; Wong, 2011). For example, Paul T. Wong has argued for the need of a "Positive psychology 2.0", which balances the positive with the negative, and which seeks to "harness the positive potentials from negative emotions and situations for both individuals and societies." (Wong, 2011, p. 70) Other examples can be found in *The Routledge International Handbook of Critical Positive Psychology,* which was published in 2018 and edited by Nicholas J. L. Brown, Tim Lomas, and Francisco Jose Eiroa-Orosa.

describe as being characterized by a strong positivity zeitgeist – their research suggests that we should be cautious about making optimism a universal ideal, as the influence of cultivating optimism to improve one's performance, health, and well-being might be less straight-forward than it appears in Seligman's writings. Nevertheless, the distinction between pessimistic and optimistic explanatory styles lies at the very heart of the preventive strategies promoted by positive psychologists, and their central argument is that if people are taught how to cultivate a more optimistic explanatory style, they will become more resilient and better equipped to cope with adversity, including trauma.

As Seligman and his associates began to translate the findings on learned helplessness and learned optimism into concrete strategies for prevention, they took inspiration from the emerging cognitive theories about depression, which emerged from the works of Albert Ellis and Aaron T. Beck, who were two of the great pioneers of cognitive-behavioral therapy. The cognitive model of depression challenged biological and psychoanalytical explanations for depression and conceptualizes depression neither in terms of brain chemistry (biological model) nor as resulting from unconscious conflicts or anger turned inwards (psychoanalytical explanations); instead, it understood depression as a disorder of conscious thought (Seligman, 1990/2006). Ellis believed that depression was simply a result of "bad thinking," and Beck argued that negative thinking was not only a symptom of depression, but the actual disease; in other words, depression was caused by conscious negative thoughts (Seligman, 1990/2006, pp. 71-74).

Cognitive therapy is based on the underlying theoretical rationale that an individual's affect and behavior are largely determined by the way in which he or she structures and makes sense of the world (Beck, Rush, Shaw, & Emery, 1979, p. 3). Therefore, cognitive therapy deploys a variety of cognitive and behavioral techniques to transform how depressed patients think about failure, defeat, loss, and helplessness. An important part of this therapy consists of teaching patients to identify, test, and correct the distorted and dysfunctional beliefs underlying their thinking. Or, as Seligman puts it: "teach the depressive to change her habits of thinking, to decatastrophize, and all the rest of the symptoms should evaporate." (Seligman et al., 1995/2007, pp. 21-22).

> "Many people believe that feeling bad is determined by the "stressors" or adversities that happen to us. We feel angry when someone transgresses against us. We feel depressed when we lose something we cherish. Certainly, the events in our lives are connected to our emotions, but the connection is much weaker than commonly believed." (Seligman et al., 1995/2007, p. 137)

Seligman's assertion that the link between an event and its consequences is weaker than commonly believed is based on the ABC model, which was developed by Albert Ellis. This model holds that

whenever a person experiences adversity (A), which could be any kind of negative event, e.g., a failed exam, a fight with a friend, or the death of a loved one, it often seems like the consequences (C) automatically follow from the event. Ellis, however, argued that it is a person's beliefs and interpretation (B) about the event (A), which cause how they feel and behave following this adversity (C) (Seligman et al., 1995/2007, p. 139). In addition, pessimistic beliefs are believed to shape one's experience through two powerful mechanisms: the self-fulfilling prophecy and confirmation bias (p. 141). People's beliefs about themselves and the world can lead them to act in ways that end up confirming their negative expectations, thereby turning the negative expectations into a self-fulfilling prophecy. The other mechanism, confirmation bias, can cause people to focus only on the evidence that confirms their view of themselves and the world and to dismiss evidence that refutes it, which in turn reinforces their pessimistic beliefs as they are left unchallenged. Therefore, a central part of the skills promoted by Seligman and other positive psychologists to increase optimism consists of teaching people about the ABC model, to monitor their internal dialogue, and to challenge their beliefs by checking their accuracy. Listen, for example, to the following example taken from the self-help book on how to build resilience written by Reivich and Shatté (2002):

> "…you will learn to "hear" the nonresilient thoughts that run through your mind automatically when you are faced with a problem or under stress and learn to identify how this nonresilient thinking generates counterproductive feelings and behaviors. (…) You will learn to recognize unproductive "rules for living" (…) that are unwittingly sapping your motivation and hindering your success. You will learn how to fight back against your nonresilient beliefs the moment they occur, so your time is not wasted and your energy is not drained. You will learn to minimize negative emotions and increase your experience of positive emotions." (Reivich & Shatté, 2002, p. 6)

Here, Reivich and Shatté emphasize how certain 'non-resilient' thoughts and beliefs can undermine one's resilience, and people are encouraged to "fight back" against their "nonresilient beliefs" to immunize themselves against the potentially negative effects of bad events. The ABC model also plays a central role of the PRP, which promotes four basic skills of optimism to prevent depression and build resilience in school children. These skills include teaching schoolchildren about the ABC link (how their thoughts influence their emotions), how to evaluate and test the accuracy of their thoughts and the beliefs they hold about themselves and the world, how to generate more accurate explanations of bad experiences, and how to avoid ruminating about the worst possible consequences, when bad things happen (a skill called decatastrophizing) (Seligman et al., 1995/2007). The focus on detecting and changing maladaptive thinking is also central to the CSF program, as an important part of this program consists of teaching soldiers adaptive thinking (Lester et al., 2013).

> The primary way in which CSF promotes these characteristics is by helping Soldiers develop metacognitive skills that can enhance resilience. In other words, the program is designed to help Soldiers understand how and why they think a particular way and how certain beliefs might influence their reactions to events. (Lester, Harms, Herian, et al., 2011, p. 6)

In the CSF program, soldiers and their families are taught a panoply of exercises to boost their resilience. These include so-called 'mental-toughness skills' based on techniques adopted from cognitive-behavioral therapy to help cultivate an optimistic explanatory style (Reivich et al., 2011). One of the central aims of cognitive therapy is to help people to modify ways of thinking that can create distress and interfere with recovery (Beck et al., 1979). This aim is also evident in the CSF program, where soldiers are taught techniques to *detect icebergs* (to identify deeply held beliefs that leads to out-of-proportion emotional reaction, e.g., the belief that "Asking for help is a sign of weakness") and to challenge the accuracy of these beliefs (*self-disputing*); they are also taught to *avoid thinking traps* (such as over-generalizations or jumping to conclusions), to *minimize catastrophic thinking* (e.g. making the worst possible interpretation of an ambiguous situation), and to *put it in perspective* (Reivich et al., 2011; Seligman, 2011b, 2019). For example, in the CSF training, soldiers watch a video clip with a soldier unable to contact his wife via email to demonstrate the negative effects of catastrophic thinking on one's energy, focus, problem-solving, and emotion: "He thinks, *She's left me*, and this produces depression, paralysis and fatigue." (Seligman, 2011b, p. 169) The example is then used to teach soldiers the skill of *putting it in perspective* and to dispute catastrophic thinking by articulating the worst case, the best case, and the most likely case. In this example with the soldier, the worst case is that his wife had left him, the best case is that her patience and strength never wavered for a second, and the most likely case is that she was just out with a friend (p. 169). Catastrophizing in particular is believed to be important to the occurrence of PTSD, anxiety and depression (Seligman, 2011b, p. 133). However, although research has indicated that catastrophic thinking might increase one's risk of developing PTSD, these studies are only correlational, and thus it remains to be proven that catastrophizing causes PTSD, or that the ability to reduce catastrophic thinking actually reduces PTSD (Seligman et al., 2019).

Looking at the central assumptions about learned helplessness and learned optimism underlying the techniques promoted to build resilience in the CSF program, it becomes clear how the key techniques taken from positive psychology largely consists of certain cognitive skills, which are assumed to immunize people against both psychological and physical problems. The central message is that it does not matter what happens to you – what matters is how you think about it. This message is clearly

articulated in an interview with Brigadier General Rhonda Cornum, who was the military representative in charge of developing the CSF program together with Seligman.

> "We choose what we put in our mouth, whether it is a cheeseburger and fries, or salmon and broccoli," Rhonda says. "In the same way, we choose what we put in our minds, whether it is puppy pictures and a good book, or watching the twin towers come down and a tsunami slush out a civilization over and over. It is a choice." (Cornum in Haas, 2015, p. 97)

During the Gulf war in 1991, where she served as a flight surgeon, Cornum was on a rescue mission in a helicopter, which was hit by enemy fire. As one of only three survivors out of an eight-person crew, Cornum, having broken both arms and a leg, was taken prisoner, sexually assaulted, and held as a prisoner of war for eight days, before she was released. In a description of the aftermath of her experiences, Rhonda Cornum has emphasized how the ordeal made her feel better prepared as a military physician than before, better equipped to be a leader, how she feels much less anxiety when faced with challenges, how she became a better and more attentive parent and spouse, how it opened her up to the possibility of a spiritual life, and how she became much more rigorous about her priorities in life (Cornum & Copeland, 1992). Cornum's personal story also features prominently in Seligman's description of the CSF program, where he describes her as "a poster child for posttraumatic growth" (Seligman, 2011b, p. 160). Echoing the classic story of a hero returning from war, having suffered various forms of physically harm but remained psychologically unbroken, Cornum summarized her experiences like this: "…what I learned in those Iraqi bunkers and prison cells is that the experience doesn't have to be devastating, that it depends on you (…) You can give up control of your mind, but no one can take it away from you. Your captors can torture you and even kill you, but you still have control as long as you can think." (p. 203). As Cornum has also put it elsewhere, "when something happens, many people see the aftermath as inevitable. I see it as a decision. You can control what you think." (Cornum in Haas, 2015, p. 95). The central message emphasized in both Cornum's story and Seligman's writings is that resilience can be cultivated by consciously disciplining one's thoughts and emotions, just as maintaining a healthy body is supported by healthy eating and regular exercise. In other words, in the CSF program, psychological resilience to adversity and trauma is largely represented as a matter of an individual's skills, choices, and discipline, and as something to be achieved by continuously monitoring and correcting one's thought, feelings, and actions. However, whether this empowering message lives up to its promise or whether it promotes a problematic understanding of traumatic conditions remains an open question, which I discuss in later chapters.

5.5. Cultivating positive emotions: "Hunt the good stuff"

To understand the role and use of positive psychological theories and techniques in the CSF program, we must also look at their assumptions about the importance of building positive emotions to enhance one's health and resilience. In the previous sections, I showed how the theories of learned helpless and learned optimism have shaped how positive psychologists understand and try to build psychological resilience. By presenting learned helplessness and a pessimistic explanatory style as central to the development of a host of psychological and social problems, then learned optimism readily presents itself as the antidote to these problems. Yet positive psychologists warn against a naïve optimism. The goal is to cultivate a "realistic thinking style and positive coping skills", which are seen as central to resilience (Reivich et al., 2013, p. 203). When Seligman talks about optimism, he also emphasizes that it is not just about being positive:

> Learned optimism is not a rediscovery of the "power of positive thinking." The skills of optimism (…) do not consist in learning to say positive things to yourself. (…) What *is* crucial is what you think when you fail, using the power of "non-negative thinking." Changing the destructive things you say to yourself when you experience the setbacks that life deals all of us is the central skill of optimism. (Seligman, 1990/2006, p. 15)

Optimism, Seligman argues, "is not about chanting happy thoughts to yourself," nor is it about the denial or avoidance of sadness and anger, or about dodging responsibility or blaming others when thing go wrong (Seligman et al., 1995/2007, p. 297). Rather than advocating a naïve optimism, Seligman encourages people to cultivate an *accurate* optimism by challenging their beliefs and interpretations and checking these against reality, because "optimism that is not accurate is empty and falls apart." (Seligman et al., 1995/2007, p. 298)

Still, in line with their general mission to understand and create the factors that allow individuals, communities, and societies to flourish, positive psychologists have nonetheless shown a particular interest in the role of positive emotion, which they believe serve "a profound purpose far beyond the delightful way it makes us feel." (Seligman, 2002a, p. 35) Indeed, a central claim of positive psychology is that positive emotion leads to better health, greater success, and improved resilience. According to Seligman, the experience of positive emotion is important because "it *causes* much better commerce with the world. Developing more pleasant emotion in our lives will build friendships, love, better physical health, and greater achievement." (Seligman, 2002a, pp. 43, emphasis in original) Furthermore, positive psychologists perceive positive emotions as "active ingredients in superior coping and thriving despite adversity." (Fredrickson et al., 2003, p. 366), and emphasize the

cultivation of positive emotions as critical to building resilience. In short, when it comes to building strengths and fostering growth, it is not enough to reduce the frequency and duration of negative emotional experiences. Only by cultivating the positive are people "able to learn, grow, and flourish" (Seligman, 2011b, p. 140).

To promote optimal psychological and physical health, positive psychologists argue, we need to pay attention to the frequency and duration of positive emotional experiences, as the active regulation of genuine positive emotions is considered at least as important to emotional resilience as regulation of negative emotions (Algoe & Fredrickson, 2011). The strong emphasis on positive emotion largely builds on the work of Barbara L. Fredrickson and her broaden-and-build theory. According to this theory, positive emotions may fuel psychological resilience (Fredrickson, 2001, p. 223), since "resilient people use positive emotions to rebound from, and find positive meaning in, stressful encounters." (Tugade & Fredrickson, 2004, p. 320). This theory posits that positive emotions are 'resource-builders' that function as an antidote to negative emotional arousal and contribute to health and well-being (Algoe & Fredrickson, 2011, p. 36). The broaden-and-build theory argues that positive and negative emotions have distinct and complementary adaptive functions and cognitive and physiological effects. While negative emotions tend to narrow our so-called thought-action repertoires and lead to automatic responses such as fight or flight, positive emotions have been found to have a broadening effect on cognition and attention that enables people to engage in more flexible and creative ways of thinking and acting, which over time help build a broader repertoire of personal resources, thus creating an upward spiral towards greater psychological health and well-being, which in turn also help build resilience and buffer against future emotional problems or setbacks (Algoe & Fredrickson, 2011; Fredrickson, 2004; Fredrickson & Losada, 2005). Thus, the central assumption is that this broaden-and-build effect of positive emotions can transform individuals for the better by making them healthier, more socially integrated, more knowledgeable, effective, and resilient (Fredrickson & Losada, 2005, p. 679). Or, as Seligman puts it: "By activating an expansive, tolerant, and creative mindset, positive feelings maximize the social, intellectual, and physical benefits that will accrue." (Seligman, 2002a, p. 44)

While positive psychologists underline the importance of positive emotions because of their ability to physiologically down-regulate lingering negative emotions, they do not argue that all negative emotions are bad or need to be eliminated, especially not when negative emotions are contextually appropriate. The goal is not simply to eliminate or replace negative emotions with positive ones, but rather to cultivate the ability to experience and generate positive emotions even in the presence of adversity. As noted by Fredrickson et al. (2003): "relative to their less resilient peers, resilient people

experienced their negative emotions and sympathy as intermixed to a greater degree with a range of positive emotions." (p. 373). According to Fredrickson and Losada (2005), the balance between positive and negative emotion is central, and in order to flourish and be resilient, they have suggested that the ratio of positive to negative emotion should reside above 3:1.[56]

This assumed importance of actively cultivating positive emotion is also reflected in the techniques that positive psychologists promote to build resilience. For example, as part of the CSF training in the U.S. Army, soldiers are taught to enhance their emotional resilience through the active cultivation of positive emotions. Building on studies that suggest that a habitual acknowledgement and expression of gratitude benefits people's health, sleep, relationships and performance (Reivich et al., 2011; Seligman, 2011b, p. 171), soldiers are taught that practicing gratitude can build optimism and counter negative thoughts, as well as lead to higher positive emotion, better sleep, and greater levels of life satisfaction.[57] The practice of keeping a gratitude journal is promoted as one of 'the many exercises of positive psychology that works' (Seligman, 2011b, p. 34). Soldiers are also taught about the "three-blessings" exercise or the "what-went-well" exercise, and encouraged to write down three things that went well and why they went well every day, based on studies by Seligman, Steen, Park, and Peterson (2005), who found that the three-blessings exercise could increase life satisfaction and decrease depressive symptoms for six months. Another exercise promoted by positive psychologists is 'the Gratitude Visit,' in which you write a letter of gratitude to an individual, who has changed your life for the better. The letter, one is advised, should be concrete and about 300 words, and then read aloud sitting face-to-face with the person to whom the letter is addressed, and, when completed, "you will be happier and less depressed one month from now" (Seligman, 2011b, p. 30). These exercises are also part of the CSF program. In CSF training, soldiers are encouraged to "hunt the good stuff," e.g., by writing down three things that they are thankful for every day, by connecting with someone, who has helped them, to say thanks, or by using visual cues, such as photos or gifts, to help them remember to be grateful.[58] Soldiers are even encouraged to smile more, because, as they are told, "smiling can have

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[56] For a critique of Fredrickson and Losada's work, see chapter 4.2., which details how the mathematics and central assumptions behind their critical positivity ratio has been heavily criticized by Brown et al. (2013). However, the assumed importance of positive emotion for maintaining health and building resilience has not been revised or questioned by positive psychologists (e.g., Fredrickson, 2013).

[57] Twitter posts about why soldiers should practice gratitude from April 11, 2018 (Downloaded July 8, 2021, from https://twitter.com/ArmyResilience/status/1116366648150298626) and from February 8, 2018 (Downloaded July 8, 2021, from https://twitter.com/ArmyResilience/status/961616052672258053).

[58] Twitter post about practicing gratitude from March 15, 2018 (Downloaded July 8, 2021, from https://twitter.com/ArmyResilience/status/974284503400271873)

psychological and physical health benefits such as boosting your mood and lower your blood pressure."[59]

A stated aim of the CSF training is to teach all soldiers how to "take advantage of positive emotions." (Seligman, 2011b, p. 139) The goal of this emotional fitness training is "to empower soldiers to become active participants in their own emotional lives" by teaching them how to regulate their emotions and how to self-generate positive emotions more frequently (Algoe & Fredrickson, 2011, p. 39). In relation to the CSF program, Algoe and Fredrickson (2011) have argued that "in the tough context of the military," it is important to break through barriers to taking advantage of one's emotional resilience system by dispelling certain myths about emotions, e.g., by emphasizing that emotions are not "soft" or to be ignored, but rather functional and adaptive, and to increase people's understanding of the role that emotions play in everyday life (p. 38).

In addition to encouraging soldiers to "optimize their emotional landscape;" CSF training also seeks to maximize "the impact of emotional resilience for the collective: for the functioning of the military unit, family units, and the communities within which the soldiers live." (Algoe & Fredrickson, 2011, p. 39). In effect, the program seeks to extend the idea of emotion management from the individual to the collective, based on an assumption about the contagion of emotion (Seligman, 2011b, p. 146). The idea of emotional contagion has previously been studied by Hatfield, Cacioppo, and Rapson (1994), who have described the transmission of moods as akin to the transmission of social viruses. To support the idea of emotional contagion, Seligman cites a study by Fowler and Christakis (2008), who used social network analysis to evaluate whether happiness could spread from person to person. They found that clusters of happy and unhappy people were visible in social networks and noted that the spread of happiness seemed to reach up to three degrees of separation, which led them to conclude that clinical or policy maneuvers to increase individual happiness might have cascading effects on other people (p. 8). This study did not allow Fowler and Christakis to identify any actual causal mechanisms underlying the observed spread of happiness, but Seligman nevertheless uses this study as support for the assumed importance of cultivating positive emotions. For example, in a description of the training module designed to increase social fitness in the CSF program, Seligman describes the implication of this study of the contagion of emotion in the following way:

> "This has significant implications for the morale among groups of soldiers and for leadership. On the negative side, it suggests that a few sad or lonely or angry apples can

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[59] Twitter post from March 13, 2018 (Downloaded July 8, 2021, from https://twitter.com/ArmyResilience/status/973559720689766401)

> spoil the morale of the entire unit. Commanders have known this forever. But the news is that positive morale is even more powerful and can boost well-being and the performance of the entire unit. This makes the cultivation of happiness – a badly neglected side of leadership – important, perhaps crucial." (Seligman, 2011b, pp. 146-147).

In other words, teaching soldiers to increase positive emotion is not only assumed to be important for their individual well-being and resilience, but it is also assumed to affect others in the social groups to which they belong. In these presentations, the cultivation of positive emotion is articulated as a moral responsibility – it is a duty to cultivate one's happiness and resilience, not only for the sake of one's own health and well-being, but also to ensure the health and well-being of one's family, friends, and colleagues as well as to maintain the operational readiness of the U.S. Army.

To summarize, Seligman emphasizes that positive psychologists value positive emotions, not because they make people feel good (hedonic perspective), but because of their assumed importance for people's health, happiness, well-being, performance, and resilience (Seligman, 2011b). Positive psychologists are not saying that negative emotions should be avoided altogether, rather, they argue that negative emotions should be countered and preferably outnumbered by positive emotions. E.g., the techniques promoted in the CSF program seek to teach military members to optimize their emotional landscape by cultivating more positive emotions, thus increasing the number of positive emotions they experience on a daily basis. In taking a largely quantitative approach to positive emotions, positive psychologists tend to emphasize that, when it comes to building health and resilience, what matters is the *ratio* between positive and negative emotions, thereby largely black-boxing questions about the relational and cultural aspects of these emotions.

