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What doesn't kill me makes me stronger? Post-traumatic growth and the problem of suffering

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Abstract

This article argues that the Post-Traumatic Growth (PTG) literature does not support the claim, made most notably by Eleonore Stump, that suffering tends to promote psychic integration that allows for interpersonal closeness with God (or others). Two strains of argument support this conclusion. First, there are problems internal to PTG research, identified by psychologists and bioethicists in the field, that call the strength and reliability of the findings into question. Second, even if successful in what it purports to do, the PTG literature does not support the conclusions that Stump draws from it. Finally, given that we live in a culture that both prizes and moralizes positivity, often at the expense of sufferers, applying this research in prescriptive and normative ways inappropriately circumscribes the post-traumatic journeys of trauma survivors. Before turning to these arguments, I begin by briefly describing the long-term suffering that trauma can inflict in the forms of post-traumatic stress disorder and other physical and mental health effects. This section illustrates the challenge that trauma poses for the projects of theodicy and defence and provides the backdrop against which the PTG literature must be read.

Keywords: post-traumatic growth; the problem of suffering; the problem of evil; theodicy

Friedrich Nietzsche famously claimed that '[what] does not kill me, makes me stronger' (Nietzsche 1911, 2).¹ It is a popular idea, emblazoned on shirts, mugs, and memes, and it is the underlying message of many popular movies, memoirs, and self-help literature (Ehrenreich 2009). Daniel Russo is bullied and severely beaten by his rival's friends, but becomes a karate champion when he learns to channel his anger through the right sort of contemplative and athletic practices. Former international cycling champion Lance Armstrong in a 1998 interview describes his battle with cancer as a blessing that he would not excise from his life even if he could (quoted in Tedeschi and Calhoun 2004a, 1).² In American Christian culture the theme is perhaps even more popular, as it reinforces common teachings about the spiritual value of enduring hardship. The memoir of Darlene Deibler Rose, a missionary to Indonesia taken prisoner during the Second World War, includes a vignette in which she describes finding her bride book in the ashes of her barracks after a bombing. Seeing the melted gold letters glittering in the sun, she 'hears' the voice of God saying to her that this is what he wants do to her – make her like gold – even if he has to take her through the fire seven times (Rose 2003, 167–168). This happens not long after she is released from solitary confinement where she endured interrogations and

physical violence. The message is clear. Suffering makes us pure and beautiful. And indeed, hers is a story of deep faith and of personal resilience in the face of the suffering and degradation of camp life. She comes out on the other side of the war spiritually stronger, a woman of deeper faith, despite having lost everything from her husband to her physical health. In each of these stories, the hero is not merely a victorious overcomer (although they are that), but someone who develops a better *character* in response to the trauma they endure. Humans in general, and perhaps Americans in particular, love this particular genre. Among other things, it helps us to cling to the so-called 'just world hypothesis' in the face of apparent counter-evidence. Most reflective people realize that bad things happen to good people. But, if we can believe that all of the suffering the good endure has the potential to make them better off in some deep and morally significant way, then cosmic justice is maintained.

In recent decades, a body of research in positive psychology has emerged that apparently supports these treasured beliefs. The post-traumatic growth (henceforth PTG) movement seeks to document and understand the prevalence of *personal growth* in the wake of highly stressful and traumatic life events. Early studies suggest that a surprisingly high percentage of survivors report positive change resulting from their experience.