However, the distinction between so-called positive and negative emotions and their functioning is controversial and has been challenged by other emotion researchers, who have argued that the attribution of either positive or negative valence to emotions such as joy, pride, anger, and sadness is far from straightforward. Richard S. Lazarus, a prominent psychological researcher of stress and coping, has noted a tendency in positive psychology to take an oversimplified approach to emotions, which are labelled as either positive or negative, an issues he has called the emotion valence problem (Lazarus, 2003a). According to Lazarus, there are three distinctively different rationales for a positive attribution (a) when an emotion feels good subjectively, (b) when an emotion is brough about by favorable life conditions, and (c) when an emotion result in a desirable social outcome (p. 98). There is always a social context to emotions, which influence their generation and the ascription of valence. Therefore, he argues, to make a fixed rigor judgement about the valence of emotions is "an especially serious mistake if we want to understand how emotions affect health or illness" (p. 99) The question

about valence has also been addressed by R. C. Solomon and Stone (2002), who have argued that positive-negative polarity has its origin in ethics, not in the scientific study of emotion. Even though positive psychologists often emphasize the value ascribed to positive emotions in relation to health and well-being, there also appear to be other evaluations built into the notion of positive and negative emotions, which have to do with moral questions about what is considered good and bad, right and wrong, as well as virtue and vice. As Solomon and Stone emphasize, these are three distinct matters. For example, in the first interpretation (good and bad), a positive emotion has to do with satisfaction of needs and desires; in the second interpretation (right and wrong), a positive emotion has to do with obeying certain rules or principles; and in the third interpretation (virtue and vice), a positive emotion is one that exemplifies certain virtues (pp. 419-420). As these authors highlight, the question of valence is shot through with ambiguities and therefore the facile use of "positive" and "negative" should be abandoned, as this results in a misleading oppositional thinking that blocks the appreciation of the complexity of emotions (p. 433). This critique resonates with a second issue raised by Lazarus, who has argued that by taking a binary approach to emotions and grouping them into two broad categories (positive/negative), positive psychology fails to consider the polyvalence of emotions. Rather than splitting emotions into good and bad, Lazarus has argued that we should take a relational meaning-centered view of emotions, which acknowledges that emotions such as anger, joy, and sadness may hold distinctly different relational meanings. Therefore, we should be wary of grouping emotions into positive as negative, as it is often done in positive psychology, e.g., in the works of Fredrickson (2001), because emotions such as hope, joy, pride, and anger are not really fixed or consistent opposites: "The crucial principle is that all emotions have the potential of being either one or the other, or both, on different occasions, and even on the same occasion when an emotion is experienced by different persons." (Lazarus, 2003a, p. 99).

In addition, the assumption that negative emotions have negative consequences is not universal and have been challenged by cross-cultural studies, which have found this belief to be especially prevalent in European American cultural contexts, when compared to East Asian and Russian contexts (Chentsova-Dutton, Senft, & Ryder, 2014). The way in which people understand their own negative emotions, and those of others, is shaped by their social, cultural, and political contexts. For example, while European American contexts foster the idea that negative emotions are undesirable and problematic, even pathological, East Asian contexts are less likely to foster such as belief (p. 147). In fact, part of the strong appeal of positive psychology might be related to the ways in which it resonates with the dominant approach to emotion in contemporary Western cultures, which places a large value on the so-called positive emotions and a low value on negative emotions (Parrott, 2014). According to Cabanas and Illouz (2020), the theoretical and functional divide between positive and negative

emotions found in the works of positive psychologists such as Seligman and Fredrickson results in various pitfalls and omissions, as this ahistorical and decontextualized view of emotion neglects the complexity and multifarious nature of both positive and negative emotions. For example, while anger might lead to destructive behaviors, it can also compel individuals to right wrongs, to challenge abuses of authority, and to tighten interpersonal and communal bonds in the face of injustices (p. 73).

By taking a universal, decontextualized approach to positive and negative emotions, positive psychologists like Seligman and Fredrickson also fail to consider how emotional norms and social expectations vary depending on one's social position, e.g., how they might be gendered (e.g., Levant & Pryor, 2020), shaped by expectations tied to certain professions, e.g., in the cases of the smiling stewardesses (Hochschild, 2012/1983), or influenced by certain philosophical ideals and values, as exemplified in Nancy Sherman's book about stoic soldiers (Sherman, 2005). As people often occupy multiple subject positions, they are frequently subjected to conflicting ideals. For example, in a memoir written by the soldier Kayla Williams, in which she details her experiences of being a young, female soldier in the U.S. Army, she describes how she resents a superior female officer, who cries in front of her: "You *never* cry in front of a subordinate. Especially if you are a woman in a position of authority. The guys already think we can't handle this. It just not done." (Williams & Staub, 2005, p. 91). She describes how, following an episode where she was sexually harassed by a fellow soldier, she freezes when she overhears another group of guys casually exchange rape jokes while tossing a football (p. 212). She never files an official complaint against the soldier, who harassed her, because, "even if your chain of command encourages females to file sexual harassment claims – to stand up to these kinds of incidents – in reality they are discouraged." (p. 209).[60] And she describes how soldiers are instructed to look out for potential warning signs for suicide in fellow soldiers, to which she comments: "Easy to say. Harder to do. There is a huge stigma in the military about this topic. We are supposed to be tough. We are supposed to be strong. We are never supposed to exhibit weakness." (p. 218). Williams' story exemplifies how she navigates the tensions between various conflicting ideals to be recognized as a competent soldier, e.g., by avoiding crying in public, as such as display of emotion could sow doubt about her competence as a female soldier, while she is also encouraged to be sensitive and responsive to the emotions of her fellow soldiers. Williams also detail how she

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[60] A similar observation is made the book *The Lonely Soldier: The Private War of Women Serving in Iraq* in which Ruth Benedict interviewed five women, who fought in Iraq between 2003 and 2006. Commenting on the subject of military rape, Benedict writes: "Having the courage to report a rape is difficult enough for civilians, where unsympathetic police, victim-blaming myths, and the fear of reprisal prevent 60 percent of rapes from being brought to light. But within the military, reporting is even riskier. (…) And because military culture demands that all soldiers keep their pain and distress to themselves, reporting an assault will make her look weak and cowardly." (Benedict, 2009, p. 7)

frequently had to laugh off sexually explicit comments and propositions from fellow soldiers to be accepted as one of the boys, because to complain, she would test the loyalty of her fellow soldiers – would they be loyal to her or to the soldier, she had complained about? As Williams puts it: "I have to assume that if it comes right down to it, the guys would all back him." (p. 208). What is the most resilient response in this situation? Staying silent might be detrimental to Williams' health, speaking out might have detrimental effects on her performance and ability to function well within the group. As pointed out by Krueger (2011) in a critical comment on the CSF program, official presentations of the program tend to stress the benefits of resilience training to the soldier, who will become "an all-round better person, more self-actualized and better able to withstand challenges" (p. 642), which will in turn benefit the Army by helping preserve operational readiness and fighting power. However, this vision glosses over the structural conflict between the interests of individuals and the interests of the organization, which are exemplified in William's account. In addition, I find that in their emphasis on the promise of resilience with its three underlying rationales around health, optimization, and self-development, positive psychologists make it sound like these are perfectly aligned, which again glosses over the potential conflicts between these desired outcomes and avoids the difficult questions about which one is to be prioritized at the expense of the others.

At a first glance, the techniques promoted by positive psychologists seem quite innocent and mundane, as rather simple means designed to increase human well-being and resilience. For example, when Lang, Schott and I interviewed Amy Adler during our trip to the U.S. in 2017, she recounted meeting with a group of unnamed psychologists, whom she described as having been very vocal critiques of the CSF program. Although Adler did not name these psychologists or detail their critique of the program, it is likely that these objections resembled the critiques articulated in the comments to a special issue on the CSF program in the journal *American Psychologist*, in which some critics argued that this program was a "massive research program" conducted without the required informed consent from its participants (Eidelson et al., 2011, p. 644) and another critic expressed concerns about whether the CSF program would create inhumane soldiers "that can engage in waterboarding or other forms of human degradation without the experience of distress, guilt, or remorse." (Phipps, 2011, p. 641) At this meeting, Adler presented the content and the techniques taught in the CSF program, which Adler characterized as "really, really basic fundamental thinking skills" that highlight that "how you think matters" and "how you think will affect how you feel," which seemed to somewhat deflate the critics, with one unnamed critic reportedly responding: "Oh my god, this is what I teach my high school students." Looking at these techniques, as we have done in this chapter, it seems unlikely that they will contribute to the creation of inhumane soldiers. However, as these techniques are promoted as an antidote to the problems of trauma as in the CSF program, I find

that a different set of critical questions and concerns emerges about how this language of resilience frames the problems of trauma: What are the underlying assumptions about trauma in the CSF program? And how are these ideas situated in the broader history of trauma and in discussions within the field of trauma studies? In other words, we need to critically examine how the language of resilience as promoted by positive psychologists is based on certain assumptions about trauma, and how these seemingly mundane techniques to build resilience affect how trauma is viewed and treated. As I show in the following chapters, there might be several shadow sides to the seemingly apolitical language of strengths, health, and growth that is promoted by positive psychologists, which are not sufficiently acknowledged by its proponents, who tend to represent the language of resilience and strengths as separate from questions about pathology and vulnerability. Thus, having now analyzed the central techniques and theoretical assumptions from positive psychology underlying the CSF program, I now turn my attention to the problems of trauma, which the CSF program was intended to prevent, to analyze how the notion of resilience promoted by positive psychologists is entangled with and speaks to central questions and discussions within the field of trauma studies.

Chapter 6. Revisiting trauma

Although the CSF program was designed as an antidote to the mental health problems associated with exposure to traumatic events, it is striking how there is relatively little mention or discussion of the problems of trauma in official presentations of the CSF program, which instead emphasize the program's focus on building strengths, maintain health, optimize performance, and facilitate growth (e.g., Casey Jr, 2011; Cornum et al., 2011; Seligman, 2011b). In fact, despite promoting resilience training as an antidote to traumatic disorders, Seligman and science of positive psychology appear to have relatively little to say about the problems of trauma. This is perhaps unsurprising, given that the science of positive psychology is primarily concerned with building human strengths and fostering well-being rather than with questions about human suffering and psychological disorders. E.g., when Seligman helped launch positive psychology, he had argued that the substance of positive psychology was to be anchored in the opposite concerns from clinical psychology, namely "the good life – what it is to be healthy and sane, and what humans choose to pursue when they are not suffering or oppressed." (Seligman, 2019, p. 3) The goal of positive psychology, Seligman argued, was to achieve a scientific understanding of human flourishing and to create effective interventions to build thriving and positive qualities in individuals, families and communities, which were in turn assumed to have preventive effects and buffer against mental illness (Seligman, 2011b; Seligman & Csikszentmihalyi, 2000).

In his writings and general presentations of positive psychology and its role in the CSF program, Seligman largely tends to bracket questions about problems of trauma and suffering as a concern for clinicians in charge of treating traumatized individuals, and thus as outside the scope of his expertise. For example, when Seligman visited a large Danish university in 2017, he gave a public lecture about his work on positive psychology, including his work with the U.S. Army on the CSF program. [61] In the Q&A session following this lecture, a man working with veterans asked Seligman to comment on his observation that, coming home from war, many of the veterans he had worked with found it difficult to feel their own bodies and feel their own feelings, to which Seligman replied:

> "I don't think I've got anything ahh useful to say about that. I think one of the consequences of going through a lot of suffering ahh is ahh a hardening ahh and I think that's a consequence of war, a consequence of being a social worker, a consequence of being a

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[61] Seligman, lecture at DPU, Aarhus University, given January 23, 2017. The lecture is available at https://www.youtube.com/watch?v=4bMJ76ZUlO4

teacher and alike, and I don't know how to take an ice axe to the frozen sea inside of you. I don't know how to do it."[62]

Neither the questioner nor Seligman directly mentioned trauma in their brief exchange, but they both seemed to allude to problems related to experiences of trauma and suffering. In his response, Seligman related the observed difficulties with a "hardening" that resulted from people going through a lot of suffering, which he acknowledged might be a consequence of war, as well as of being a teacher or a social worker, but he did not touch upon how or why experiences of suffering might cause such a hardening, or how his resilience-building techniques might help prevent it – rather he simply deflected the question by saying that he did not know how to treat it. At a first glance, this exchange again leaves the impression that Seligman has relatively little to say or offer, when it comes to the problems of trauma and human suffering these create, and that he knows and acknowledges the limits of his own knowledge and expertise. However, having immersed myself in Seligman's writings and listened to this lecture numerous times, I realized that this exchange also exemplified a larger issue related to Seligman's focus on resilience in the CSF program and the techniques that he promotes, in that he tends to describe resilience as an antidote to traumatic suffering and PTSD without engaging with broader questions and discussions related to the problems of trauma.

At the same time, the internal memo from one of the initial meetings between Seligman and representatives from the U.S. Army revealed that one of the central purposes of the CSF program was to "change the story about stress and trauma" by presenting "the overwhelming positive evidence about growth as a result of stress and trauma."[63] To understand how and why resilience is mobilized as a counter-story to trauma in presentations of the CSF program, we need to look at the history of psychological trauma and some of the central questions and discussions in this field. This history is not one that Seligman and other positive psychologists have systematically engaged with or seemed to consider as having any particular importance for their resilience building interventions. However, I find this omission is problematic in several ways. First, by bracketing the history of trauma, positive psychologists have failed to properly consider how their notion of resilience intersects with ongoing discussions within the field of trauma studies, most importantly the debates about the role and centrality of traumatic events. Second, they have failed to critically reflect on the implications of the

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[62] Seligman, lecture at DPU, Aarhus University, given January 23, 2017. The Q&A session is available at https://www.youtube.com/watch?v=ZVeDjiikSEo (Listen to section from 23:50-25:15)

[63] Internal memorandum, "Summary of initial meeting Casey, Seligman, et al." (Department of Defense, 2008). Downloaded on June 22, 2021, from https://thewarhorse.org/wp-content/uploads/2019/10/2.-Strategy-for-CJCS-converted.pdf

central assumptions about trauma underlying their approach to building resilience, namely that traumatic disorders are primarily treated as resulting from a particular mindset rather than from one's exposure to severe traumatic stressors. In other words, by largely bracketing broader discussions about trauma in their approach to building resilience, positive psychologists like Seligman have failed to critically interrogate how their focus on resilience might shape how the problems of trauma are understood by individuals and communities, and how it might influence how people respond to traumatic suffering. The apparent lack of historical awareness and direct engagement with the field of trauma studies is also problematic, because the CSF program is an intervention that targets both individuals and the broader cultural understanding of trauma and resilience, and therefore, program developers need to consider how the program and its central claims are positioned in broader historical and scientific debates around trauma.

The problems of trauma are not just a matter of concern for clinical psychologists in charge of treating traumatic suffering, rather, the way trauma is understood and treated has much broader personal, social, and political implications, as it shapes how both individuals and communities make sense of and respond to traumatic suffering. As McFarlane and Yehuda (1996) have noted, issues around vulnerability and resilience in relation to trauma are highly charged, because they directly affects how trauma survivors are viewed and treated (p. 155). For example, if trauma is primarily seen as a pathology rooted in individual weakness, it can increase the social stigma and suspicion around the problems of trauma. Similarly, if resilience is primarily treated as resulting from individual coping strategies, it can deflect attention from the social, cultural, and political processes, which might also support or undermine human resilience. As building resilience is increasingly being proposed as a solution to a host of psychological and social problems, we have to critically examine how this solution frames the problems it is intended to prevent in a particular way – in my case the problems of trauma. Thus, in this chapter, I explore the changing conceptions of trauma to situate the CSF program and its attempt to change the story about trauma in a broader history about how the problems of trauma have been viewed and treated in the past 100 years. By articulating central discussions and tensions within the field of trauma studies, I examine how Seligman and the CSF program are positioned within these debates, and I join, amplify, and add to a chorus of critiques, which have argued that there are several shadow sides to the resilience training in the CSF program and its use of positive psychology to contribute to and deepen the ongoing discussions about the broader implications of the resilience-building interventions proposed by positive psychologists.

6.1. The changing conceptions of trauma

Like the psychological sciences themselves, the notion of psychological trauma has a long past but a relatively short history (N. Rose, 1996, p. 41). As a phenomenon, trauma is not a new discovery. For example, stories of the impacts of war on soldiers, civilians and societies are as old as civilization itself and can be found in the Greek warrior myths about Achilles and Odysseus (Shay, 1994, 2002). As dryly noted by two prominent trauma researchers, "experiencing trauma is an essential part of being human; history is written in blood." (van der Kolk & McFarlane, 1996, p. 3). Similarly, there is an abundant supply of cultural narratives and depictions of human resilience and perseverance, which are often interwoven with narratives about traumatic events and experiences, e.g., in hero myths and in stories about how people have survived and navigated the aftermaths of war, disasters, and political revolutions. Art and literature have depicted human trauma and the inevitable tragedies of life for centuries, and philosophers have speculated about the nature and pathologies of the human soul and concerned themselves with its strengths and weaknesses. However, the scientific study of psychological trauma is more recent. It was not until the late 19th century and early 20th century that more formal models theorizing the relationships between violent or life-threatening events and psychological and physiological dysfunction began to emerge in American and European psychology and psychiatry.

Over the past 100 years, the understanding and treatment of psychological trauma has changed significantly. Let me exemplify. My grandmother was born in 1924, my mother was born in 1952, and I was born in 1984. If each of us had suffered and struggled to function in the wake of a traumatic experience, e.g., a sexual assault around the age of 18, we would have been viewed and treated very differently. My grandmother would probably have been labelled as hysteric, risked having her sanity and credibility questioned, and possibly been committed to an asylum for the insane. My mother would have been able to seek help and support in the conscious-raising groups that formed as part of the women's movement in the late 1960s, which helped shine a light on sexual violence against women and children, thus turning what had previously been considered a private matter into a political problem in need of collective action (e.g., J. L. Herman, 1997). Had I faced a similar experience, my struggle to function in the aftermath of trauma would have been interpreted through a psychological and medical lens, and I would most likely been referred to a psychologist or a psychiatrist for evaluation and treatment and have received the diagnosis of post-traumatic stress disorder (PTSD). My grandfather was born in 1918, my father was born in 1946 and my brother was born in 1989. If each had served in the army, fought in a war around the age of 18, and shown signs

of distress that interfered with their ability to function following exposure to serious traumatic events, their suffering would also have been viewed and treated very differently. My grandfather would most likely have been treated with suspicion and viewed as potentially malingering or as a coward lacking in moral fiber, and he would either have faced disciplinary actions or have been expected to return to duty after a brief period of rest. [64] My father would probably have been treated in a similar manner. Any short-term reactions he might have suffered would have been regarded as understandable reaction to the acute stress of the battlefield, but any long-term consequences and disturbances in functioning would have been interpreted as resulting from a pre-existing condition or as signs of a weak character, rather than as resulting from the traumatic nature of war. This, however, would have changed by the time my brother would have gone to war, because, by then, the anti-war movement of the late 1960's and the suffering of veterans from the Vietnam war had played a formative role in the development of the PTSD diagnosis, and much like myself, my brother would probably have received the psychiatric diagnosis of PTSD and been offered medical or psychological treatment.

Looking at the past 100 years, we can see how our contemporary understanding of psychological trauma is largely built on a synthesis of three central lines of investigation: the studies of hysterical women in the 1890s (by men like Charcot, Freud and Janet); the studies of soldiers beginning after WW1 and leading up to the present days; and the studies of sexual and domestic violence against women and children, which gained momentum with the Women's movements in the 1960's and carried onwards (J. L. Herman, 1997, p. 9). Add to this the studies of Holocaust survivors after the WW2, and you get a sense of the social and political events and subsequent challenges that led to the development of the PTSD diagnosis, which has now become the dominant lens through which we approach the problem of psychological trauma in Western psychiatry and in Western societies (Fassin & Rechtman, 2009). This history illustrates how the shifting conceptions of trauma has been shaped and influenced by the various social, material, and political contexts, in which they have occurred.

At the same time, the study of psychological trauma has a curious history, which J. L. Herman (1997) has described as being characterized by episodic amnesia, where periods of active investigations have alternated with periods of oblivion (p. 7). Ben Shephard, a historian of military psychiatry, has also noticed a similar recurrent cycle with war neurosis and how this problem was first denied, then exaggerated, then understood, and, finally, forgotten (Shephard, 2000, p. xxii). In addition, when

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[64] Forward psychiatry was developed during WW1, and relied on three principles: proximity to battle, immediacy, and expectation of recovery, subsequently given the acronym "PIE" (Jones & Wessely, 2003).

writing her genealogy of the concept of trauma, Ruth Leys, a historian of science, also noticed that the shifting theorizations of psychological trauma was characterized by certain structural repetitions, which she described as the tendency for certain theoretical and empirical difficulties to surface again and again at different historical moments (Leys & Goldman, 2010, p. 657). According to J. L. Herman (1997), an important part of this strange dynamic of remembering and forgetting has to do with a central question, which continues to haunt the field of trauma studies:

> "Throughout the history of the field, dispute has raged over whether patients with posttraumatic conditions are entitled to care and respect or deserving of contempt, whether they are genuinely suffering or malingering, whether their histories are true or false, and, if false, whether imagined or maliciously fabricated. In spite of a vast literature documenting the phenomena of psychological trauma, debate still centers on the basic question of whether these phenomena are credible and real." (J. L. Herman, 1997, p. 8)

In addition, the systematic study of psychological trauma seems to have been heavily influenced by its changing social, cultural, and political contexts. J. L. Herman (1997) has argued that advances in the field of trauma studies have largely depends on the support of political movements, which have been powerful enough to legitimate an alliance between investigators and patients, and which could "counteract the ordinary social processes of silencing and denial" (p. 9). For example, the study of shell shock, which began in England and in the United States after the First World War and reached its peak after the Vietnam War, was influenced by the growth of a political antiwar movement, and the study of sexual and domestic violence took place in the political context of the feminist movement in Western Europe and North America (p. 9). In addition to documenting pervasive sexual violence, the feminist movement also changed the language around rape by describing rape as a crime of violence, rather than as a sexual act, and it initiated a new social response to victims, e.g., by establishing grass-root agencies, which offered practical, legal, and emotional support to rape victims (pp. 30-31). In her work, Herman has shown how the field of knowledge around trauma is deeply entangled with political processes that sustain it, because, in "the absence of strong political movements for human rights, the active process of bearing witness inevitably gives way to the active process of forgetting. Repression, dissociation, and denial are phenomena of social as well as individual consciousness." (p. 9). A related observation has been made by Kirmayer, Robert, and Barad (2007), who have argued that the history of trauma is not simply a story of scientific, medical, and psychiatric progress toward greater clarity about and a fixed meaning of the concept of trauma, but rather a matter of changing social constructions of experiences, in the context of particular clinical, cultural, and political ideologies (p. 4).

Although the interest in psychological trauma has waxed and waned over the past 100 years, there has been a growing attention to psychological trauma as a contributing factor in the development of psychiatric disorders, and today, trauma is mainly understood and treated as a mental health problem. According to Bessel van der Kolk, who is a professor in psychiatry and a prominent trauma researcher, "the human response to psychological trauma is one of the most important public health problems in the world" (van der Kolk, 2000, p. 7). In addition, over the past fifty years, the notion of psychological trauma has become a powerful social, cultural, and political influences, especially in Western societies. E.g., in their book *The Empire of Trauma*, Fassin and Rechtman (2009) argues that the concept of trauma has become a major signifier of our age, as it has become deeply entrenched in our intellectual and emotional world. Today, the notion of psychological trauma – and the diagnostic category of PTSD in particular – has become part of our everyday language, where it serves to relate present suffering to past experiences and provides a common vocabulary through which to talk about the destructive effects of traumatic events such as rape, genocide, torture, slavery, terrorist attacks, natural disasters, poverty, violence, and warfare. As a result, various forms of psychological knowledge, expertise, and techniques have increasingly been mobilized in the aftermath of traumatic event to prevent and treat the mental health problems associated with exposure to a variety of traumatic events.

In the following sections, I offer a brief history of war-related trauma focused on how traumatic conditions have been viewed and treated over the past 100 years, as this history reveals how the CSF program, which has been presented as a novel and groundbreaking approach to preventing the problems associated with trauma, actually resonates with earlier conceptions of trauma, which described traumatic conditions as primarily resulting from a preexisting individual weakness or vulnerability. This history also shows the tensions and historical fluctuations between the struggles for recognition and legitimization of posttraumatic conditions and the worries about unduly pathologizing human responses to trauma, which I use to point to the danger that the notion of resilience promoted by positive psychologists may inadvertently contribute negatively to the social processes of silencing and denial described by J. L. Herman (1997).

6.2. A brief history of war-related trauma

Trauma is a deceptively simple word. In medicine, the word trauma was originally used to denote a physical wound or injury, something like a broken bone, a damaged spine, a punctured lung, or a

fractured skull, but in the late 19ᵗʰ century, medical doctors grappling with the traumatic effects of disasters and warfare introduced several new concepts related to traumatic injuries and disorders, which led to a more systematic study of and an increased focus on psychological trauma. These included the concept of *railway spine* as introduced by the British doctor John Eric Erichsen (1866) to describe post-traumatic symptoms of passengers involved in railroad accidents; the concepts of *irritable heart* and *soldier's heart*, e.g. as described by the American physician Jacob Mendez Da Costa (1871) in the context of the American civil war; and the concept of *traumatic neurosis* introduced around 1889 by the German doctor Hermann Oppenheim, who later took part in the heated discussions around how to understand and define *war neurosis* during World War I (Holdorff & Dening, 2011). Around the same time, a related line of research emerged at the Salpêtrière hospital in Paris, where Jean-Martin Charcot and Pierre Janet pointed to traumatic experiences as the origin of hysterical and dissociative symptoms (Lamprecht & Sack, 2002), and in the concurrent work in Vienna by Sigmund Freud and Joseph Breuer, who formulated a theory of hysteria as a condition caused by psychological trauma (J. L. Herman, 1997).

The growing scientific attention to traumatic suffering spurred a heated medical debate concerning the causes of the observed disorders. Was traumatic suffering caused by an underlying organic disturbance manifesting in psychological symptoms, or were the physical symptoms reported by trauma victims primarily rooted in a psychological disturbance or disorder? There were controversy, for example, as to whether the suffering experienced by railway accident victims was caused by some sort of physical injury to the body, or whether it was hysterical or psychological in nature (Shephard, 2000, p. 16). While some doctors like Erichsen, Da Costa and Oppenheim largely favored neurological explanations of the observed syndromes, others such as Charcot, Janet and Freud proposed psychological accounts of traumatic syndromes, and they argued that the inflicted patients were likely to suffer from hysteria or that the syndrome had been produced by a psychological trauma that was too difficult to process for the afflicted (Kienzler, 2008).

The question about the etiology of trauma has haunted the field of trauma studies since its early beginnings and continues to haunt it to this day. The study of military trauma provides a good example of this controversy. During World War I, strange cases began arriving at hospitals and stations that were treating casualties of the British Army. These afflicted soldiers had not suffered any obvious physical wounds, but they nevertheless displayed a range of functional physical symptoms – some were unable to see, speak, smell or taste properly; some were unable to stand; some had lost their memories; some vomited uncontrollably; and many suffered from 'the shakes' (Shephard, 2000). In 1913, there were still no specialist neurologists or psychiatrists in the British Royal Army Medical

Corps (Shephard, 2000, p. 17), and at the time, the emerging scientific knowledge on trauma had not yet been institutionalized, so no one was quite sure how to understand these symptoms, nor how they should be treated. In 1915, the physician Charles S. Myers wrote a paper introducing the concept of shell shock, in which he described three cases, where symptoms like the ones described above had followed from being in close proximity of an exploding shell (Myers, 1915). However, the origins of shell shock were still not well understood and different explanations were offered. Some thought the afflicted men had suffering some sort of (yet undetected) damage to their nervous system, while others theorized that the symptoms were a result of a strong emotional shock. Initially, many physicians lent towards an organic explanation of shell shock, but when it became clear that many of the soldiers exhibiting symptoms associated with shell shock had not been close to an explosion (some had not even been exposed to combat), other explanations began gaining ground. For example, some proposed that the intense stress of battle (or its immediate prospect) as a causal factors, thus shifting the focus from organic explanations towards psychological explanations (Jones & Wessely, 2006).

The emerging psychological explanations of shell shock included the idea that soldiers, who suffered from shell shock, had become unable to cope with the strain of combat due to an inherent vulnerability to stress due to their genetics or their family histories (Jones & Wessely, 2014), while others proposed that shell shock was as a disorder of the will, which could be cured using disciplinary measures (Weisaeth, 2014). Yet others proposed a social explanation of shell shock, emphasizing that because shell shock presented itself as an organic illness, it could provide a legitimate escape route for war-weary soldiers, thus emphasizing more conscious motivations as opposed to the unconscious motivations often emphasized in psychoanalytical explanations (Jones & Wessely, 2014). These different explanations were not just of scientific interest but had a wide range of potential consequences. When symptoms where accepted as somatic, they protected the soldier's life and self-esteem (Weisaeth, 2014), but as the psychological and social explanation of shell shock started gaining ground, this also shifted how shell shocked soldiers were viewed and treated, as the emerging knowledge about psychological trauma became entangled with moral discussions around cowardice and malingering (Jones & Wessely, 2006). As the psychological explanations started gaining ground, the moral qualities of traumatized soldiers came under scrutiny and symptoms of traumatization were increasingly considered as sign of lack of national pride or as revealing a pre-existing weakness in the soldier's character (Fassin & Rechtman, 2009). As a result, the affliction became a source of stigma and an almost forbidden term (Shephard, 2000, p. 54).

The idea that traumatic conditions were motivated by personal advantage subsequently led social and medical responses to treat traumatized soldiers with suspicion, and armies' health services increasingly began to treat soldiers as "psychic deserters" instead of as psychologically wounded (Fassin & Rechtman, 2009, p. 45). The assumed link between traumatic symptoms and a weak character also led to the development of disciplinary therapies during World War I. The idea was that to persuade a soldier to overcome his symptoms and resume his soldierly duties, the consequences of the symptoms had to be painful if the symptom was to be given up, and therefore, some doctors gave soldiers electric shocks or subcutaneous injections of ether, both of which were extremely painful (McFarlane, 2000, p. 20). These disciplinary therapies assumed that traumatic symptoms could be tamed, controlled, or overcome through willpower and persuasion, and in order to transform the hysterical trauma victims into healthy soldiers, pain was administered to force malingerers to admit their deception and to persuade patients, who had otherwise "refused" to get better to "give up their symptoms", to abandon their "resistance to recovery," and to return to combat (Fassin & Rechtman, 2009, p. 48).

These disciplinary therapies sound unusually cruel by today's standards, and far from all doctors resorted to such methods. However, they illustrate a more general point in that many of the treatment methods developed at the time did not target the soldiers' symptoms (such as anxiety, paralysis, and sleep disturbances). Instead, these interventions largely targeted a soldier's personality and his assumed weak character, which were assumed to be the primary cause of his condition, by imposing a sometimes violent discipline on his body and mind to strengthen his will and moral fiber (Fassin & Rechtman, 2009, pp. 48-50). These disciplinary therapies also exemplify how the practices of war psychiatrists during World War I developed at an intersection between medicine and discipline, which mobilized both medical and moral discourses about trauma. Many experts at the time saw traumatized soldiers as suffering from "moral inferiority" and as being "moral invalids," and rather than being seen as patients in need of treatment and care, the afflicted soldiers risked facing a dishonorable discharge or being shot for cowardice (McFarlane, 2000, p. 19). In other words, traumatic conditions were largely understood as a problem resulting from an individual lack of discipline and moral courage, and treatments largely focused on individual characteristics of the soldiers, which were thought to be the source of his weakness, rather than on his situation or on the traumatic events themselves.

The horrors of World War II sparked a revival of medical interest in war-related trauma and led to an increase in studies on the effects of trauma on both military personnel and civilians (Kinzie & Goetz, 1996). However, the etiology of traumatic symptoms remained controversial. The assumption that

stress neurosis was a result of an unstable personality or rooted in preexisting mental illness lingered, although it was also increasingly acknowledged that even people with sound personalities could break, if the severity of combat exposure and stressors were severe enough (J. L. Herman, 1997; Kinzie & Goetz, 1996). The growing recognition that everyone has a breaking point was important, as it led to an increased focus on the role of traumatic stressors, which was reflected in the ways posttraumatic conditions were described and treated. E.g., during World War II, the notion of shell shock increasingly came to be replaced with terms such as "battle fatigue" and "exhaustion," which both reflected a psychological, rather than biological, understanding of posttraumatic conditions (Nash, 2007). These emerging concepts served to somewhat destigmatize and de-medicalize stress reactions in combat. For example, when the term "exhaustion" was adopted by the British military in 1942 and used to describe psychiatric casualties of war, the term was chosen to avoid medical terminology and used to imply that it was a temporary state, which would resolve itself after a short respite from combat (Jones & Wessely, 2014, p. 1710).

The expectation that most posttraumatic conditions would resolve themselves, if soldiers were given time to rest was also reflected in the approach known as "forward psychiatry," which had been devised by the French during World War I as a treatment for shell shock, and which was readopted by US and UK forces during World War II as a battlefield intervention to preserve manpower and manage combat stress reactions (Jones & Wessely, 2014). Referring to psychiatry conducted close to the front, forward psychiatry was based on the core principles of *Proximity*, *Immediacy* and *Expectation* of recovery, which was given the acronym "PIE" (Jones & Wessely, 2003). These principles stated that, rather than being evacuated and sent home for treatment, afflicted soldiers should be kept in the militarized zone and treated close to the combat zone (proximity), this was to happen as soon as possible after the onset of symptoms (immediacy), with the expectation that the affliction was only temporary and that soldiers would soon recover and be able to return to combat. This frontline intervention was largely a form of modified convalescence, and agitated soldiers were calmed using sedatives to help them sleep, they were well fed, and it also included physical training and teamwork exercises that were designed to restore the soldiers' confidence and ability to perform their duties (Jones & Wessely, 2005). The approach also involved persuasion and suggestion with the aim of getting soldiers to return to their units and resume their fighting duty as soon as possible. As such, the principles of forward psychiatry resonated with the goal of disciplinary therapies, which also focused on getting soldiers to abandon their symptoms and resume their duties, and according to Jones and Wessely (2003), the principal aim of this treatment was to return soldiers to their duties rather than to address their mental state (p. 414). However, while the principles of forward psychiatry became accepted doctrine in military psychiatry, where it was used to treat combat stress reactions

from World War II and onwards, subsequent evaluations questioned the effectiveness of the principles of forward psychiatry, both as a treatment for acute stress reactions and as a preventive strategy for chronic disorders such as PTSD (Jones & Wessely, 2003). E.g., while some argued that the method helped conserve the fighting strength of militaries, others questioned whether the approach mainly served the needs of the military the expense of the therapeutic needs of individual soldiers (Jones & Wessely, 2003).

The principles of forward psychiatry were largely based on the expectation that most soldiers would be resilient, and that disturbances in functioning caused by combat stress reactions would the brief and followed by a return to normal functioning. While it was generally accepted that everyone could break down following World War II, the general assumption lingered that "only those with a constitutional vulnerability would not recover quite naturally once removed from danger." (Jones & Wessely, 2007, p. 170) In other words, it was generally assumed that combat stress reactions would only lead to prolonged suffering and chronic dysfunction in abnormal individuals. Thus, for a long time, it was assumed that if otherwise healthy individuals struggled to function in the wake of life-threatening events, their suffering would resolve naturally, like a self-healing wound, and thus would have no long-term effects (Jones & Wessely, 2007, p. 164), while any prolonged suffering and dysfunction in the wake of traumatic experiences was considered an abnormal response that resulted from a preexisting disorder or individual vulnerability rather than from an individual's exposure to traumatic stressors.

6.3. The creation of the PTSD diagnosis: A normal response to abnormal events

In their book *The Empire of Trauma*, Fassin and Rechtman (2009) argues that when the notion of psychological trauma first appeared, the central question, which society called upon psychologists and psychiatrists to answer, was not about the effects of trauma nor what psychological mechanisms that could explain it, rather, the question was 'who are these traumatized people?' and, thus, for a century, a traumatized individual was seen as constitutionally different from others, as someone who was "weak, dishonest, perhaps a phony or a profiteer." (p. 23) However, the anti-war movement in the 1960s and 1970s and the social and political aftermath of the Vietnam War, which included a growing focus on a "Post-Vietnam Syndrome" in some American Vietnam veterans, helped pave the way for the subsequent creation and inclusion of the PTSD diagnosis in the *Diagnostic and Statistical*

Manual of Mental Disorders (DSM-III) in 1980, a diagnosis, which marked the beginning of a paradigm shift in how psychological trauma was viewed and treated (e.g., Bloom, 2000; Scott, 1990).

In earlier editions of the DSM, war-related trauma had received little or no recognition. The DMS-I from 1952 included a category called "gross stress reaction," which was defined as a stress syndrome resulting from exceptional physical or mental stress (such as combat or natural disasters) that occurred in otherwise normal people and which subsided in days to weeks; if disorder persisted after the afflicted individual had been removed from the stressful situation, another diagnosis should be made (Andreasen, 2010). Following this definition, the principles of Proximity, Immediacy and Expectation in forward psychiatry made perfect sense and seemed an adequate response to the problems of combat-related stress. However, there were also cases of soldiers with a different symptomology, where reactions did not occur on the battlefield, but erupted afterwards, which suggested a need for a different diagnosis that recognized that the intense stressors of war could produce delayed or chronic reactions (Scott, 1990).

When the American Psychiatric Association published the DSM-II in 1968, "gross stress reaction" was dropped from the nomenclature, and therefore this manual no longer contained any specific listing for a psychiatric disorder for war-related trauma. According to Scott (1990), this was likely due to the fact that those, who wrote the DSM-II, had little or none first-hand experience with the so-called war neurosis observed in veterans from World War II, and indications from respected psychiatrists working with Vietnam veterans suggested that their conditions were sufficiently covered by other existing diagnosis in in the manual. As a result, Vietnam veterans, who presented with post-traumatic psychiatric symptoms, were diagnosed as suffering from depression, paranoid schizophrenia, or character and behavior disorders (Bloom, 2000). This added to the stigmatization already experienced by these veterans, whom the media often portrayed as "dangerous psychotic freaks, murderers, and rapists" (Bloom, 2000, p. 31). Having fought a historically unpopular war, Vietnam veterans were not warmly welcomed as heroes, instead, they were often vilified and treated like social pariahs (Witztum & Kotler, 2000, p. 104). In the absence of an official diagnosis linking traumatic experiences with subsequent psychiatric symptoms, the problems of these suffering veterans were largely conceived as matters of an underlying individual pathology instead of as resulting from exposure to severe combat stress.

However, when the PTSD diagnosis was created and included on the DSM-III in 1980, it signaled a significant change in the way psychological trauma and traumatized individuals were viewed and understood, because the diagnosis stipulated that the etiological agent was outside the individual (i.e.,

the traumatic event). "With the recognition of PTSD, primary causation transferred to the terrifying experience and any exposed individual was largely absolved from blame or responsibility." (Jones & Wessely, 2007, p. 165). Before the creation of the PTSD diagnosis, psychiatrists and other mental health professionals had mostly viewed the onset and persistence of combat-related disorders as resulting from the victims' predispositions, e.g., their genetic make-up, personal history, or preexisting disorders, or from malingering, e.g., their desire to avoid service or secure a pension (e.g., McFarlane, 2000; Young, 1995). For example, when Lang, Schott, and I interviewed Nash during our trip to the U.S. in 2018, he recounted his early encounters with Vietnam veterans and how they were viewed as basically suffering from personality disorders by the medical profession in the 1970s and 1980's: "that was kind of the way we saw Vietnam veterans, as a bunch of jerks. They were a bunch of dirt bags. We thought they always were, right." But as the PTSD diagnosis affirmed that even so-called normal personalities could develop PTSD, if the traumatic stressor was severe enough, it effectively marked an end to the suspicion that had previous attached itself to traumatic conditions (Fassin & Rechtman, 2009), and the focus on the event and its overwhelming, stress-inducing effects helped undermine "morally questionable line of clinical reasoning that, in hindsight, amounted to victim-blaming." (Koch, 2019, p. 214) In addition, the recognition of PTSD as a legitimate psychiatric diagnosis opened the door to the scientific investigation of the many notions and popular prejudices about the aftermath of trauma (van der Kolk & McFarlane, 1996). From a psychiatric standpoint, the PTSD diagnosis offered an observational framework for studying the effects of stress and trauma; from a social, moral and political standpoint, the PTSD diagnosis has aided the recognition of the rights and needs of victims previously stigmatized, misunderstood, or ignored by the mental health field (Yehuda & McFarlane, 1995).

When the DSM-III was created, it was advertised as atheoretical in regard to etiology, and it was meant to be equally applicable to the biological, psychological, and social models of treatment (Frances, 2013). As such, the DSM was simply a classification system, which provided a standardized vocabulary for mental disorders, while leaving the door open for competing understandings of the causes of mental disorders as well as competing models of treatment. In other words, the PTSD diagnosis is descriptive; it does not contain etiological theories about trauma, nor does it offer a theoretical understanding of the problems of trauma. But the field of trauma studies has largely adopted a biopsychosocial approach, which sees PTSD as a consequence of the interaction between an individual's susceptibility, a traumatogenic factor (stressor), and the social context. According to Kudler (2000), this flexible perspective on PTSD focuses on the complex interactions of biological, psychological, and social systems, and it frees researchers and clinicians from "obsessive concerns

about single etiologic agents or about biological, psychological, and/or social flaws that allow the pathogen in." (p. 9)

However, the PTSD diagnosis differed from all other DSM disorders in that the diagnosis required a specific etiological event: the exposure to a traumatic stressor (McNally, 2004). In the DSM-III, PTSD was defined by two main criteria: exposure to a psychologically traumatic events (the stressor criterion), and a set of psychiatric symptoms that developed because of this exposure, e.g., re-experiencing of the event, numbing of responsiveness or reduced involvement with the external worlds, and a variety of autonomic, dysphoric, or cognitive symptoms (American Psychiatric Assocation, 1980, p. 236). According to the formulation found in the DSM-III, PTSD was caused by a stressor that "would evoke significant symptoms of distress in most people" and which was "generally outside the range of such common experiences as simple bereavement, chronic illness, business losses, or marital conflict." (Ibid.) In other words, the stressor had to be considered so severe that it would produce significant symptoms in almost anyone, a definition that encompassed different prototypical stressors such as combat, death camps, industrial accidents, natural disasters, mass catastrophes, and violent acts against individuals (Andreasen, 2010, p. 69).