This looks like good news for philosophers of religion thinking about the problem of suffering. To many, the presence of apparently *gratuitous suffering* – suffering that appears to play no positive role, either for the universe in general or for sufferers in particular – counts as evidence against the existence of God, or, at the very least, as a troubling philosophical and theological puzzle. What could justify an all-powerful, omnipotent, and morally perfect being like the God of classical theism in creating a universe that apparently includes gratuitous suffering? Trauma and post-traumatic stress are *prima facie* candidates not only for counting as gratuitous suffering but also what Marilyn McCord Adams calls *horrendous evil*. On Adams's account, horrendous evil is the kind of thing 'the participation in which (that is, the doing or suffering of which) constitutes *prima facie* reason to doubt whether the participant's life could (given their inclusion in it) be a great good to him/her/[them] on the whole' (Adams 1999, 26). As examples she includes things like sexual assault, child abuse of the kind that Ivan Karamazov describes in *Brothers Karamazov*, and the dropping of atomic bombs over populated areas. Although there are a number of theodicies and defences that locate God's reason for allowing such evils in the goods that might be obtained through their coming to pass, to the best of my knowledge, only Eleanor Stump explicitly draws on PTG literature to support her claims. Given the influence of Stump's work and the great care she takes to avoid engaging with suffering in morally shallow or flippant ways, it is worth examining the empirical findings about PTG in more detail and with a critical eye. In doing so, I argue that the PTG literature does not support the idea that suffering tends to promote the kind of psychic integration that allows for interpersonal closeness with God or others. Two strains of argument support my conclusions. First, there are problems internal to PTG research, identified by psychologists and bioethicists in the field, that call the strength and reliability of the findings into question. Second, I show that, even if reliable for what it purports to do, the PTG literature does not support the conclusions that Stump draws from it. Finally, I suggest that given that we live in a culture that both prizes and moralizes positivity, often at the expense of sufferers (Ehrenreich 2009), applying this research in prescriptive and normative ways inappropriately circumscribes the post-traumatic journeys of trauma survivors. I begin by briefly describing the long-term suffering that trauma can inflict, in the forms of post-traumatic stress disorder and other physical and mental health effects. This section illustrates the challenge that trauma poses for the project of theodicy or defence and provides the backdrop against which the PTG

literature must be read. If PTG were the only result of traumatic suffering, it would be simple to measure the overall value of suffering in human lives. But to whatever degree PTG occurs, it occurs in conjunction with other long-term harms.

Post-traumatic growth: concepts and methodology

Since the Second World War there has been a (re)emergence of interest in, and understanding of, the serious long-term emotional and psychological harms inflicted by trauma (Herman 2015, 9). Today most people are aware that some combat veterans return with post-traumatic stress disorder (henceforth PTSD) and that other kinds of trauma, such as intimate partner violence, sexual assault, child abuse, car accidents, and natural disasters, can cause similar distress. As Judith Herman describes them, 'traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life' (Herman 2015, 33). When a threatening event so overwhelms the body and mind's usual coping mechanisms, and especially when it prevents the execution of a fight or flight response, the limbic system continues to secrete higher levels of stress hormones even once the threat is removed. The dysregulation of the sympathetic nervous system that we call post-traumatic distress causes a range of negative physiological and psychological symptoms (Brison 2002, 40; Van Der Kolk 2015, 30, 45–47). Several factors influence a survivor's vulnerability to long-lasting effects, including the nature, severity, and duration of the traumatic experience; biological vulnerabilities such as genetic predispositions, previous illness, and prior mental health; family dynamics and social support; and larger sociopolitical factors. Only 10–20% of those who endure a single-event trauma are likely to develop PTSD as defined by the Diagnostic and Statistical Manual of Mental Disorders, known colloquially as the DSM-V, while those who experience ongoing or repetitive traumatic experiences face a risk between 33 and 75+% (Courtois and Ford 2013, 15).

The symptoms of post-traumatic distress include physical, emotional, and mental states such as intrusive memories, hyperarousal, hypervigilance, anxiety, depression, numbness, dissociation, compulsion to re-enact, restriction of range of affect, avoidance of certain stimuli, and sleep disturbances, as well as epistemic effects, such as believing oneself at fault for the trauma, thinking oneself to be unsafe, or believing certain kinds of people pose a risk to oneself or others. Indeed, survivors of trauma often feel at war within themselves, believing one set of things and feeling and experiencing bodily responses inconsistent with those beliefs. A survivor of sexual assault may believe that most men are safe while continuing to be uncomfortable around men they don't know. A survivor of a natural disaster might know that the probability of being caught in a life-threatening tornado is small, and still experience hypervigilance during a thunderstorm. Survivors of child abuse may both desire and fear close intimate relationships. Ongoing trauma (as opposed to single-event trauma) can cause all of these symptoms, but also tends to affect the survivor in more global and fundamental ways. Some psychologists refer to these more severe and global impacts as complex PTSD (or cPTSD). Symptoms include persistent dysphoria, chronic suicidal preoccupation, self-injury, paralysis of initiative, shame, guilt, self-blame, a sense of defilement or stigma, a sense of complete difference from others, a loss of sustaining faith, and a sense of hopelessness and despair (Herman 2015, 121). Emmanuel Tanay, a psychiatrist who worked with survivors of the Holocaust, observed that 'the psychopathology [of complex trauma] may be hidden in the characterological changes that are manifest only in disturbed object relationships [activities and things that serve as sources of connection] and attitudes towards work, the world, man and God' (Herman 2015, 120). In other words, the experience of trauma has a deep, lasting, negative impact on all central aspects of the survivor's self and life, but most deeply in the realm of relationships.