Despite the formal recognition of psychological trauma within the diagnostic canon, the PTSD diagnosis has remained controversial. A central point of controversy concerns the question about what constitutes a traumatic event. When the DSM was revised in 1987, the new version called DSM-III-R broadened the definition of the stressor, which was no longer defined as so severe that it would produce symptoms in everyone; instead, it now emphasized the psychological nature of the event and minimized its physical components (Andreasen, 2010). For example, in the DSM-III-R, the list of traumatic stressors also included witnessing or learning about one's family or close friends being exposed to serious dangers, as well as being directly exposed to such dangers oneself (McNally, 2004). This revised definition emphasized the subjective appraisal of an event – that a person subjectively *experiences* an event as traumatic – thus broadening what could count as a traumatic event, when considering whether a symptomatic individual could receive the PTSD diagnosis or not. This broad stressor criterion remained (with few modifications) in subsequent revisions of the DSM. E.g., when the DSM-IV was completed in 1994, the stressor criterion was broadened even further, as it dropped the requirement that a traumatic stressor had to be an event outside the range of usual human experience, because it was unclear what constituted "usual" human experience and because many of the events triggering PTSD such as rape and criminal assaults were far from uncommon (McNally, 2004, p. 3).

These revisions of the stressor criterion in the PTSD diagnosis might sound like a mere technical matter primarily of interest to clinicians and epidemiologists, but this broadening of what constitute a traumatic stressor has been the subject of heated debates, in which several critics have argued that the expansion of the stressor criterion has resulted in a conceptual bracket creep in the definition of trauma, by which they mean a seemingly endless expansion of what can count as trauma, which has both clinical, social, and political implications (e.g., Haslam, 2016; McNally, 2004; McNally, 2016a). One of the most prominent critics of the conceptual bracket creep in the PTSD diagnosis is Richard J. McNally, a clinical psychologist, trauma researcher, and professor at Harvard University. According to McNally (2011), there are three central problems with this bracket creep. First, it increases the heterogeneity among people potentially qualifying for a PTSD diagnosis, which makes it very difficult to elucidate the psychobiological mechanisms mediating symptom expression. As the stressor criterion has broadened, so have the group of people who might qualify as victims of trauma. For example, the PTSD diagnosis has been given to people who have been exposed to rude jokes in the workplace or who have had a wisdom tooth extracted, and who subsequently exhibited sufficient symptoms of PTSD to qualify for the disorder (McNally, 2011, p. 62). However, McNally argues, the psychobiology of dental trauma and the trauma suffered in death camps and in combat is likely to differ dramatically. A similar critique has been articulated by John Ehrenreich, who has argued that the concept of psychological trauma is deeply problematic, because it conflates responses to relatively circumscribed events such as house fires, muggings, car accidents, and natural disasters such as floods or car accidents with responses to events that entail more extreme, prolonged, repeated experiences of trauma such as war trauma, repeated physical and/or sexual abuse, and political torture (J. H. Ehrenreich, 2003). According to Ehrenreich, the use of a single construct to describe such a broad range of events and experiences makes no sense from a psychological, human, and moral perspective (p. 16).

The second problem concerns the role of the traumatic stressor:

> "... the more we expand the concept of trauma, the less plausibly we can attribute causal significance to the stressor itself, and the more we must emphasize vulnerability factors in the emergence of PTSD. Of course, risk factors are important for any disorder, including PTSD. Yet one consequence of bracket creep is a background-foreground inversion whereby risk factors dominate the causal foreground, and the stressor itself recedes into the background." (McNally, 2011, p. 63)

If the variance in outcome following exposure to traumatic events is primarily attributed to preexisting individual vulnerability or mental disorder rather than to the objective severity of the traumatic stressor, then the justification for the PTSD diagnosis disappears (p. 63). As a result, the

stigma and suspicion that have historically attached themselves to traumatic disorders might reappear and increase, and the already tricky questions about responsibility and compensation become even more complicated.

Third, McNally has expressed concern that, by including stressors, which were previously considered a normal part of ordinary life, we might "wind up undermining resilience in the face of adversity." (McNally, 2011, p. 63). A similar critique has been articulated by Ben Shephard (2004), a military historian, who has argued that by medicalizing the human response to stressful situations, psychiatrists "have created a culture of trauma and thus undermined the general capacity to resist trauma" (p. 57). According to Shephard, the unitary concept of trauma found in the PTSD diagnosis has long outlived its purpose and should be dismantled, because: "Any unit of classification that simultaneously encompasses the experience of surviving Auschwitz and that of being told rude jokes at work must, by any reasonable lay standard, be a nonsense, a patent absurdity." (p. 57). While Shephard does recognize that traumatic events can have profound long-term psychophysiological consequences for some people, he believes the large focus on trauma has come to overshadow the fact that most people "are extraordinarily resilient" (p. 56).

Related concerns have been raised by resilience researchers, who have argued that trauma researchers have tended to underestimate human resilience. For example, George Bonanno, a professor in clinical psychology especially known for his work on grief and resilience, has argued that experts on grief and trauma have tended to underestimate human resilience following potentially traumatic experiences (Bonanno, 2004, 2005, 2009). According to Bonanno (2004), researchers working with grief and trauma "have often underestimated and misunderstood resilience, viewing it either as a pathological state or as something seen only in rare and exceptionally healthy individuals." (p. 20)[65] Because the research literature on how adult cope with adverse life events have historically been dominated by research on PTSD and chronic grief, such reactions have generally come to be viewed as the norm (Bonanno, 2004, p. 22). As a result, bereavement theorists have tended to treat individuals who did not display profound distress following loss as rare or as suffering from pathological forms of absent grief, and although trauma researchers have been less suspicious about the absence of PTSD, they have often tended to underestimate or ignore resilience (p. 22). But these

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[65] This latter characterization mirrors the early ideas about resilience found in the field of developmental psychopathology, where resilient children were described as being invulnerable and as possessing an extraordinary inner strength (e.g., Garmezy, 1971), which was challenged by later resilience research, which underlined the *ordinariness* of resilience phenomena (e.g., Masten, 2001, 2014).

assumptions have been challenged by an increasing body of research on resilience[66] and by recent historical events. E.g., in the aftermath of the terrorist attacks on 9/11, many mental health professionals predicted that residents in New York City (and possibly the rest of America) would be hit by an epidemic of mental illness, and the U.S. government quickly authorized funds to treat the 2.5 million New Yorkers, who were believed to require psychological treatment in the aftermath of the attacks (Breslau & McNally, 2006). However, the predicted epidemic of mental health problems never materialized, which some interpreted as evidence of how mental health experts have underestimated the pervasiveness of human resilience (e.g., Bonanno, Galea, Bucciarelli, & Vlahov, 2006).

Underlying these critiques is a general concern that the expanding notion of trauma has resulted in a pathologization of forms of suffering and distress, which were previously considered a normal part of ordinary life. As such, these critiques raise interesting questions about both the medicalization of trauma and the growing cultural influence of psychological science, which resonate with the first line of critique that I described in chapter 3.1, in that they tend to portray the expanding notion of trauma as having a corrosive effect on human resilience. However, while these critics all express concern that the increasing focus on and medicalization of traumatic suffering might wind up undermining human resilience, they differ in their explanations as to why that is. McNally offers a partial explanation in the form of a hypothesis, which states that what counts as a traumatic stressor depends on the context of one's environment, and thus, "the relatively greater comfort, safety, health, and well-being of the 21st-century world may have rendered us less resilient to stressors far less psychologically toxic than the ones occurring during World War II." (McNally, 2012b, p. 224). Or, as he puts it elsewhere: "Perhaps the better things get, the more sensitive we become." (McNally, 2016a, p. 47) For Shephard (2000), the issue seems to be a different one, as he berates the therapy industry for having created a dependency on medical expertise in the management of trauma, which he worries might undermine support for people's own strength of will to overcome hardship and trauma (p. 398). Thus, for Shephard, the problem seems to be the growing social and cultural sensibilities towards problems related to stress and trauma, as he believes that this sensibility has cultivated a sense of vulnerability and passive victimhood, which undermines people's resilience. Shephard's critique bears a strong resemblance to the broader critique advanced by the sociologist Frank Furedi (2004b), who has argued that, as the therapeutic vocabulary around stress and trauma has become an integral part of our cultural imagination, it has brought with it new cultural attitudes and expectations. One such expectation, Furedi argues, is that people "cannot emotionally cope with a growing range of encounters, experiences and relationships" (Furedi, 2004b, p. 5). As a result, experiences that were

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[66] E.g., the works of Ann S. Masten, who has emphasized the ordinariness of resilience (Masten, 2001, 2014).

previously considered a normal part of life have been redefined as potentially damaging, thus positioning an increasing number of people as victims potentially in need of therapeutic intervention.

> "Today we fear that individuals lack the resilience to deal with feelings of isolation, disappointment and failure. Through pathologizing negative emotional responses to the pressures of life, contemporary culture unwittingly encourages people to feel traumatized and depressed by experiences hitherto regarded as routine." (Furedi, 2004b, p. 6).

According to Shephard and Furedi, we have become overly focused on vulnerability, weakness, and disorder, which they worry might in turn cultivate a sense of emotional vulnerability, powerlessness, and helplessness in people. These critiques also resonate with the writings of Seligman, who has argued that the science of positive psychology serves as an important corrective to 'traditional psychology', which he described as characterized by an almost exclusive attention to pathology (e.g., Seligman & Csikszentmihalyi, 2000). Psychology, he argued, had turned into a victimology, and psychologists had become overly occupied with assessing and treating individual disorders or deficits, thus emphasizing human weaknesses at the expense of understanding human strengths (p. 6). Thus, underlying the critiques articulated by Shephard, Furedi, and Seligman is a shared concern that the expanding notion of trauma has become a pervasive cultural influence, which has influenced broader cultural script around personhood by emphasizing vulnerability and disorder at the expense of human strengths and resilience, thus promoting a culture of victimhood. And to counter what these critics see as an increasingly pervasive culture of trauma and victimhood, they mobilize the notion of resilience as a counter-narrative to promote a different cultural script around personhood, which emphasizes the importance of character, personal responsibility, self-control, and self-improvement.

Looking at the official presentations of the CSF program, I also found that the concern that the large focus on trauma might undermine human resilience featured prominently as part of the rationale behind the program. For example, in his book *Flourish*, Seligman writes:

> "If all a soldier knows about is PTSD, and not about resilience and growth, it creates a self-fulfilling downward spiral. Your buddy was killed yesterday in Afghanistan. Today you burst into tears, and you think, *I'm falling apart; I've got PTSD; my life is ruined*. These thoughts increase the symptoms of anxiety and depression – indeed, PTSD is a particular nasty combination of anxiety and depression – which in turn increases the intensity of the symptoms. Merely knowing that bursting into tears is not a symptom of PTSD but a symptom of normal grief and mourning, usually followed by resilience, helps to put the brakes on the downward spiral." (Seligman, 2011b, p. 158)

The worry that the large focus on trauma can become a self-fulfilling prophecy or the dominant story about veterans is also echoed in debates within the military. In his book *Head Strong: How psychology*

is revolutionizing war, Michael D. Matthews, a Professor of Engineering Psychology at the United States Military Academy, describes a survey that was conducted among 100 of his West Point cadets, which showed that while most of these cadets knew a lot about the pathology of war, and expected to be vulnerable to develop PTSD in the future, most were not aware that soldiers might also experience posttraumatic growth following experiences of trauma and adversity (Matthews, 2014, pp. 73-74). Matthews worried that because the military, media, and psychological science had mainly focused on the problems of trauma such as PTSD and other related disorders, this might lead soldiers to label normal reactions to trauma as pathological and to wrongly see themselves as mentally ill. A similar message was sent by the former US Defense Minister James N. Mattis[67] in a talk from 2014, where he was asked about the biggest misperception of veterans. In response to this question, General Mattis (Ret.) answered:

> "I think the biggest misperception is that somehow, we are damaged by this. (…) If our view of the veterans is one of disease-orientation and post-traumatic stress syndrome, of disorder, if you assume that there is something wrong with people, if you do it long enough, expectations are very strong. There is also something called posttraumatic growth, where you come out of a situation like that, and you actually feel kinder toward your fellow man and fellow woman, that you are actually a better husband and father. You actually have a closer relationship with your God. You do not have to go around apologizing if there is some rage in you. Although if we tell our veterans enough that this is what is wrong with them, they may actually start believing it. I would just say there is one misperception of our veterans, and that is they are somehow damaged goods. I don't buy it and I think that that kind of self-pity, while victimhood in America is exalted, I don't think our veterans should join those ranks." James N. Mattis[68]

In his response, Mattis suggested that the medical model of trauma has become such a pervasive cultural influence that normal feelings of sadness or anger might be interpreted as symptoms of PTSD and unduly pathologized. To counter the view of soldiers as potentially damaged by traumatic experiences, Mattis mobilized the notion of posttraumatic growth, which also features prominently as one of the rationales underlying the creation of the CSF program (e.g., Seligman, 2011b; Seligman & Fowler, 2011; Tedeschi & McNally, 2011). Recall the internal memo from one of the initial meetings between General George W. Casey, Martin Seligman, and other military representatives, which revealed that one of the stated purposes of the CSF program was to "change the story about stress and trauma" by presenting "the overwhelming positive evidence about growth as a result of stress

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[67] James N. Mattis is a retired four-star General from the U.S. Marine Corp, who served as the US Secretary of Defense from January 2017 to January 2019. During his 44 years in the Marine Corp, he commanded forces in the Persian Gulf war, as well as in the wars in Iraq and Afghanistan.
[68] Speech by General James N. Mattis, (Ret.), given at the 3rd Annual Salute to Iraq and Afghanistan Veterans at the Marines' Memorial Club on April 23, 2014 (timestamp: 50:30-51.25): https://www.youtube.com/watch?v=IDxU4Y4aXPg&feature=youtu.be

and trauma."[69] As I also described in chapter 5, the CSF program was not only intended to enhance soldiers' resilience to prevent PTSD, but it also aimed to "increase the number of our soldiers who would grow psychologically from the crucible of combat." (Seligman, 2011b, p. 128) This emphasis on growth can also be found in other articles about the CSF program, for example in an article written by Algoe and Fredrickson (2011), in which they characterized the resilient soldier as someone who "has agility, deftly navigating the emotional slings and arrows of daily military life, quickly capitalizing on opportunities for growth as they arise, creatively finding new ways to self-generate personal growth, and often being able to find at least some good, even while acknowledging the contexts of difficult life circumstances that may surround him or her." (p. 38)

The internal memo also noted that the notion of posttraumatic growth "is not a part of our medical or social vocabulary; but worse it is not a part of our warriors' thinking."[70] This was presented as problematic because of the assumed "self-fulfilling nature of only having a PTSD vocabulary."[71] Therefore, the memo stated, the U.S. Army should introduce the language of resilience and posttraumatic growth to prevent soldiers from becoming iatrogenic psychological casualties. This concern also is repeated in other presentations of the CSF program, e.g., in an article written by Cornum et al. (2011), in which the authors claim that "a continuing narrative of PTSD for combat exposure may kindle self-fulfilling prophecies and actually contribute to an increase in cases." (p. 8) Looking at these concerns, it is understandable that the U.S. military was attracted to the science of positive psychology, and it makes sense that soldiers should be taught about the variety of possible outcomes following exposure to traumatic events such as combat, and not only about PTSD. At the same time, I also find that this line of argumentation is problematic, as it largely portrays the increase of cases and the ongoing mental health crisis in the U.S. military as resulting from an individual's negative expectations and interpretation of their suffering as pathological. In other words, it makes it appear as though the increase in cases is not rooted in soldiers' exposure to traumatic stressors related to combat but rather results from an undue pathologization of normal forms of distress. In addition, the claim that the large focus on PTSD in relation to combat can become a self-fulfilling prophecy and contribute to a rise in cases is controversial. For example, Steenkamp et al. (2013) have noted that Seligman and other program developers have offered no theory or evidence to substantiate this claim (p. 511). In the attempt to change the story about trauma, the CSF program tries to flip the

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[69] Internal memorandum, "Summary of initial meeting Casey, Seligman, et al." (Department of Defense, 2008). Downloaded on June 22, 2021, from https://thewarhorse.org/wp-content/uploads/2019/10/2.-Strategy-for-CJCS-converted.pdf
[70] Ibid.
[71] Ibid.

dominant cultural script around trauma by deliberately deemphasizing PTSD and other posttraumatic conditions, while emphasizing and promoting the notions of resilience and posttraumatic growth. However, I have found that the program does more than just deemphasize PTSD, rather, in presenting resilience and the techniques offered by positive psychology as an antidote to traumatic disorders, the program also promotes a particular understanding of PTSD that brings back earlier ideas about traumatic disorders, as I explicate in the following sections.

6.4. Reframing the problem of trauma: from combat to catastrophizing

Reading through the various official presentations of the CSF program, I was struck by absence of any real discussion of the assumptions about trauma underlying the central theories and techniques promoted by positive psychologists. However, as Seligman and the U.S. military promote resilience-training as an antidote to trauma, they also tell a particular story and make certain assumptions about the problems of trauma – assumptions, which deserve a closer look. As the history of combat-related trauma showed, the creation of the PTSD diagnosis in 1980 marked an important shift in how traumatized soldiers were viewed and treated, because it challenged the widespread belief that PTSD was a result of preexisting weakness or disorder by stipulating that the central etiological agent was outside the individual, i.e., the traumatic event. However, in his writings and presentations of the CSF program, Seligman tends to deemphasize the role of traumatic events as the central causal factor in the development of PTSD. Instead, he articulates an understanding of PTDS, which largely represents it as resulting from certain bad habits of the mind and from problems in one's ordinary life, rather than from one's exposure to the various forms of traumatic stressors that soldiers might face in combat and during their service.

When Seligman gave a public lecture in 2017 about positive psychology and his corporation with the U.S. Army, [72] he recounted his initial meeting with representatives from the U.S. Army, including General Casey Jr., who reportedly asked Seligman what positive psychology had to say about problems such as suicide, PSTD, divorce, panic, and drug abuse, to which Seligman responded "Sir, you've just described how many soldiers have their lives ruined by combat, but it is important to know about awful things that happen in life, like combat, that the human reaction is statistically bell-shaped, and you've described the stuff on the left-hand side of the bell, people that have their lived destroyed

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[72] Seligman, lecture at DPU, Aarhus University, January 23, 2017, available at https://www.youtube.com/watch?v=4bMJ76ZUlO4 Listen to section from 1:20:08-1:26:00.

by combat."[73] Seligman went on to stress that resilience, not PTSD, was the average soldier's response to combat, and he added that there "are soldiers who often have a terrible time in combat and come very close to PTSD, but a year later, they're stronger both physically and psychologically than they were,"[74] thus stressing that some soldiers experience posttraumatic growth. In this exchange, Seligman spoke of some soldiers having their lives destroyed by combat, thus initially describing the problems of suicide and PTSD as related to soldiers' combat experiences, while also highlighting that the human responses to combat and other potentially traumatic events exist on a spectrum.

Seligman's description of human responses to trauma as existing on a spectrum hardly seems controversial, as it seems to be confirmed by existing studies of the psychological injuries of war. For example, in 2008, the RAND Corporation released a study of the psychological injuries of the 1.64 million US troops, who served in the wars in Iraq and Afghanistan between 2001 and 2008. They found that approximately 18.5 percent of these servicemembers currently suffered from PTSD (14 percent) and/or depression (14 percent), and that 19.5 percent reported experiencing a traumatic brain injury (such as concussion) during deployment (Tanielian et al., 2008). Because some of these cases overlap, RAND reported that, overall, about one-third of returning servicemembers reported symptoms of mental health or cognitive conditions, while 69.3 percent reported no disorder (no PTSD, no depression, and no traumatic brain injury). These findings were similar to those of the National Vietnam Veterans Readjustment study,[75] which showed that 15.2 percent of male veterans suffered from PTSD almost 20 years after leaving Vietnam, and that an additional 11.1 percent suffered from partial PSTD, and this study estimated the lifetime prevalence for PTSD among Vietnam veterans to be 30.9 percent for men and 26.9 percent for women (Kulka et al., 1990). This study also found that the prevalence of PTSD and other postwar psychological problems were significantly higher among those with high-levels of exposure to combat and other war-zone stressors in Vietnam, when compared to civilian peers or with other veterans, who were exposed to low or moderate levels of war zone stressors. A third study looking at a sample of Gulf War veterans estimated the prevalence of PTSD in this sample to be around 12.1 percent, while the authors estimated the prevalence of PTSD among the total Gulf War veteran population to be 10.1 percent (Kang, Natelson, Mahan, Lee, & Murphy, 2003). This study also emphasized that the rates of PTSD were sensitive to stressor intensity

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[73] Seligman, lecture at DPU, Aarhus University, January 23, 2017, available at https://www.youtube.com/watch?v=4bMJ76ZUlO4 Timestamp: 1:20:30
[74] Ibid. The characterization of human reactions to combat as normally distributed can also be found in Seligman's other presentations of the CSF program (e.g., Seligman, 2011b; Seligman & Fowler, 2011)
[75] The National Vietnam Veterans Readjustment study was conducted between November 1986 and February 1988, and comprised of interviews with 3,016 American Veterans selected as representative sample of those who served in the armed forces during the Vietnam war (Kulka et al., 1990).

and that rates could be substantially higher in conflicts where stressor intensity and/or duration were greater than in the Gulf War (Kang et al., 2003, p. 146), which would explain the higher rates of PTSD in soldiers, who have fought in the prolonged conflicts in Vietnam, Iraq and Afghanistan. As these studies showed, not all soldiers exposed to combat and other war time stressors developed PTSD, however, they also emphasized that in those who did, the severity and intensity of their exposure to traumatic stressors appeared to play a significant role.

The central issue, therefore, is not whether individual differences in outcomes exist, but how these differences are subsequently explained. While the studies of Vietnam veterans and Gulf war veterans emphasized that rates of PTSD were sensitive to stressor intensity, thus underlining the central role of the traumatic stressor in the etiology of PTSD, Seligman and the CSF program promote a different explanation of PTSD, which largely frames PTSD as a problem resulting from a lack of resilience that is rooted in certain problematic habits of the mind. For example, as Seligman continued his presentation of the CSF program in his public lecture, he offered the following explanation, in which he clearly deemphasized the role of combat-related trauma and stressors in relation to the problems of PTSD and suicides in the U.S. Army:

> "... let's see, how do I say this... ahm... PTSD and suicide in the United States Army, as best we can tell, is not about combat, but it's the wars that the United States has found itself in in the last 20 years, the first wars in which there have been cell phones, and so a typical PTSD or suicide will phone his girlfriend in Kansas city before going into combat, and she doesn't answer the phone, and she thinks he's having an affair ..ahh... she's having an affair, and it turns out these are over the same kinds of things the Danish suicides and PTSD are about." (Seligman lecture, 2017, from 1:24:26-1:25:09[76])

I found this explanation striking, both in term of what it includes and what it leaves out, and Seligman's slight pause and the preface: "let's see, how do I say this... ahm..." suggests to me that he knows that what he is about to say is likely to be controversial. So, let us unpack what happens here and start with what he leaves out. When Seligman refers to the kinds of wars that the US as found itself in in the last 20 years, he does not mention how this has been a time of prolonged conflicts with American soldiers facing multiple deployments, nor how the wars in Iraq and Afghanistan have been characterized by counterinsurgency warfare and complex operational demands, where soldiers have had to navigate the often-blurred lines between combatants and civilians and the moral dilemmas

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[76] Seligman, lecture at DPU, Aarhus University, given January 23rd, 2017, available at https://www.youtube.com/watch?v=4bMJ76ZUlO4

this creates.[77] Neither does he mention that, at 24 years of age, the average American soldiers "has moved from home, family and friends and has resided in two other states; has traveled the world (deployed); been promoted four times; bought a car and wrecked it; married and had children; has had relationship and financial problems; seen death; is responsible for dozens of Soldiers; maintains millions of dollars' worth of equipment; and gets paid less than $40,000 a year." (Army, 2010, p. 2) Instead, Seligman rather narrowly emphasizes the technological developments in relation to the use of cellphones and the supposedly devastating effect of a missed call to one's girlfriend in a soldier prone to catastrophic thinking. Seligman makes the same point in his book *Flourish* from 2011:

> "America is now engaged in the first war in which almost all soldiers have cell phones, Internet access, and webcams. This means that they can contact home at any time. So even in combat theater, the soldier is virtually in the presence of both the comforts and, unfortunately, the thorns of home life. These thorns are a significant cause of depression, suicide, and PTSD for soldiers. The majority of suicides by our soldiers in Iraq involves a failed relationship with a spouse or a partner." (Seligman, 2011b, p. 142)

In these examples, Seligman only engages superficially with the content and context of combat and warfare. In fact, the stressors of war and combat largely seem to have disappeared as matters of concern. Instead, Seligman directs our gaze towards the individual soldiers – to their habitual ways of thinking, and to their intimate relationships with their partners/spouses, family, and other close friends. In these examples, the problems of PTSD and suicide largely appear to be a result of certain destructive habits of the mind, an assumption, which in turn explains the large focus on learning to avoid catastrophic thinking and to cultivate an optimistic explanatory style in the CSF program. Rather than framing traumatic disorders as rooted in the extraordinary events and demands of war, Seligman portrays traumatic disorders that primarily rooted in soldiers' ordinary lives and relationship. The problems of suicides and PTSD, Seligman seems to argue, are not about combat, but rather about *something else* that takes place in the mind of the individual soldier, an assumption, which I also found in one of Seligman's earlier publications, which predates the CSF program with 15 years, in which he wrote: "I believe that the objective definition of "extraordinary" loss masks what takes place in the minds of the victims; what takes place does not reside in the objective awfulness of the event." (Seligman, 1993, p. 138)

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[77] One example of such a moral dilemma can be found in Williams and Staub (2005), where Kayla Williams describes how her team confiscates a 30 year-old Kalashnikov rifle and 20 bullets from a Christian monastery. They have orders to remove all weapons from mosques, schools, and organizations, but at the same time, this rifle is the only way the monastery can protect itself from lootings, and Williams is clearly uncomfortable "stripping these defenseless men of their one rifle." (p. 121). As she says: "The right thing isn't always the right thing. (...) We are abandoning these poor monks to a fate I cannot imagine." (p. 120).

By deemphasizing the role of traumatic events and the various stressors of military life, Seligman strategically shifts the focus back onto the individual's predisposition. As a result, the problems of trauma no longer appear to be a result of one's exposure to severe traumatic events, but rather from an individual's assumed lack of resilience. A similar rhetoric can be found in official evaluations of the CSF program:

> "...the "problem" facing the U.S. Army is a general lack of resilience – as suggested by the steep rise in a hose of maladaptive behavioral patterns, such as suicide, violent crime, and illicit drug use. The maladaptive patterns are symptomatic of a larger problem below the surface of the army: that many soldiers lack psychological and physical fitness." (Lester et al., 2013, p. 209)

Again, by reframing the problems facing the U.S. Army as symptomatic of an underlying lack of resilience in individual soldiers, rather than as related to military life and its various demands, Seligman and other program developers deliberately deemphasize the role and nature of traumatic events. Instead, they redirect our attention towards individual characteristics and capacities, thus mirroring the earlier conception of posttraumatic conditions, which saw these as rooted in preexisting individual weaknesses or disorders. Seligman's writings largely seem to support the assumption that people, who become disordered following traumatic experiences, only do so because of a preexisting vulnerability and lack of resilience, and not because of the overwhelming nature of the traumatic events. For example, when he was interviewed in 2018 about his collaboration with the U.S. military, Seligman described the people, who have had their lives ruined by tragedy and combat as "fragile people," noting that "war is not good for fragile people."[78] He makes a similar point in his book Flourish from 2011, in which he writes:

> "The people who are in bad shape to begin with are at much greater risk for PTSD than more psychologically fit people, and PTSD can often better be seen as an exacerbation of preexisting symptoms of anxiety and depression than as a first case." (Seligman, 2011b, p. 158)

In my opinion, this quote is striking given how the problems of war-related trauma have been treated historically, because it sows doubt about the legitimacy of the PTSD diagnosis. It is true that the PTSD diagnosis is an ambiguous diagnosis, as all the symptoms of PTSD overlap with other psychiatric diagnosis, especially anxiety and depression, but the PTSD diagnosis differs from these other

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[78] Quote from an address given by Martin Seligman to small Australian audience and broadcasted July 1, 2018, a transcript of which can be found here:
https://www.abc.net.au/radionational/programs/allinthemind/optimism-and-hope%E2%80%94with-martin-seligman/9910458

diagnoses, as it stipulates that the etiological agent is the traumatic event rather than an inherent weakness. So, when Seligman speaks about "fragile people," he shifts the explanation from the event and back onto the individual's assumed fragility. In their analysis of resilience-building programs in Israel, Yankellevich and Goodman (2017) argued that the increasing focus on resilience represents a shift in the problematization of trauma, because it parts way with the dominant paradigm of PTSD, which emphasizes the central role of the event and its psychological consequences (as detailed in the description of PTSD in the DSM), and shifts our focus back to individuals and their psychological constitution (p. 64). This shift is also evident in the CSF program, which prescribes how soldiers should monitor and manage themselves when faced with traumatic experiences and other forms of adversity. The central assumption underlying this program is that certain thoughts, feelings, and behaviors make people more susceptible to become disordered in the wake of traumatic experiences. Thus, a central aim of the CSF program is to teach soldiers how to avoid certain negative thoughts and feelings and how to replace them with other more positive ones to cultivate a more optimistic mindset (as I described in more detail in chapter 5). This approach largely frames the problems of trauma as a disciplinary problem as it suggests that, with proper training and discipline, soldier can learn to withstand practically anything. This has also been pointed out by Litz (2014), who has noted that the central thesis of the positive psychology approach to building resilience seems to be that "with the right frame of mind, PTSD is not destiny." (p. 5)

However, this deemphasis on the role and nature of traumatic events is problematic, because it gives the impression that a person's vulnerability or susceptibility to trauma is largely a result of individual choices. It represents traumatic disorders as rooted in an individual failure to properly manage one's own thoughts, feelings, and actions, rather than as resulting from experiences so overwhelming that they could induce prolonged suffering and disorder in most of us. In addition, this framing also deemphasizes the role of the social, cultural, and political context of trauma, thus silencing discussions about a host of other factors, which might strengthen or undermine human resilience.

6.5. The pushback against the CSF program

I am not alone in my worries about how the language of resilience promoted in the CSF program might impact how the problems of trauma are understood and treated. Looking at discussions within the field of military psychology, I found that several psychologists and psychiatrists such as Adler, Litz, and Nash, who are working with the U.S. military on questions about treatment and prevention of stress-related conditions, have expressed related concerns about the CSF program and its use of

positive psychology and pointed to several shadow sides of the program not sufficiently acknowledged by its proponents. In this section, I draw on these critical voices to articulate three central concerns about the role and use of the CSF program in the U.S. military.

The first concern is related to the problem of stigma, which has historically attached itself to posttraumatic conditions. Although the CSF program does include positive messages about reaching out and seeking help, there is also a risk that this message gets lost amidst the enthusiasm for embracing the idea of building resilience, especially if the stigma often associated with mental health problems is not explicitly addressed (Adler, 2013, p. 228). The social stigma around mental health problems is not unique to military and veteran populations, but these populations are more at risk for developing PTSD than most civilians, and, in addition, military culture has little tolerance for weakness, whether physical, mental, or moral (Nash, Silva, & Litz, 2009). For example, in a study of the barriers to care in the U.S. military in relation to mental health problems, military service members reported that they feared seeking mental health care would impact their career negatively or undermine their coworkers' trust in them (Tanielian et al., 2008). The people in charge of the development of the CSF program also recognized the social stigma around mental health problems in American military culture. For example, General George W. Casey Jr., who commissioned the development of the CSF program, recognized that the U.S. military faced certain cultural challenges in relation to how traumatic disordered are viewed and treated within the U.S. military. In a presentation of the CSF program, he offered the following reflections on this matter:

> "To be clear, CSF will serve as a catalyst for changing Army culture – from a culture in which behavioral health was once stigmatized to a culture in which psychological fitness is recognized as every bit as important as physical fitness [...] Our Army Values and Warrior Ethos play a significant role in how we see ourselves and, therefore, in how we choose to behave. The prevailing view among many within our ranks is that having problems with stress or seeking help is not only inconsistent with being a warrior but also a sign of weakness. This way of thinking has led to a stigma associated with receiving help and, therefore, an aversion across much of the Army to seeking behavioral health care. (Casey Jr, 2011, p. 2)

In developing and implementing the CSF program, Casey Jr. argued, "we must ensure that our efforts to become psychologically stronger are not thwarted by a culture adverse to even the word *psychological*. It is clear that we must be diligent in educating our soldiers – and especially those that lead and support our soldiers – on the benefits of the CSF program." (Casey Jr, 2011, p. 3, emphasis in original) Scholars on American military culture have noted that military training encourages recruits to conform to a variety of traditional North American masculine norms such as personal self-reliance and emotional stoicism, which are highly valued because they are considered pivotal to both personal

survival and mission completion (Alfred, Hammer, & Good, 2014, p. 95). These norms are likely to have played a significant role in creating a culture adverse to even the word *psychological*, as Casey Jr. puts it. At the same time, this research has also suggested that conformity to these traditional masculine norms is associated with a host of negative outcomes such as lower life satisfaction, poorer adaptation, more severe PTSD symptoms, and prolonged symptom duration (p. 96).

However, it is unclear whether the CSF program and its language around resilience challenge these norms, or whether it actually works to reinforce them. Part of the training in the CSF program does seek to challenge the dominant belief that admitting to problems and asking for help are signs of weakness and it reframes help-seeking as a sign of strength. For example, when soldiers in the CSF program are taught to detect 'icebergs' (ingrained beliefs), the belief that 'asking for help shows weakness' is given special attention, as this conviction is believed to undermine the willingness to rely on others and to ask others for help:

> "Several NCOs[79] commented that this particular belief requires a lot of work to change because historically soldiers have felt stigmatized if they sought out help and were often ridiculed for not being strong enough to handle their own problems." (Reivich et al., 2011, p. 28)

But despite the attention paid to changing this particular belief, and despite its positive focus on health, optimization, and self-development, there is still a risk that the CSF program may inadvertently end up conveying the problematic message that people, who falter in the face of trauma or other severe stressors, only do so because of a lack of individual strength and resilience. For example, in her analysis of the turn to resilience in the U.S. Army, Howell (2012) argued that the CSF training works as a mean to govern soldiers' experiences of traumatic events, as it emphasizes their personal responsibility for their own well-being "by demanding that in the face of traumatic events in warfare, soldiers think positively, stop catastrophizing, or avoid negative thinking traps in order to seize an opportunity for personal growth." (p. 222) If a soldier subsequently develops PTSD, it can then be claimed that the soldiers was simply not resilient enough, thus placing the responsibility for the aftermath of traumatic exposure firmly on the shoulders of soldiers and veterans (Ibid).

In her discussion of resilience in a military context, Adler (2013) recognizes the importance of building resilience and underlines how resilience was already valued and reinforced in the military in numerous ways before the creations of the CSF program, but she also argues that "an unquestioning

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[79] NCO: Non-commissioned officer, who conduct military training, and who are trained to become Master Resilience Trainers.

allegiance to resilience has the potential to become self-defeating for military organization," as the notion of resilience can be misapplied in such ways that it can end up undermining the very resilience it is intended to sustain (p. 227). As Adler puts it: "If a lack of resilience is perceived as a larger characterological flaw that is inconsistent with the organization's values, it can become a source of stigma." (Adler, 2013, p. 227). A related critique has been advanced by Brunner and Plotkin Amrami (2019), who have argued that while the notion of trauma and the creation of the PTSD diagnosis played an important role in removing the stigma of weakness, cowardice, or assumed lack of patriotism from soldiers who suffered from posttraumatic disorders, the notion of resilience promoted in the CSF program may have the opposite effect, despite all its good intentions.

> "By bringing back an imagery of mental strength into mental health discourse and tying it to the ability of soldiers to "bounce back" from trauma, the concept of resilience bears the danger of re-stigmatizing service-members suffering from a long-term posttraumatic disorder as lacking the strength to recover due to a deficiency in values, self-awareness, learning skills, communal belonging, or spirituality. (Brunner & Plotkin Amrami, 2019, p. 234)

A similar point has been made by Illouz (2020), who has argued that the resilience agenda championed by Seligman create a new way to stigmatize individuals, who are deemed to be lacking in self-sufficiency and positive thinking and who do not succeed in transforming experiences of failures and suffering into opportunities for self-improvements (p. 87). Therefore, military program for building resilience should not only focus on the positive and emphasize optimism and the building of strengths through cognitive-behavioral techniques and interpersonal communication strategies (which are the cornerstones of the CSF program), they should also engage more directly with the negative and include themes like how to deal with the possibility of failure in a culture, which does not look kindly on failing, how to examine and evaluate whether someone is being asked to do too much, and they should include open discussions about how people who appear to falter in their resilience are viewed and treated by others (Adler, 2013, p. 229). The training in the CSF program appears to do neither of these things.

The second, but related, issue concerns questions about the limits of resilience. According to Adler (2013), advice on how to build resilience typically neglects important questions about the limits of resilience, and thus fails to sufficiently consider that all individuals have a limit to what they can tolerate (p. 228), something that I also found to be lacking in the CSF program. Without a discussion about the limits of resilience, there is a risk of setting up individuals to have unrealistic expectations about what they can tolerate and overcome. Alder emphasizes that realistic limits should be explicitly acknowledged, because otherwise, if people reach their limit, it might instill a sense of personal failure

and lead people to engage in self-blame, which in turn makes them less likely to seek help. Similar concerns have been raised by Nash and Litz, who have argued that there is a risk that the focus on resilience covers up the fact that everyone has a breaking point – a line that, if crossed, leads to severe disruption of normal functioning, and that it is important to send a clear message that "even the most mature, healthy, battle-tested, well-trained, well-supported, decorated and hard-nosed senior non-commissioned officer has a breaking point." (Litz, 2014, p. 3). Looking at the CSF program, I found that the language of resilience is largely mobilized against breaking. For example, in one slide from teaching materials used in the program, the promise of resilience is illustrated using an image of a tennis ball and a cracked egg.[80] The headline of the slide reads: "Resilient people bounce, not break," and the caption above the tennis ball reads "You," while the caption above the cracked egg reads "Not You." This image conveys a message that, by using the skills taught in the CSF program, people can learn how to bounce back like a tennis ball instead of cracking like an egg – and who would not want to be the tennis ball in this scenario? However, this image and its embedded promise are not unproblematic. If the promise of resilience is overstressed, there is a risk that the CSF program ends up propagating a belief that "each individual chooses, at some level, whether to be strong, tough, and resilient – even choosing whether to have stress symptoms." (Nash et al., 2009, p. 792) If so, the otherwise well-intentioned focus on resilience might end up sending the message that a failure either to withstand adversity in a war zone or to recover quickly and completely from post-deployment PTSD symptoms may be due to a deficit in one's inner strength or willpower (p. 792). Or, to put it slightly different, the CSF program may inadvertently end up sending a message that PTSD only afflicts those, who were bad eggs to begin with, and thus result in victim-blaming.

I found that these critiques also resonated with points made in the classical works on resilience within the field of developmental psychopathology, e.g., in the works of Michael Rutter, who has argued that the notion of invulnerability found in early works on resilience was problematic, because it implied an absolute resistance to damage, which covered up the fact that everyone has a limit to what they can tolerate. Therefore, Rutter argued, it was more useful to consider susceptibility to stress as a graded phenomenon: there are individual differences in people's susceptibility to stress and trauma (and therefore in their resilience), but no one is complete invulnerable (Rutter, 1993, p. 626). Similarly, in their analysis of the construct of resilience and its implications for interventions and

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[80] Slide downloaded from https://image.slidesharecdn.com/introtoresiliency-150302194817-conversion-gate01/95/vtt-march-session-2-slides-introduction-to-resiliency-11-1024.jpg?cb=1425924936 on December 3, 2020. Due to copyright reasons, I cannot show this slide here, but this image appears to be part of official teaching material of the CSF program, as I have found this image in several slideshow presentations of the CSF program, which have been made available online.

policies, Luthar and Cicchetti (2000) argued that "the most prodigious problem in applying the resilience framework is that this construct can be misinterpreted as representing a personal attribute of the individual" (p. 862). Researchers and practitioners, they cautioned, should avoid using the term resilience as an adjective to describe individuals (e.g., resilient children or resilient soldiers), because this suggests that if only an individual had a particular trait or displayed a particular behavior, they would be able to withstand all kinds of adversities, which might in turn pave the way for blaming individuals for not possessing the individual characteristics needed to adapt to adversity and function well. To counter this, resilience researchers have consistently emphasized that resilience is not a characteristic of the individual, rather, it should be understood as "a developmental process that is fostered or thwarted by the scaffolding provided by the individual's sociocultural and structural contexts." (Yates & Masten, 2004, p. 535) It could be argued that the CSF program takes a rather comprehensive approach to building resilience that encompasses many levels of functioning by targeting different dimensions of resilience (as reflected in the focus on both physical, emotional, social, spiritual, and family fitness). However, while it appears that the program was based on an understanding of resilience as a multi-level construct that spans both individual, collective, and systemic levels, I found that the individual soldier nevertheless remains the main object of intervention, and the techniques promoted to build resilience largely tend to represent resilience as an outcome of certain individual capacities and coping skills. For example, even though the CSF program contains a module on social fitness, which emphasizes the role of social connection as means of fostering adaptation and growth, one limitation of this training module on social fitness is that it only targets and try to boost individual capacities in soldiers, which might help foster social resilience, but it does not include any intervention at the group level (Cacioppo, Reis, & Zautra, 2011, p. 50).