Perhaps nothing underlines the extent of the life-long impact of trauma as the outcomes documented by the Adverse Childhood Experiences (ACE) Study conducted by Vincent Felitti et al. (1998). The study collected responses about adverse childhood experiences in seven categories (psychological, physical, or sexual abuse; violence against mother; living with household members who were substance abusers, mentally ill or suicidal, or ever imprisoned) from 9,508 adults who had completed a standardized medical evaluation at a large HMO. The researchers found strong correlations between exposure to trauma in childhood and negative physical and mental health outcomes in adulthood, from elevated risk factors for the leading causes of death, to suicidality, to prevalence of cancer, diabetes, and hepatitis, among other things. While 56% percent of people who experienced no categories of adverse childhood experience had no risk factors for the leading causes of death in adults, only 14% of those who were exposed to four or more categories of ACE had no risk factors. Survivors of four or more categories of ACE were 12.2 times more likely³ to have attempted suicide than those with no ACEs, 10.3 times more likely to have ever used intravenous drugs, 7.4 times more likely to report being alcoholics, 4.6 times as likely to have reported being depressed for two or more weeks in the past year, 2.4 times more likely to have had a stroke, and nearly twice as likely to have been diagnosed with any form of cancer. Neither the mind, nor the body, nor the person as a whole escapes the mark of trauma.

The above description paints a rather bleak picture, especially when one considers that trauma and ACEs are not uniformly distributed across the human population. Those living in poverty, people of colour (particularly indigenous peoples in colonizer nations), LGBTQ + individuals, disabled people, and women are all at significantly greater risk for trauma and ACEs than other segments of the population (with this risk increasing even more for those whose identities are at the intersection of multiple identity-based risk factors). This picture poses a deep challenge to many of our deeply held beliefs about justice in the world, our own safety in it, and what an omnipotent, omniscient, morally good God would allow. In the shadow of such challenges, the PTG literature offers a ray of hope.

In the 1980s and early 1990s a literature of trauma survivor narratives developed that suggested that survivors of trauma often learn from or grow in some way in the wake of traumatic experiences (Park and Boals 2021). One study showed that women who had experienced sexual assault often reported an enhanced ability to make decisions in their own best interests following the trauma; people who had lost loved ones reported closer relationships with their remaining family; and women whose infants had spent time in neonatal intensive care reported positive emotional growth (Tedeschi and Calhoun 1996). Interested in the prevalence and significance of such experiences, a group of psychologists, led by Richard Tedeschi and Lawrence Calhoun, developed an empirical measure called the 'Post-Traumatic Growth Inventory' (PTGI) in order to categorize and measure the positive change being reported.

The PTGI is a 21-item scale that allows participants to report perceived growth in five areas (relating to others, new possibilities, personal strength, spiritual change, and appreciation of life) on a 6-point Likert scale. Items include statements such as 'I developed more compassion for others', 'I established a new path for my life', and 'I have a stronger religious faith.' Possible responses range from 'I did not experience this change as a result of my crisis' (scored 0), to 'I experienced this change to a very great degree as a result of my crisis' (scored 5) (Tedeschi and Calhoun 1996). Since then, the PTGI has become the most popular measure for assessing post-traumatic growth (Park and Boals 2021, 14), although other measures do exist, including the Stress-related Growth Scale (SRGS) published the same year, the Benefit Finding Scale, the Post-traumatic Growth Inventory-42 (developed in response to the criticism that inviting reports of positive but not negative changes resulting from trauma skewed the data), and the PTGI-X, which includes an expanded spirituality/existential subscale (Tedeschi et al. 2017).