A third issue concerns the CSF program's lack of attention to the heterogeneity of traumatic stressors. The techniques proposed by positive psychologists for building resilience do not distinguish between different kinds of stressors or forms of adversity. Instead, these techniques are assumed to be equally useful and relevant, regardless of whether one is dealing with ordinary stressors present in one's everyday life or whether one is faced with potentially traumatic experiences and the extraordinary demands of war (e.g., Seligman, 2011b). However, this assumption has been challenged by several researchers working on military trauma (e.g., Litz, 2014; Nash et al., 2011; Steenkamp et al., 2013). Because of the extraordinary demands of war, which include perpetration of violence and killing, Litz (2014) has argued that the adaptation to traumatic war experiences is relatively incomparable to a wide variety of other acute and chronic stressors, such as disease, disability, poverty, political violence, or poor living conditions (p. 1). When it comes to preventing war-related PTSD, there is good reason to believe that the distinction between more ordinary stressors versus the extraordinary

stressors of war is important, as studies have shown that the prevalence of PTSD is significantly higher among soldiers with high levels of exposure to combat and other warzone stressors, as compared with civilian peers and with other soldiers only exposed to moderate levels of war zone stressors (e.g. Kang et al., 2003; Kulka et al., 1990). Thus, while the cognitive and behavioral wellness strategies promoted in the CSF program might be somewhat usefulness for helping soldiers to adapt to daily hassles, work and relationship conflicts, and chronic adversities, it is doubtful whether these techniques are sufficient to help soldiers bounce back from the serious and grotesque harms of war (Litz, 2014, p. 5).

While Seligman deliberately deemphasizes the role of traumatic stressors in his presentations of the CSF program, I found that several researchers have taken the opposite position and argued that, when it comes to questions about resilience and the prevention and treatment of PTSD, we need to distinguish between four different kinds of traumatic stressors: life-threat, loss, moral injuries, and cumulative wear-and-tear (Jordan, Eisen, Bolton, Nash, & Litz, 2017; Litz, 2014; Litz et al., 2018). Rather than bracketing questions about traumatic stressors (as Seligman does), this distinction invites us to think carefully about the notion of resilience in the context of traumatic stress by refocusing our attention on the heterogeneity of traumatic stressors, which can lead to PTSD. It also invites us to think more carefully about the heterogeneity of posttraumatic conditions, which are currently understood through the umbrella term of PTSD. When the medical model of PTSD was created, it was largely developed using life-threatening events, which elicit responses such as intense fear, helplessness, or horror, as the prototypical traumatic stressor, and, therefore, the prevailing theory about what makes traumatic stress harmful is the neo-conditioning fear-systems-based biological model of uncontrollable stress (Litz, 2014, p. 7). This model posits that when an individual is exposed to a life-threatening event, it triggers a 'fight-flight-or-freeze' response, which is then richly encoded into memory and conditioned to a variety of stimuli that later become triggers that can cause people to relive past trauma as if it is happening in the present. This model represents PTSD as resulting from fear-conditioning and a failure to adequately process the traumatic experience because of extensive avoidance of memories and reminders of the trauma, and it is also the foundation of Cognitive Processing therapy (e.g., Resick, Monson, & Chard, 2017) and exposure therapies such as Prolonged Exposure (Foa, Hembree, & Rothbaum, 2007), which are currently considered the gold-standard psychological trauma treatments. However, when dealing with military trauma, Litz and Nash have both argued that we need to adopt a broader framework than the fear-conditioning model in discussions about trauma and resilience. Litz has summarized this argument most succinctly:

> "...in the military in a time of war (and other complex trauma contexts), life-threat trauma is not the only hazard that threatens resilience. Cumulative wear-and-tear, loss and inner conflict from morally injurious experiences, such as killing or failing to prevent unethical behaviour, are co-equal challenges to resilience. Each of these resilience challenges has a different phenomenology, aetiology and course from life-threat experiences. Consequently, each requires a different perspective on resilience but to date the focus has been on stress and fear." (Litz, 2014, pp. 7-8)

Life-threatening situations are an occupational hazard in the military, and servicemembers are submitted to exceptionally hard training to ensure that they are able to perform their duties in high-threat situations, which means that it is reasonable to assume that there are high levels of resilience to threat-based trauma in the military (Litz et al., 2018). Therefore, high-threat situations are not as likely to elicit the kinds of responses that characterize life-threat trauma in other contexts, namely intense fear, helplessness, or horror; instead, stress injuries in the military are more like to arise from witnessing a child's suffering, from committing a moral or ethical transgression in a moment of blind rage, or from the grotesque loss of a loved member of one's unit (Litz, 2014, p. 8). In terms of prevention, it is difficult to prepare for non-danger-based traumas such as exposure to grave human suffering, traumatic loss, and morally injurious experiences, which entails purposeful or mistaken high-stakes ethical transgressions carried out by oneself or by others (Litz et al., 2009), and based my analysis of the CSF program, I find that this preventive program has little to offer, when it comes to dealing with these kinds of traumatic experiences aside from the very general advice on how to cultivate an optimistic mindset and optimize one's emotional landscape by self-generating positive emotions more frequently.

In trying to normalize stress reactions and reframe experiences of stress and trauma as opportunities for growth, I found the CSF program somewhat resembles the principles of forward psychiatry, which sought to avoid labeling combat stress reactions as pathological by treating them as temporary states, which were expected to relieve themselves, if soldiers were given a short period of rest before returning to their duties. However, while normalization has proven somewhat effective at encouraging soldiers to recover from stress reactions and resume their duties, there is also the risk that this strategy discourages a proper acknowledgement and treatment of stress reactions when they occur (Nash, 2007, p. 35). In addition, the CSF program appears to be based on a rather dichotomous thinking about posttraumatic responses, which are considered normal, unless they result in psychological disorders, such as PTSD, anxiety, and depression. In Seligman's writings about resilience and the CSF program, it appears that he largely reduces the complex questions about trauma and resilience to a question about the presence or absence of PTSD, for example when he represents human responses to trauma and adversity as being normally distributed (e.g., Seligman &

Fowler, 2011, p. 84). There are, however, aspects of posttraumatic suffering, which are poorly understood through this binary model of health versus disorder, and several trauma researchers have argued that people's responses to traumatic stress are better understood as existing on a continuum ranging from wellness and thriving to illness and disability. For example, working with the U.S. Navy and Marine Corp, Nash helped formulate a formal conceptual framework called the Combat and Operational Stress Continuum Model (Nash et al., 2011). This model points to pre-clinical levels of distress and suffering that cannot be diagnosed as psychiatric disorder, but which might nevertheless cause significant suffering and lead to functional impairment, thus incorporating the point also made by Rutter (1993), who has argued that we need to understand the susceptibility to stress as a graded phenomenon. Doing so, this model also counters "the dichotomous thinking about the impact of trauma, particularly in the military, namely that a response is either normal and good-to-go or pathological." (Litz, 2014, p. 5)

As I showed on section 6.3., the creation of the CSF program was in part motivated by a concern about unduly pathologizing normal responses to trauma, and thus, it is hardly surprising that the program ends up promoting the opposite strategy of normalization. However, this strategy of normalization also has its own problems. In his work, Nash (2007) has argued that mental health professionals involved in the prevention of combat stress disorders face an ethical dilemma.

> "On one side of this ethical dilemma lies the danger of crippling normal warriors and depleting their ranks by pathologizing commonplace reactions to everyday military operations. On the other side is the danger of trivializing the moral, psychological, and biological damage that can result from severe and persistent stress, thereby discouraging the wounded from seeking care. Although this conundrum may be no better solved today than it was a century ago, we can at least try to keep both Scylla and Charybdis in full view as we navigate the ethical strait between them. (Nash, 2007, p. 36)

To navigate this ethical dilemma, to which there is no straight forward solution, we have to keep it in mind, and we have to ask: How do we respond to or treat responses that are not normal but also not yet pathological? How do we name and approach this kind of suffering and the disruptions in functioning it creates? Are all responses to trauma to be considered normal and therefore expected to abate over time, if they do not fall within the diagnostic categories specified in the PTSD diagnosis, or do we need a richer language through which to speak about the problems of trauma, so that we do not risk neither trivializing nor pathologizing the broad spectrum of possible responses to traumatic events? Reading through the various official presentations of the CSF program, I was struck by the absence of any real discussions about Nash's ethical dilemma in relation to promoting resilience and posttraumatic growth.

One way to address this dilemma could be through Nash's stress continuum model, which categorizes different stress states into four color-coded zones. The two ends of the continuum are the most well-known: On the left-hand side of the continuum is the green "ready" zone with low or absent distress or dysfunction due to stress, which can be described as the zone of wellness and resistance to one's current stress load. To the far right-hand side is the red "ill" zone that contains the recognizable stress-related mental disorders, such as PTSD, depression, and substance abuse. However, it also includes two intermediate zones, which are color-coded as yellow and orange, and which are used to describe the space between wellness and disorders. The yellow "reacting" zone describes normal transient states of distress, which disappear once the source of stress is removed, while the orange "injured" zone describes more severe and persistent states of stress that are caused by four kinds of stressors: life-threat, loss, moral injuries, and the cumulative wear-and-tear resulting from exposure to many stressors over a prolonged period of time (Nash et al., 2011, p. 205). This orange stress injury zone points to a group of servicemembers, who may need help to bounce back, and who, if identified, may receive additional support from their leaders and peers. However, when people's responses to traumatic stress is viewed through the binary model of health versus disorder, these pre-clinical stress symptoms and their impairment of functioning are easily missed, as they are considered normal and expected to naturally abate. This is problematic, because this state, which has been called sub-syndromal or sub-threshold PTSD, increases the risk for comorbid disorders, delayed onset PTSD, and poor occupational outcomes similar to those with full PTSD, and returning veterans with sub-syndromal PTSD also have similar rates of suicidal ideation, hopelessness and aggressive acts (such as physical assault and destruction of property), when compared with those with full PTSD (Litz, 2014, p. 6). It is also this orange zone, which most clearly embodies the ethical dilemma between normalization and pathologization. Although many servicemembers will bounce back from this orange zone without any formal assistance (e.g., via a combination of support, guidance/leadership, and sufficient rest), others will stay symptomatic or become clinical cases, if they are not offered more formal interventions (p. 7). To address this, Litz (2014) has argued that the military need to develop indicated prevention programs that specifically target pre-clinical stress symptoms. Being a universal prevention program, the CSF only offers very general techniques to enhance one's resilience and well-being, but it does not support the early detection and management of pre-clinical stress injuries. In addition, the assumption that pre-clinical stress symptoms and impairment is normal and will resolve themselves over time, which is one of the central messages of the CSF program, represents a significant obstacle for addressing the existing gap in care and research and for developing and testing indicated prevention programs (Ibid.).

Together, these three concerns raise several questions, which Litz has summarized most succinctly:

> "…if service members have war experiences that putatively cross their personal threshold, what are they to do – will they know what to do or, more importantly, will peers and leaders know what to do? How will positive psychological strategies be seen by service members in this context? Might the credibility of the programme be in jeopardy? And, worst of all, what about servicemembers who believe that CSF training is sufficient and they look around them and their peers appear to be unharmed yet they are psychically injured by a recent experience? How could this not lead to the unintended iatrogenic consequence of greater stigma, shame and withdrawal?" (Litz, 2014, p. 5)

It is also in this context that Litz (2014) has argued that we need to be cautious about promoting resilience as an ideal, because "resilience is very complex, multiply determined, and elusive and fleeting for many war veterans," and he has noted that "it should be emphasized that service members and veterans may have PTSD and manifest other types or forms of resilience, and veterans may have minimal PTSD symptoms, yet have a range of problems in living and wellness deficits that are undeniable signs of a lack of resilience." (pp. 1-2) Because resilient outcomes are multidimensional, we should distinguish between different kind of resilience. For example, some people exposed to trauma might be able to function within normal limits, while still suffering from significant distress and internal conflict, which might be called functional resilience; others might continue to function normally at work, while their social and family relationships are affected and disturbed due to trauma exposure, which might be termed compartmentalized resilience (p. 8). This means that in any given context, there might be different forms of resilience, which underlines the complexity of resilience and the need to treat it as a multi-dimensional construct. In a military context, there are three broad forms of resilience, which are valued: *operational resilience*, *post-deployment resilience*, and *long-term psychological resilience* (p. 8). Traditionally, the military has emphasized operational resilience, i.e., the ability to maintain one's occupational role functioning and psychological performance during operational deployments despite exposure to severe stressors, which is largely believed to be a result of one's courage and fortitude. However, this mindset has increased the stigma associated with being damaged by the heterogenous stressors of military service and erected barriers of shame and denial between injuries and care Litz (2014, p. 8). While the CSF program does recognize different forms of resilience (e.g., in its distinction between different forms of fitness), it does not explicitly address the tensions between them, nor does it help servicemember to navigate potentially competing or conflicting demands, e.g., in situations where they are encouraged to maintain operational resilience, even though this might be at the cost of their long-term psychological resilience.

While Seligman tends to bracket broader questions about trauma in his approach to building resilience, I have used this chapter to show how Seligman's cooperation with the U.S. military is couched within central debates within the field of trauma studies. Having provided a brief overview of the history of combat-related disorders and the diagnosis of PTSD, I have shown how Seligman and the creation of the CSF program taps into existing critiques and concerns about the growing attention to the problems of trauma, and how the CSF program resonates with earlier approaches focused on strengthening the will of the individual soldier through disciplinary measures. These early therapies' aim of strengthening the will and moral fiber of afflicted soldiers also revealed how the practices of war psychiatry developed at an intersection between medicine and discipline, and I find that the same can be said about the CSF program, which mobilizes both medical and moral discourses about trauma, as it strives to enhance the strengths and resilience of soldiers through continuous training. I have also emphasized how the language of resilience found in the CSF program promotes a particular cultural script around personhood, which emphasize the importance of character, self-control, and personal responsibility, thus pointing to the values embedded in the program, and how these ideals are entangled with broader discussions about victimhood. Having analyzed the central assumptions about trauma underlying the CSF program, I have argued that the deemphasis on the role and nature of traumatic events is problematic, because it largely represents traumatic disorders as an individual failure to properly manage one's own thoughts, feelings, and actions, rather than as resulting from one's exposure to traumatic stressors. Drawing on critical voices from the field of military psychology, I articulated three central concerns about the use of this resilience training program in the military, namely that 1) the CSF program contains a risk of increasing the stigma already associated with posttraumatic conditions, 2) that it fails to properly address the limits of resilience and acknowledge that everyone has a breaking point, and 3) that it does not sufficiently consider the heterogeneity of traumatic stressors. By deemphasizing the heterogeneity of traumatic stressors and the role of the social, cultural, and political context of trauma, the CSF program may work to silence broader discussions about a host of other factors, which can strengthen or undermine human resilience, thus leading to an overly individualistic and simplistic understanding of both trauma and resilience.

In the internal memo from an initial meeting between Seligman and representatives from the U.S. Army, it was stated that 1) the expertise and techniques provided by positive psychologists should prevent posttraumatic disorders by equipping all service members with a so-called "mental armor" by increasing their resilience and well-being, and that 2) the program should change the story about

trauma by deemphasizing PTSD and focusing on resilience and posttraumatic growth. [81] Therefore, I believe we must ask the following two questions: First, does the program succeed in equipping soldiers with a so-called mental armor? My answer to this question is "no," because despite the release of four official evaluation reports, [82] there is still little evidence to support the assumption that the CSF program works as an antidote to posttraumatic conditions.[83] It is still unclear how and why the CSF program would be sufficient to prevent the development of PTSD and other mental disorders in the face of severe war-zone trauma, as program developers have not clearly articulated the theoretical assumptions or change agents underlying the program as it pertains to preventing PTSD, nor have they made explicit how the techniques taught in the program can help soldier manage combat and other operational trauma (Steenkamp et al., 2013, p. 510). Thus, looking at the rather narrow question about effectiveness as seen from a scientific perspective, it is tempting to conclude that the CSF program has been a failure as a preventive program, and then just leave it at that. However, if we only focus on the scientific failure of the program, we risk overlooking how it also *does* work, albeit in a different way, which goes to my second question about how this program works to change the story about trauma. I have already provided a partial answer to this question in previous sections, where I have demonstrated how the CSF program and its use of positive psychology works to individualize, decontextualize, and depoliticize both the problems of trauma and the notion of resilience. To further explicate how and why I believe the CSF program might well succeed in changing the story about trauma, even despite the failure to successfully demonstrate the program's ability to prevent PTSD and equip servicemembers with a mental armor, I want to briefly revisit and critically examine its promise to increase the number of soldiers "who would grow psychologically from the crucible of combat" (Seligman, 2011b, p. 128), as I find that the way in which the program mobilizes the notion of posttraumatic growth most clearly exemplifies *both* its scientific failure *and* its productive effects.

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[81] Internal memorandum, "Summary of initial meeting Casey, Seligman, et al." (Department of Defense, 2008). Downloaded on June 22, 2021, from https://thewarhorse.org/wp-content/uploads/2019/10/2.-Strategy-for-CJCS-converted.pdf

[82] The four evaluation reports can be found here: (Harms et al., 2013; Lester, Harms, Bulling, Herian, Beal, et al., 2011; Lester, Harms, Bulling, Herian, & Spain, 2011; Lester, Harms, Herian, et al., 2011),

[83] As also discussed in chapter 5, the four evaluation reports have been heavily criticized by several researchers, who have argued that the evaluations suffer from serious methodological limitations and that the evaluators have overstated the evidence of the CSF program's effectiveness (Brown, 2015; Eidelson & Soldz, 2012; Steenkamp et al., 2013).

6.6. Posttraumatic growth and the ambiguity of "better"

As I discussed in chapter 5, an important part of the popular appeal of positive psychology and its language around resilience lies in its ability to weave together three powerful rationales around health, optimization, and self-development. In their various publications, positive psychologists tend to emphasize that by building resilience using their proposed techniques, it is possible to prevent psychological disorders, optimize one's performance, as well as foster personal growth and self-development. E.g., in his presentations of the CSF program, Seligman has repeatedly highlighted that one of the central goals of CSF program is to build psychological strengths and foster psychological growth (e.g., Seligman, 2011b; Seligman & Fowler, 2011). Thus, this program is not only about teaching servicemembers how to cope with potentially traumatic experiences, but it also aims to teach soldiers and their families how to turn traumatic suffering into an engine of posttraumatic growth.

As already established, the assumption that the CSF program could help increase the number of people, who would grow in the aftermath of trauma, represented an important part of the selling-point and rationale of this program. Remember, when Seligman (2011b) briefed the twelve four-star generals led by General Casey Jr. about resilience training and the effects it should have on soldiers' reactions to combat during one of their early meetings in 2008, he reportedly told them that there is a bell-shaped distribution of human response to high adversity such as combat: "At the extremely vulnerable end, the result is pathology: depression, anxiety, substance abuse, suicide, and what has now found its way into the official diagnostic manual as PTSD." (p. 157). The great majority of people, Seligman continued, are resilient, meaning that they quickly return to normal levels of functioning after a brief period of disruption, and on the right hand side of the distribution are those, who exhibit posttraumatic growth following adversity and attain a higher level of functioning than they began with (Seligman & Fowler, 2011, p. 84). Rather than just focusing on the problems of PTSD, depression, anxiety, and suicide, Seligman (2011b) argued, the army should strive to move the entire distribution in the direction of resilience and growth (p. 128) Seligman's proposition seemed to impress the military representatives. "That is a big idea, Dr. Seligman," General David Petraeus reportedly responded, "producing more post-traumatic growth rather than just focusing on post-traumatic stress disorder, and approaching training through our soldiers' strengths rather than drilling their weaknesses out of them." (p. 152) The military's interest in posttraumatic growth is also reflected in the memo from one of the initial meetings between Seligman and the U.S. Army, which stressed the importance of changing the story about trauma by sending the message that growth, rather than

PTSD, was the most common result of trauma.[84] This strong emphasis on posttraumatic growth in the CSF program was in part motivated by a concern that the expanding notion of trauma had promoted a culture of victimhood, as previously discussed in section 6.3., and the related concern that the prevailing focus on PTSD in relation to combat exposure could become a self-fulfilling prophecy and contribute to an increase in cases (Cornum et al., 2011, p. 8). In addition, as Litz (2014) points out, the notion of posttraumatic growth also likely resonated with the personal experiences of these senior military leaders, "who had been exposed to the hell of war but grew and matured from these experiences" (p. 5)

The idea of posttraumatic growth has also been used as a selling point for adopting the CSF program in civilian contexts. E.g., in 2011, Seligman wrote an article for the *Harvard Business Review*, in which he argued that the principles of the CSF training should be applied in the business world, as he believed that businesspeople could draw important lessons from the CSF program and its focus on fostering growth, especially in times of failure and stagnation (Seligman, 2011a). In this article, Seligman stated that "failure is a nearly inevitable part of work; and along with dashed romance, it is one of life's most common traumas." (p. 101). But people need not despair, Seligman proclaimed, as positive psychologists "have learned not only how to distinguish those who will grow after failure from those who will collapse, but also how to build the skills of people in the latter category." (p. 101). By cultivating the skills promoted by positive psychologists, Seligman argued, people could learn how to "turn their most difficult experiences into catalysts for improved performance." (p. 101).

The appeal of this promise is tangible – who would not want to learn how to transform painful experiences of trauma and failure into opportunities for personal growth and success? The idea that the horror of trauma might have a silver lining and that people might grow toward more optimal functioning than before is both an intriguing and appealing notion (Westphal & Bonanno, 2007, p. 418). Furthermore, it is an idea that we are all somewhat familiar with, as "the potential for transformative positive change from the experience of great challenge and despair is referred to in the texts and teachings of all major religions and is reflected in the writings of ancient philosophers and scholars of other disciplines." (Tedeschi, Shakespeare-Finch, Taku, & Calhoun, 2018, p. 7) Within the discipline of psychology, it has also been suggested in the works of Irvin Yalom and Viktor Frankl, as well as in a larger body of psychological literature that details how people struggling with the

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[84] Internal memorandum, "Summary of initial meeting Casey, Seligman, et al." (Department of Defense, 2008). Downloaded on June 22, 2021, from https://thewarhorse.org/wp-content/uploads/2019/10/2.-Strategy-for-CJCS-converted.pdf

aftermaths of various forms of trauma, such as rape, incest, bereavement, cancer, disasters, combat, and the Holocaust may perceive at least some good emerging from their struggles with these traumatic experiences, e.g., in relation to their perception of themselves, their relationships with others, and their philosophy of life (Calhoun, Cann, & Tedeschi, 2010; Tedeschi & Calhoun, 1995, 1996).

However, despite featuring prominently in official presentations of the CSF program (e.g. Casey Jr, 2011; Seligman & Fowler, 2011), I have found it surprisingly hard to assess exactly what kind of role the notion of posttraumatic growth plays in this program, aside from being mobilized as a counter story to the potentially detrimental effects of trauma and being held up as a normative ideal. For example, looking at the four official evaluations of the program (Harms et al., 2013; Lester, Harms, Bulling, Herian, Beal, et al., 2011; Lester, Harms, Herian, et al., 2011), I found no measurements or evaluation of whether this program actually helps facilitate posttraumatic growth. In fact, I could only find one mention of posttraumatic growth in the third evaluation report by Lester, Harms, Herian, et al. (2011, p. 5), which contained a reference to a study made by Fredrickson et al. (2003), who had found that positive emotions experienced in the wake of the terrorist attacks on 9/11 seemed to buffer against symptoms of depression and aid posttraumatic growth.[85] In the evaluation report, this reference was only mentioned in passing and interpreted as supporting the very general assumption that "resilience is a characteristic that can be learned" (Lester, Harms, Herian, et al., 2011, p. 5). Looking at the special issue about the CSF program, which was published in the journal *American Psychologist* in 2011, I found that it contained one article specifically about posttraumatic growth, which was written by Tedeschi and McNally (2011) titled *"Can we facilitate posttraumatic growth in combat veterans?"* and as this title suggests, it raised more questions than it answered. In this article, Tedeschi and McNally (2011) noted that the posttraumatic growth component was still in its preliminary development and several key questions remained unanswered. For example, the central elements of the training module on posttraumatic growth were yet to be defined, and the particulars of how it would be implemented and by whom were still under discussion: "We are in uncharted territory designing such interventions" (p. 21). It was also still unknown whether training occurring before, during, or after deployment could actually help foster posttraumatic growth among military personnel (p. 22). In addition, Tedeschi and McNally (2011) argued that the CSF training designed to foster posttraumatic growth should be subjected to careful empirical testing before being implemented given the inconsistent effects of previous programs designed to prevent PTSD. For

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[85] In this article, Fredrickson et al. (2003) interpreted their findings as being consistent with and thus supporting Fredrickson's broaden-and-build theory, which I have discussed in chapter 5.5. and in chapter 4.2.

example, studies have found that the use of psychological debriefing following trauma, which seemed entirely sensible on theoretical grounds, wound up having no discernible effects, and some studies even suggested that the use of psychological debriefing could impede natural resilience processes in some cases (e.g. Bonanno, 2004; McNally, Bryant, & Ehlers, 2003; S. Rose, Bisson, & Wessely, 2003). Thus, even though Tedeschi and McNally (2011) believed that the skills taught in the CSF program to enhance servicemembers' emotional, social, and spiritual fitness could potentially serve to enhance the possibility of posttraumatic growth, they also emphasized that this assumption had yet to be proven (p. 23).

I was struck by the discrepancy between Seligman's confident assertions that the CSF program could help foster posttraumatic growth and the cautions expressed by Tedeschi and McNally (2011). And if you were to ask me whether we should listen to Seligman's bold claims or to Tedeschi and McNally's cautions, then I would side with the latter, as they have a much more substantial track record of working directly with questions about trauma and posttraumatic growth. McNally has published extensively on the subject of trauma and PTSD (e.g., McNally, 2003a; McNally, 2003b, 2012a, 2016b), and Richard Tedeschi helped coin the concept of posttraumatic growth together with Lawrence Calhoun in the mid-1990s based on their clinical work and interviews with trauma survivors (e.g., Tedeschi & Calhoun, 1995, 1996). In addition, the module on posttraumatic growth in the CSF program largely seems to be based on the works of Tedeschi and Calhoun, who have developed a set of clinical guidelines that describes how clinicians can help facilitate posttraumatic growth though *expert companionship* (e.g., Tedeschi et al., 2018). To provide such expert companionship, clinicians must be able to tolerate their clients' distress, encourage the disclosure of things, which can be very uncomfortable, and to help manage and regulate highly charged emotions, both in their clients and in themselves (p. 141). Clinicians should also cooperate with their clients to fashion a narrative about the trauma, which respects the horror of the trauma while also opening up areas of change and development, thus encouraging an appreciation of paradoxical in the trauma experience, e.g., how loss and gain are not mutually exclusive and how vulnerability can also be a strength (p. 142). However, as also emphasized by Tedeschi and McNally (2011), it is not at all clear how this therapeutic model can be translated into an intervention like the CSF program, which is a large-scale, very brief, and predominantly psychoeducational approach that aims to prevent, rather than treat, traumatization.

Looking at the existing research on posttraumatic growth, I also noticed several tensions between this literature and the way in which the notion of posttraumatic growth is mobilized in Seligman's writings and in other presentations of the CSF program regarding 1) the adaptive value of

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posttraumatic growth, 2) the relationship between resilience and growth, and 3) the active promotion of growth. First, the aim to foster more posttraumatic growth in the CSF program seems to be based on an assumption that the presence of posttraumatic growth affects people's levels of distress, well-being, or other areas of mental health positively. E.g., when Seligman (2011b) describes human responses to trauma as being normally distributed, he describes people who exhibit posttraumatic growth as arriving at a higher level of functioning and as being stronger than before (p. 159). Thus, Seligman seems to suggest that human responses to trauma can be neatly separated on a continuum ranging from dysfunctional (PTSD), normal (resilient), to optimal functioning (growth). However, this assumption about the adaptive significance of posttraumatic growth is not supported by existing research, which underlines that the relationship between posttraumatic growth and mental health is unclear (Calhoun & Tedeschi, 1998). E.g., when Zoellner and Maercker (2006) conducted a review of empirical studies of the relationship between posttraumatic growth and PTSD, they found "a rather irritating and inconclusive picture" in terms of the adaptive significance of posttraumatic growth (p. 635). Two studies on posttraumatic growth by Hobfoll et al. (2007) reported similar inconsistencies regarding its adaptive value. The first study found that people, who experienced greater posttraumatic growth also had higher levels of PTSD symptoms and impairment of their functioning, but in the second study, a different pattern emerged in which posttraumatic growth seemed to work as a protective factor against PTSD and distress (p. 361). In addition, research on posttraumatic growth also emphasizes that the experience of growth does not necessarily *replace* suffering:

> "For a lot of people, a lot of distress remains. (…) Even when people are able to say they got something of value, this doesn't mean it makes everything all better, or that they no longer look at the event as traumatic. Posttraumatic growth isn't the opposite of posttraumatic stress. Posttraumatic stress is a catalyst for the emotional growth." (Tedeschi in Haas, 2015, p. 62)

The inconsistencies in these findings raise doubts about whether posttraumatic growth should be actively promoted, especially as it is done in the CSF program, where its promotion is tied to an assumption about its adaptive significance.

Second, the relationship between resilience and posttraumatic growth is less straightforward than it appears in the official presentations of the CSF program. Seligman tends to portray the building blocks of resilience and growth as being the same, as he suggests that by enhancing one's resilience, one also increases the likelihood of growth (e.g., Seligman, 2011a). However, studies have shown that highly resilient people may experience less posttraumatic growth than less resilient people (e.g., Levine, Laufer, Stein, Hamama-Raz, & Solomon, 2009; Westphal & Bonanno, 2007). Tedeschi and Calhoun (2004) have suggested that resilient people have coping abilities that allow them to be less challenged

by traumatic experiences, and therefore they do not experience the struggle with trauma, which they believe to be crucial for posttraumatic growth. Similar points have been raised by Westphal and Bonanno (2007), who have argued that resilient outcomes seem to provide little or no opportunity for posttraumatic growth, and they have emphasized that the relationship between resilience and posttraumatic growth remains to be defined.

Third, and perhaps most importantly, the research on posttraumatic growth contains explicit warnings against turning posttraumatic growth into a normative ideal. E.g., while Tedeschi et al. (2018) highlight that research has shown how the struggle to navigate one's pain and suffering in the aftermath of trauma can potentially work as an engine of personal growth, they also caution against promoting a general expectation that trauma survivors *should* grow. Similar warnings have been expressed by Zoellner and Maercker (2006), who have emphasized that clinicians working with trauma survivors should be very careful not to suggest that their clients must grow from their experiences, as this suggestion may be offensive (p. 651). Clinicians should also remind their clients that an absence of growth should not be regarded as a failure, as there is no evidence to suggest that posttraumatic growth is necessary for the successful recovery from trauma (pp. 650-651). In addition, a focus on posttraumatic growth should not be at the expense of the acknowledgement and engagement with a patient's suffering:

> Outside of the therapeutic context, clients may have been given advice by friends to "see the positive" or "concentrate on the good things" when they talked about the negative impact of trauma. Such hasty advice is usually not helpful because it is often linked to the denial of suffering. (Zoellner & Maercker, 2006, p. 650)

To avoid contributing to a denial of suffering, Zoellner and Maercker (2006) argue for "a professional abstinence from a naïve use of positive thinking," which should be replaced with an open-minded clinical attitude that encourages their clients to find their own specific meanings, interpretations, and ways of coping (p. 650). This is also central to the model developed by Tedeschi and Calhoun, which stresses that expert companions must be willing "to listen to the worst aspects of people's stories: the gruesome parts, the ways they feel crazy, the embarrassing things, and the things they feel guilty about. By not shying away from such topics, expert companions become appreciated, because so many others in trauma survivors' lives cannot tolerate these stories, are made uncomfortable by them, or get tired of hearing them." (Calhoun & Tedeschi, 2013, p. 26)

If we look to personal testimonies from trauma survivors, there also seems to be a resistance to framing their story in terms of how they have become better, wiser, and stronger because of their

struggles with trauma, especially if the normative ideal of growth is used to discount and silence the horrors of what they had to endure.[86] Reading the personal testimonies from trauma survivors in the works of the philosopher Susan Brison, who survived a sexual assault and a near-fatal murder attempt while walking on a French country road in 1990, and in the testimony provided by Roméo Dallaire, a retired lieutenant-general and former Canadian senator, who witnessed the Rwandan genocide during his commission as the major-general of a United Nations Mission in Rwanda in 1994, I noticed that they both spoke to the difficulty of findings others, who were willing to listen to their experiences. Brison (2002b), for example, described how she found it difficult not only to speak and write about her assault, but also to "find the voice with which to do it." (p. 3) And even when she did manage to find the words and the strength to describe her ordeal, it was hard for others to hear about it: "They would have preferred me to just "buck up," as one friend urged me to do." (Brison, 1993, p. 15). Dallaire makes a similar point:

> "It is difficult for all vets of such catastrophic and complex missions to come home and discover that no one really wants to know what they witnessed, what they did. Maybe at first your spouse will listen to you pour your heart out all night long. By the next time, it's only for an hour or two. By the third time, they are interrupting to ask if you remembered to feed the dog or take out the garbage. You are not supposed to grieve too much, or too long. Too often, your friends and loved ones believe you need to forget the whole thing; and the less they know about it, the more they think they are helping you to get over it." (Dallaire, 2016, p. 46)

Seeing her mother for the first time after the attack, Brison (2017) describes how she cried and reached out to hug her mother, who responded by holding her at an arm's length and saying "From now on we're going to be happy." (p. 4) Her mother, Brison added, had a traumatic childhood herself. When her father was killed by a hit-and-run driver when she was fifteen, she had been schooled by her own mother in "the ontology of silence, as if, without the words to say it, there wouldn't be so much pain." (Brison, 2002a, p. 117) In her book *Aftermath*, Brison (2002a) writes that in the wake of trauma, survivors not only need to find the words with which to tell their stories, they also need "an audience able and willing to hear us and understand our words as we intend them" (p. 51), thus pointing to the ways in which the effects of speaking about trauma are influenced by the relational context, in which this retelling takes place, which is in turn shaped by different social, historical and political forces. "This aspect of remaking a self in the aftermath of trauma highlights the dependency

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[86] Although, it should be noted that there are also plenty of example of survivors, who embrace this notion of growth. E.g., the focus on positive transformations is often found in self-help books, which mix personal testimonies, scientific findings and self-help advice around resilience and posttraumatic growth, such as Sheryl Sandberg's book *"Option B: Facing adversity, building resilience, and finding joy"* (Sandberg & Grant, 2017) and the book *"Bouncing Forward: The art and science of cultivating resilience"* by Michaela Haas (2015).

of the self on others and helps to explain why it is so difficult for survivors to recover when others are unwilling to listen to what they endured." (p. 51) Brison and Dallaire both speak to the social and cultural expectations around the ideal of turning trauma into triumph, and they both resist framing their experiences as yet another inspirational story about posttraumatic growth. Instead, they both highlight the ambiguity of recovery and what it meant to become better in the aftermath of trauma. For example, in the preface to his memoir about his battle with PTSD, Dallaire interjects the following caveat:

> "This is not an instructional manual on how to get better or an inspirational text of my triumph over adversity. After more than twenty years, I'm not "better," anymore than a soldier whose leg was blown off is able to grow a new one. But as that soldier can adjust to this new reality – physically with prosthetics, crutches, a wheelchair; emotionally with professional, personal and peer support – so, too, have I learned how to cope with some small victories and plenty of defeats." (Dallaire, 2016, pp. xv-xvi)

Recounting the aftermath of her assault, Brison also negotiates the meaning of recovery.

> "People ask me if I'm recovered now, and I reply that it depends on what that means. If they mean "am I back to where I was before the attack?" I have to say, no, and I never will be. I am not the same person who set off, singing, on that sunny Fourth of July in the French countryside. I left her in a rocky creek bed at the bottom of a ravine. I had to in order to survive. (…) The trauma has changed me forever, and if I insist too often that my friends and family acknowledge it, that's because I'm afraid they don't know who I am. But if recovery means being able to incorporate this awful knowledge into my life and carry on, then, yes, I'm recovered." (Brison, 2002a, p. 21)

These testimonies and the research literature on posttraumatic growth all point to the ambiguity of what it means to get better and grow in the aftermath of trauma, and they speak to the importance of having others, who are willing to listen to their experiences of trauma in ways that leave space for this ambiguity. They offer an account of the complex aftermath of trauma, which provides a stark contrast to the language of optimization, enhancement, and growth found in presentations of the CSF program, which leaves little room for such ambiguity. Instead, it simply encourages people to focus on cultivating an optimistic mindset and generating positive emotions more frequently to enhance their resilience and well-being. As Bond and Craps (2020) have noted, the increased attention to resilience and posttraumatic growth may serve as a welcome reminder of the plurality of human responses to trauma, but these categories are best approached with a skeptical eye, as they can also be used to promote a political quietism (p. 137), and I worry that the CSF program may result in exactly that. As Koch (2019) has succinctly put it: "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." (p. 226)

Chapter 7. Final thoughts and concluding remarks

As positive psychological interventions have proliferated in an increasing number of contexts over the past 20 years, so has the chorus of critical voices, who have articulated various concerns about the growing influence and use of positive psychological theories and techniques to prevent a host of psychological and social problems. In this dissertation, I have joined, amplified, and added to these critiques through my analysis of a particular case – the CSF program and its use of positive psychology as an antidote to the problem of trauma. Starting out, I was curious about this use of positive psychology, and I wanted to understand how the expertise offered by positive psychologists has come to play a role in shaping the understanding of not only human strengths, but also human suffering. Through my analyses, I have created a layered analysis attuned to the connections, contradictions, and conflicts within and between different levels of analysis to show, e.g., how the scientific aspirations of positive psychologists have shaped their central assumptions and techniques, and how these have in term shaped their understanding of both resilience and trauma. By weaving together different voices and lines of critique, I have brought the voices of the program's cheerleaders into close conversation with their staunchest critics to examine both the promises and potential pitfalls of the CSF program and its approach to building resilience. Doing so, I have strived to provide a nuanced understanding of the particularities of my case by taking its historical, social, cultural, and political context into account.

Over time, however, I found myself becoming increasingly critical of both the CSF program and the science of positive psychology. This growing unease had dual roots. First, I was increasingly uncomfortable with, and suspicious about, the promise of the program to equip all service members with a so-called "mental armor" against trauma. The more I learned about trauma and resilience, the less sense this promise made. Second, despite evidence that the CSF program failed to achieve its stated objective to prevent traumatization, it became clear that it nonetheless worked in a different way, as its language around resilience and posttraumatic growth affected how trauma is understood and treated. Thus, the CSF program may have limited effect as a psychological intervention, but its ideological and political import may nevertheless be significant, as the CSF program and its use of positive psychology works to individualize, decontextualize, and depoliticize both the problems of trauma and the notion of resilience.

7.1. The failed promise of positive psychology

In the internal memo[87] from one of the initial meetings between Seligman and representatives from the U.S. Army, it was clearly stated that the expertise and techniques provided by positive psychologists could prevent posttraumatic disorders by equipping all service members with a so-called "mental armor" by increasing their resilience and well-being. Has the program succeeded in its ambitions? My answer to this question is "no." My dissertation showed how one of the central pitfalls of both positive psychology and the CSF program lies in the grandness of their promises, e.g., the promise that the CSF program and its use of positive psychological techniques could work as an antidote to traumatic conditions and promote posttraumatic growth.

When the principles and guidelines from positive psychology were introduced in the army, it was done so without any prior knowledge of their effectiveness – let alone their potential unintended effects – for dealing with mental health issues in people, who are routinely exposed to extreme events such as combat, violent death, and other forms of traumatic experiences (see especially chapter 5). Instead, it seems that the Army leadership was convinced that Seligman was 'their man,' even despite this lack of evidence, as Seligman offered a plausible explanation for how the CSF program could fix the problem of PTSD by boosting resilience and posttraumatic growth. In addition, this solution fitted neatly with the Army's existing belief in self-possession and self-efficacy, and given the serious consequences of the ongoing mental-health crisis in the U.S. military, which threatened both the well-being of the individual soldiers and the operational capabilities of the military, Seligman's proposition to build resilience to prevent PTSD probably seemed like a promise too good to refuse (Singal, 2021, pp. 126-127). Yet, to this day, the usefulness of the CSF program for preventing PTSD and other posttraumatic conditions remains questionably, as the formal evaluations of the program have offered little evidence to support this assumption, as also discussed in chapter 5.

I also noticed a recurring pattern in the way that Seligman has responded to critiques of both the CSF program and of positive psychology more generally. As detailed in chapter 4, I noticed his unwillingness, as well as that of other prominent positive psychologists, to revise their central theories and methods when faced with critical questions, and I noticed a tendency to black-box or marginalize broader questions about the social, cultural, and political effects of positive psychological

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[87] Internal memorandum, "Summary of initial meeting Casey, Seligman, et al." (Department of Defense, 2008). Downloaded on June 22, 2021, from https://thewarhorse.org/wp-content/uploads/2019/10/2.-Strategy-for-CJCS-converted.pdf

theories and interventions. Unless critical questions take the form of testable propositions, which will eventually prove right or wrong (e.g., Seligman, 2018, p. 266), Seligman tends to dismiss all critique out of hand, unduly narrowing the character and scope of the conversation. Although this strategy may have served him well professionally, it also cut offs possibilities for any meaningful exchange about the broader implications of the normative ideals inherent in positive psychology. In this dissertation, I have sought to bring some of these muted aspects back into the conversation about positive psychology and the CFS program.

Whereas Seligman has dismissed criticism of the CSF program as coming "from people who opposed American foreign policy and our military interventions in the Middle East" (Seligman, 2018, p. 326), I have pointed out that criticism of the program's central promises, assumptions, and lack of strong scientific evidence come from a much more varied group of scholars, including researchers affiliated with the U.S. military such as Adler, Nash, and Litz (as detailed in the chapter 6). Their critique cannot be easily dismissed as merely being politically motivated. The same goes for the critical objections raised by other scholars working with trauma and resilience. E.g., in an interview with PBS Newshour from 2012,[88] George A. Bonanno, a professor of clinical psychology at Columbia University famous for his work on resilience and grief, and Bessel van der Kolk, a professor in psychiatry and a prominent expert on trauma, both questioned the value of the findings from the third official evaluation report by Lester, Harms, Herian, et al. (2011), which examined the relationship between self-reported resilience and psychological health data. To Bonanno, these findings did not seem significant, nor did they support the legitimacy of the program, as he stated that it was "not clear they actually showed anything," to which he added: "it's such a small effect one would have to question whether it was worth it."[89] Van der Kolk was also less than impressed, saying that the big question about whether this intervention makes combat soldiers more resilient and prevent PSTD had not yet been addressed: "Does it make it easier to tolerate the central traumatizing issues of combat: killing, witnessing or engaging in atrocities, seeing one's friends being blown up, and being reminded of horrendous scenes after returning home, and being able to sleep comfortably after combat?" to which he added that the evaluation report "reads more like propaganda than a serious scientific study."[90]

When asked to comment on Bonanno's and van der Kolk's criticism, Seligman, perhaps unsurprisingly, in turn responded that these objections were "off base," and in his reply, he

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[88] https://www.pbs.org/newshour/nation/military-jan-june12-csf_training_01-02
[89] Ibid.
[90] Ibid.

strategically shifted the justification for the program away from the prevention of PTSD and other forms of psychopathology – away from what Seligman described as the "vulnerable, bottom 10 percent" – towards the broader and less well-defined goal of promoting health and building strengths.[91] The CSF program, Seligman now stated, should not primarily be measured on how well it met the goal of preventing PTSD, but it should rather be judged on its potential to contribute to "a more resilient fighting force – building the strengths of the top 90 percent" of the army."[92] Nevertheless, a central part of the selling point and rationale behind the creation of the resilience training program in the US Army was the assumption that by strengthening soldiers before combat or other potentially traumatic experiences, it would be possible to prevent some cases of PTSD (Seligman, 2011b, p. 158). By focusing on the positive aim of creating better, more resilient soldiers by building the strengths in the "top 90 percent" and framing the problems of trauma almost exclusively in terms of pathology and disorder and as only concerning the "vulnerable, bottom 10 percent," Seligman avoided the important question about how well the program serves those, who may need it most, and the prevention of traumatic disorders suddenly appeared to be only a marginal issue, even though these problems were the starting point of the cooperation between positive psychology and the U.S. Army.[93]

Seligman's response to his critics reflects a broader discrepancy between Seligman's original promise about the program's benefits and the later more sober evaluation expressed by other people, who have been involved with the design and evaluation of CSF since its inception. In an early presentation of the CSF program, Seligman and Fowler (2011), argued that the benefits of the CSF program would include a decrease in rates of PTSD, depression, and anxiety, improved performance and morale, as well as improved mental health and physical well-being (e.g., Reivich et al., 2011; Seligman, 2011b). Given these outcomes, they claimed that the program could potentially revolutionize the balance between treatment and prevention in both military and civilian health care (p. 85). This view stands in sharp contrast to later arguments that:

> "CSF is not a panacea – for anything. The program will not bring about an end to low base rate behavioral problems, such as suicide and violent crime within the army. It will not cure posttraumatic stress disorder (PTSD). It will not solve the army's alarmingly high number of soldiers who are prescribed psychotropic medication for behavioral health problems. It will not cure addiction of any kind (...) It will not prevent a divorce from happening or make a soldier a great parent. But the CSF will help some percentage of soldiers avoid these

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[91] https://www.pbs.org/newshour/nation/military-jan-june12-csf_training_01-02
[92] Ibid.
[93] Remember, when Seligman initially met with Colonel Jill Chambers in August 2008, it was to discuss and help address the problems of returning warriors and the unprecedented rates of PTDS, depression, suicide and divorce among military personnel (Seligman & Fowler, 2011, p. 84).

The techniques taught in the CSF program (for an overview, see chapter 5) did not offer an antidote to problems like depression, anxiety, and PTSD, but were only "designed to "move the needle" just a little by giving people the cognitive skills to think through problems and manage their emotions." (p. 198).

Although dismissed by Seligman, this change in tone in official publications about the CSF program in fact seems to confirm the hesitation and skepticism expressed by other researchers, including Bonanno, van der Kolk, Nash, and Litz. "When I first heard about it [the CSF program]", Bonanno recalls, "I was more or less floored (…) I've been studying resilience for 20 years, and I don't know of any empirical data that shows how to build resilience in anybody."[94] Had these researchers been consulted on the development of the CSF program, I suspect they would have rejected Seligman's proposed solution as being based on an overly simplistic understanding of both trauma and resilience. To them, PTSD is not just about a lack of optimism or a failure to cultivate enough positive emotions, but a much more complex problem that requires a more nuanced understanding of the intricate relationships between the numerous biological, psychological, social, and political forces that shape human responses to trauma – an understanding that the science of positive psychology is not only ill-equipped to deliver in its current form, but also rather dismissive of, as discussed in chapter 4.

7.2. The cruel optimism of positive psychology

The internal memo summarizing the initial meeting between Seligman and representatives from the U.S. Army not only outlined the CSF program's aim to prevent traumatic conditions by equipping soldiers with a mental armor. It also noted how this program could help challenge the dominant narrative about trauma by deemphasizing PTSD and instead emphasizing resilience and posttraumatic growth:

> "They [the soldiers], and our leaders, should know that the most common sequel of combat is likely growth, not deterioration. And that those Soldiers who are in good psychological

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[94] https://thewarhorse.org/the-unknown-legacy-of-military-mental-health-programs/

shape to begin with (e.g., optimistic) are the ones likely to grow, and those in bad shape before combat (e.g., pessimistic) are the ones most likely to emerge "wounded."" [95]

This understanding of traumatic conditions strongly resonates with earlier conceptions of war-related trauma, which was largely understood as an abnormal response stemming from a preexisting condition or individual vulnerability, rather than from one's exposure to traumatic stressors, as discussed in chapter 6. It is not hard to understand why this explanation appealed to the leadership in the U.S. Army, as it resonates with classic bootstrap logic, which places the burden of success or failure on an individual's character and lets the traumatizing system of the hook (Bond & Craps, 2020, p. 137).

However, the appeal of positive psychology and its central promises around resilience and posttraumatic growth is not limited to the U.S. Army but has a much broader social and political resonance. As critical psychologists and governmentality scholars have argued incessantly, ideas about resilience and posttraumatic growth dovetail nicely with broader neoliberal ideals around personhood and individual responsibility. Positive psychological interventions such as the CSF program both adapt to and embody the values and goals that human beings should achieve in a neoliberal world, as they encourage people to engage in a continuous work of self-improvement to improve their self-regulation, self-reliance, self-control, and resilience (Teo, 2018a, p. 586). The CSF program may also serve neoliberal ideology because it reframes structural inequalities as individual problems of coping (e.g., Gill & Orgad, 2018; Howell & Voronka, 2012; Illouz, 2020). As these scholars posit, part of the strong appeal of building psychological resilience may well lie in its assumed ability to help subjects deal not only with the extraordinary demands of war, but also with the broader uncertainties and instabilities that characterize contemporary capitalism:

> "Good subjects will 'survive and thrive in any situation', they will 'achieve balance' across the several insecure and part-time jobs they have, 'overcome life's hurdles' such as facing retirement without a pension to speak of, and just 'bounce back' from whatever life throws, whether it be cuts to benefits, wage freezes or global economic meltdown. Neoliberal citizenship is nothing if not a training in resilience as the new technology of the self" (Neocleous, 2013, p. 5)

Upon this reading, the CSF program is not a genuine solution to the problems of stress and trauma but rather symptomatic of the way in which citizens in late-modern Western societies are made

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[95] Internal memorandum, "Summary of initial meeting Casey, Seligman, et al." (Department of Defense, 2008). Downloaded on June 22, 2021, from https://thewarhorse.org/wp-content/uploads/2019/10/2.-Strategy-for-CJCS-converted.pdf

responsible for their own health and well-being. As N. Rose and Lentzos (2017) remind us: "resilience – like empowerment, recovery, and mindfulness – can rapidly switch from a radical alternative to a tool in the toolkit of professionals to be used coercively and as norms that can be used to judge: you *will* become resilient, and it is your responsibility if you fail." (p. 44). A similar logic may well apply to the normative ideal of posttraumatic growth as it is promoted in the CSF program. In short, there is a risk that positive psychological interventions like the CSF program can become yet another barrier or excuse for not helping and supporting people, because they create the false impression that resilient people can withstand or even grow from a wide range of potentially traumatic experiences, such as chronic suffering, mistreatment, injustice, harassment, violence, and inequalities (Rimke, 2020, p. 42). As such, the language of resilience and posttraumatic growth may also negatively affect how others respond to individuals, who struggle to function in the wake of traumatic events:

> "'…survivors often suffer at the hands of others who expect them to be recovered from their trauma or loss rather quickly. If they show distress, they are often regarded as poor copers, who are wallowing in their pain. We honor people by acknowledging what they are up against following trauma, not by holding out false hope that if they have the right personality characteristics, if they process the event in the right way, and if they adopt the right coping strategies, they will be able to grow from their experience. If outsiders believe that growth is prevalent, it can become a new standard that survivors' progress is measured against. Such a standard may lead to negative judgment toward those who do not show personal growth, making them feel like coping failures." (Wortman, 2004, pp. 88-89)

The failure to consider the social, cultural, and political contexts of trauma and resilience is not inconsequential. I worry that the ideals of resilience and posttraumatic growth articulated by positive psychologists may result in a "cruel optimism." Originally coined by Lauren Berlant (2011), "a relation of cruel optimism exists when something you desire is actually an obstacle to your flourishing." (p. 1) For example, relations of cruel optimism exist, when individuals remain attached to fantasies of upward mobility, job security, endurable intimacy, and political and social equality, even when the evidence suggests that these are unachievable (Bracke, 2020, p. 64). Understood as such, cruel optimism offers an appropriate lens through which to assess the broader ramifications of positive psychology and CSF training, which risk conveying a message that the cultivation of an optimistic mindset and positive emotions is sufficient to build resilience and foster growth – even in contexts which lack the necessary material, social, and political structures to support resilience processes. Positive psychologists like Seligman and Reivich tend to assume that everyone can benefit from adopting the resilience-enhancing skills they promote (Reivich & Shatté, 2002; Seligman, 2011b), but individual resilience might not be functional or optimal in every context (Mahdiani & Ungar, 2021; Panter-Brick, 2014). For example, building resilience might not be the right solution, if resilience means adapting to the idea of meritocracy in contexts characterized by chronic unemployment, social

isolation, and violence, as it can mask social and structural inequalities and induce a tolerance for disparity and inequality by assigning individual the responsibility to change their own lives in contexts, where they lack the power to do so. As N. Rose and Lentzos (2017) have succinctly put it: "Demands for resilience without the collective and infrastructural powers and resources to realize resilience is disingenuous at best, toxic at worst." (p. 45)

7.3. Resilience beyond positive psychology

Having examined the shadow sides of positive psychology and the turn to resilience in the U.S. military, I have argued that the CSF program and its use of positive psychology works to individualize, decontextualize, and depoliticize both the problems of trauma and the concept of resilience. Although the relatively young science of positive psychology raises interesting and relevant questions, it has yet to live up to many of its central promises and ambitions. However, my increasingly strong resistance and skepticism about the promises of positive psychologists and their approach to building resilience should not be taken to mean that the concept and attempts to cultivate resilience should be rejected or abandoned altogether. As I have shown in chapters 5 and 6, resilience (as well as trauma) are complex and contested concepts that come with heavy historical baggage. Positive psychology is part and parcel of this story, as positive psychologists have played a prominent role in popularizing the notion of resilience by translating it into a set of simple self-help techniques, which can be easily taught and disseminated. But in their search for simplicity, they have promoted an individualistic understanding of resilience, while the material, social, cultural, and political aspects of resilience got somewhat lost in translation, as I have demonstrated throughout this dissertation. It may be tempting to embrace the promises of positive psychology, the approach to building resilience underlying the CSF program included, as they appear to offer a very simple solution to the complex and serious issue of trauma. However, if we do so uncritically, we would also be accepting the flawed assumption that problems created by social forces can be solved through the individual management of stress. And as I have shown, it is problematic to assume that the detrimental effects of trauma can be countered through psychological and behavioral adjustments of individuals, because such a solution does not sufficiently acknowledge the role other factors such as class or privilege play in shaping people's vulnerability to stress and trauma. When it comes to dealing with the problems of trauma, there is no quick fix. To continue to search for a simple solution to the complex issues related to trauma would be wishful thinking.

In their search for a good enough answer to the question about how to help their struggling soldier population, the U.S. Army embraced Seligman's approach, even though it was recognized that there were significant shortcomings in his data. As one program developer succinctly put it: "The enemy of good is better." (Cornum in Seligman, 2011b, p. 131) But having critically interrogated the particulars of this program, I find that we must do better. So, how might we do so? For a start, I find that we should approach the question about how to foster resilience through a different framework than the one proposed by positive psychologists. For instance, I showed that the way in which positive psychologists frame resilience and trauma (and reframe trauma through resilience) differs significantly from other traditions, such as developmental psychology, which has conceptualized resilience in a much more relational sense by championing a social ecological understanding of resilience (e.g., Masten, 2007; Ungar, 2013; Ungar, 2012). Future research may return to these other traditions as sources of inspiration for developing alternative accounts of and approaches to fostering resilience. Changing people's life circumstances is, as Seligman (2002a) has argued, "impractical and expensive" (p. 50). But as Ungar (2013) reminds us, far more individuals will adapt positively following traumatic events, if we strive to make their environments benign by mitigating risk factors such as violence, poverty, and social marginalization than if we try to change individuals (p. 263). From this perspective, a central problem with resilience-building interventions like the CSF program is that is propagates a view of resilience as something individuals *have*, rather than as a *process* that social and physical ecologies facilitate. As we start taking the complexity of interactions between different elements of people's environment into account, resilience also becomes messier, the number of variables multiple, and the relationship between e.g., an optimistic mindset and positive developments following trauma exposure becomes less determined. If we embrace this way of thinking about vulnerability and resilience, it becomes visible how people's susceptibility to trauma is not just a matter of their individual characteristics or coping skills but also outgrowth of human ecologies. It becomes visible how the search for simple explanations is the wrong approach, when dealing with the complex questions around trauma and resilience. And it becomes visible how there are risks, uncertainties, and dangers in life, which cannot be vanquished by re-engineering or optimizing ourselves, no matter how disciplined, optimistic, or courageous we are.

Abstract

Since the formal launch of the field of positive psychology in the late 1990s, this new science of human happiness and well-being has found many niches in which to flourish. Over the past 20 years, positive psychological interventions have proliferated in various spheres such as education, management, self-help, professional counseling, and, more recently, in the U.S. Army. This dissertation examines the central promises and potential pitfalls of positive psychology and its approach to building resilience through an analysis of the *Comprehensive Soldier Fitness program* (CSF), a resilience-training program developed for the U.S. Army based on the principles from positive psychology. In 2008, the suicide rates of American soldiers had reached a 28-years high, and around one in five U.S. veterans, who had returned from the prolonged wars in Iraq and Afghanistan, suffered from post-traumatic stress disorder (PTSD) or depression. To deal with this mental health crisis, the U.S. Army turned to Martin Seligman, one of the founding fathers and leading figures in the field of positive psychology, who helped design the CSF program, which was launched in 2009. This program was intended to decrease rates of PTSD, depression, and anxiety and improve performance by enhancing the resilience and well-being of soldiers and other army personnel by teaching them how to cope with adversity and grow from both minor setbacks and major trauma.

Taking the resilience training program designed for the U.S. Army as my central case and empirical starting point, I focus on the way in which positive psychological theories and techniques have been promoted as an antidote to the problems of trauma, and how the notions of strengths and resilience found in the CSF program affect how the problems of trauma are viewed and treated, thus making the science of positive psychology and the central assumptions about resilience and trauma underlying the CSF program my central objects of investigation. I am not trying to refine a general theory about trauma and resilience. Instead, I attend to the ways in which notions of trauma and resilience are articulated in my case and I explore how these conceptions are situated within a broader field of questions and discussions about trauma and resilience. Thus, this dissertation contributes to ongoing discussions about the increasing focus on resilience and the use of positive psychology, and in it, I raise several critical questions and concerns of general relevance, as this program was not only created for the U.S. Army, but also intended as a general model for civilian use.

Based on my discussions about the wider sociopolitical implications of the growing use of psychological interventions and expertise in Western societies (chapter 3 and 7), my analysis of the scientific foundation of positive psychology (chapter 4), how positive psychologists have articulated the promise of resilience and the central theories and techniques used in the CSF program (chapter 5), and the assumptions about trauma and PTSD underlying this program (chapter 6), I argue that, while it is tempting to embrace the promises of positive psychology, we should not do so uncritically, as my analyses show how both the CSF program and the science of positive psychology are based on several promises, which they have yet to live up to. I demonstrate that rather than delivering on their promise to create positive psychological interventions based on hard, scientific evidence, the positive psychologists involved with the creation of the CSF program have made several unsubstantiated claims about the usefulness and effectiveness of positive psychological techniques as an antidote to PTSD. This dissertation also suggests that there are several shadow sides to this resilience-training. E.g., by portraying traumatic conditions like PTSD as rooted in bad habits of the mind, the CSF program largely represents traumatic disorders as an individual failure to properly manage one's own thoughts, feelings, and actions, rather than as resulting from one's exposure to traumatic stressors. It is tempting to conclude that the CSF program have failed as an antidote to the problems of trauma, but to do so, we risk overlooking how the program also works to individualize, decontextualize, and depoliticize both the problems of trauma and the notion of resilience.

Resumé

Siden lanceringen af den positive psykologi i slutningen af 1990erne har denne nye videnskab om menneskets lykke og trivsel opnået en stadigt større udbredelse. I løbet af de sidste 20 år har interventioner baseret på den positive psykologi vundet indpas på forskellige områder såsom uddannelse, ledelse, selvhjælp, professionel terapi og rådgivning, samt i den amerikanske hær. Denne afhandling undersøger de centrale løfter og mulige skyggesider af den positive psykologi og dens tilgang til at opbygge resiliens gennem en analyse af programmet "Comprehensive Soldier Fitness" (CSF), et resilienstræningsprogram udviklet til det amerikanske militær baseret på principper fra den positive psykologi. I 2008 var selvmordsraten blandt amerikanske soldater den højeste i 28 år, og cirka hver femte veteran fra krigene i Irak og Afghanistan led af PTSD eller depression. For at dæmme op for det stigende antal soldater med psykiske problemer kontaktede den amerikanske hær Martin Seligman, som er en af grundlæggerne af den positive psykologi, og sammen skabte de CSF-programmet, som blev lanceret i 2009. Formålet med dette forebyggende program var at mindske forekomsten af PTSD, depression og angst, samt at forbedre soldaternes ydeevne og styrke deres generelle velbefindende ved at lære dem forskellige teknikker til at håndtere stress og traumer.

Afhandlingen tager CSF-programmet som sin centrale case og empiriske genstand. I min analyse af CSF-programmet fokuserer jeg især på hvordan den positive psykologi er blevet promoveret som en modgift mod traumatisering, og jeg undersøger hvordan programmets ideer omkring styrker og resiliens påvirker forståelsen af traumer. Dermed gør jeg også programmets videnskabelige fundament, altså den positive psykologi og dens underliggende antagelser om traumer og resiliens, til en central genstand i mine analyser. Afhandlingens ærinde er ikke at fremstille en generel teori om traumer eller resiliens. I stedet fokuserer jeg på hvordan disse fremtræder i min case, og jeg udforsker hvordan programmets centrale antagelser er placeret i et bredere felt af spørgsmål og diskussioner omkring traumer og resiliens. Afhandlingen bidrager med en diskussion af resilienstænkningen og brugen af den positive psykologi og jeg rejser en række kritiske spørgsmål, som har bredere relevans end blot det amerikanske militær, idet CSF-programmet ikke kun var skabt til det amerikanske militær, det er også tiltænkt som en mere generel model for, hvordan man kan øge individers resiliens i civile kontekster.

På baggrund af afhandlingens analyser og diskussion af de bredere sociopolitiske effekter af den stigende brug af psykologiske interventioner og ekspertise i den vestlige verden (kapitel 3+7), den positive psykologis videnskabelige fundament (kapitel 4), resilienstænkningens og CSF-programmets underliggende løfter, teorier og teknikker (kapitel 5), samt programmets underliggende antagelser om traumer og PTSD (kapitel 6) argumenterer jeg for, at selvom det er fristende at omfavne den positive psykologis centrale løfter og antagelser, så bør dette ikke gøres ukritisk. Afhandlingens kapitler viser, hvordan både CSF-programmet og den positive psykologi er baseret på en række løfter, som de endnu ikke lever op til. Den positive psykologi blev f.eks. lanceret på et løfte om at levere psykologiske interventioner med veldokumenteret effekt, men samtidig er CSF-programmet baseret på udokumenterede påstande omkring anvendeligheden og effekten af teknikkerne fra den positive psykologi som en modgift til PTSD. Afhandlingen belyser også hvordan resilienstræningen i CSF-programmet rummer en række mulige skyggesider. Programmet fremstiller bl.a. traumatiske lidelser som værende funderet i bestemte dårlige vaner og karakteristiske tænkemåder, og promoverer dermed en forståelse af traumatiske lidelser som et resultat af individers manglende evne til at styre og regulere deres egne tanker, følelser og handlinger, snarere end værende et resultat af deres eksponering for traumatiske stressfaktorer. Det er fristende at konkludere at CSF-programmet har fejlet og ikke virker som en modgift til traumatisering, men så risikerer vi at overse, hvordan programmet også virker på andre måder, bl.a. hvordan programmet individualiserer, dekontekstualiserer og afpolitiserer forståelsen af både traumer og resiliens.

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