Research using the above measures has exploded over the past two and a half decades, with some studies reporting that as many as 70% of survivors of trauma experience at least some PTG (Linley and Joseph 2004), a rate that outstrips the rate of PTSD following most kinds of trauma (the significance of this disparity will be discussed below). Studies have been done on populations surviving intimate partner violence (Cobb et al. 2006), becoming refugees (Laceulle et al. 2021), being diagnosed with cancer (Cheung et al. 2021), moving into an assisted living facility (Luong et al. 2021), and many more, all with surprisingly high reports of PTG. The research has also made a significant impact on the popular consciousness through publications like Calhoun's *Huffington Post* article 'Can Trauma Really be a Gift?' (2013) and Jim Rendon's articles in the *New York Times* and on Military.com, 'Post-Traumatic Stress's Surprisingly Positive Flip Side' (2012) and 'Posttraumatic Growth Proves You Can be Stronger After Trauma' (2019), which apparently confirm both Nietzsche's claim and our deeply treasured beliefs about cosmic justice. The data might also suggest resources for philosophers of religion responding to the problem of suffering.

Post-traumatic growth in philosophy of religion

Despite the apparent promise of PTG for thinking about the spiritual significance and impact of suffering, to the best of my knowledge Eleonore Stump is the only philosopher of religion to explicitly draw on it. Near the end of her important work, *Wandering in Darkness: Narrative and the Problem of Suffering* (2010), She references the existence and prevalence of PTG to defend the empirical plausibility of the claim that suffering tends to foster psychic integration when sufferers respond to it correctly. Although the notion of PTG appears explicitly only in the last chapter, it would be difficult to evaluate the appropriateness of her appeal without understanding some of the central claims the work, so I summarize them below.⁴

Stump's project is a defence. Unlike theodicies, which attempt to show what morally justifying reasons God has for allowing suffering, a defence merely shows that it is logically possible that God has a morally justifying reason. A defence provides a rebuttal to arguments claiming that there is a *logical inconsistency* between the existence of an omnibenevolent, omnipotent, omniscient being and the existence of the kinds and degrees of suffering in our world. Thus, Stump offers her account of Aquinas's theodicy not in order to argue that it is *true*, but merely to show that it is internally *consistent* (Stump 2010, 377). Nonetheless, for a defence to be successful, it must be the case that, for all we know, the possible world described in the defence could be the actual world. It is not comforting to know that there exists a possible world where human suffering and the God of classical theism coexist if we are certain that the possible world described is not the actual world.

According to Stump, Aquinas claims that the suffering of adult human persons can be defeated (1) if God allows the suffering for the sake of a benefit that outweighs the suffering, (2) if that benefit is not attainable just as well without the suffering, and (3) if the benefit in question goes primarily to the sufferer (Stump 2010, 378). Defeat of suffering is different from mere compensation for, or balancing of, suffering. By way of contrast, consider the end of the book of Job in the Hebrew Bible. After allowing Satan to take Job's riches, kill of his children, and destroy his personal health, only for Job to refuse to turn against his God, God restores Job's health and wealth and blesses him with more children. Whether or not God defeats Job's suffering, as Stump argues that God does, few sensitive readers think that the blessing of more children could be what does so, because we know that new children can never *replace* lost ones. Indeed, the very notion that one could ever be adequately compensated for the loss of a loved one, especially a child, strikes many as morally perverse. Defeat is a richer notion than compensation,

that involves the suffering being an integral, 'organic unity' within a life that is good on the whole, in part due to the role that the suffering plays in it. The standard example of defeat is of an intrinsically ugly colour that is an inextricable part of an overall beautiful painting. It isn't that the beautiful colours in the painting balance off the ugly ones in some additive way, or compensate the viewer for having to see the ugly one. Rather, the painting just wouldn't be the beautiful painting it is without the intrinsically ugly colour (Adams 1999, 20–21). Likewise, defeated suffering is suffering that somehow becomes an organic unity within an overall beautiful human life. Stump spends several chapters of her book considering narratives of characters in the Hebrew Bible and Christian New Testament whose suffering, she believes, is woven into just such a story. Indeed, on Stump's view, the significance of the suffering in the whole life is best seen not through quantitative data or discrete facts about a person and their life, but through a kind of narrative acquaintance with these lives. In the case of Job in particular, it is God's appearance to Job and demonstration of God's loving care and its relationship to Job's suffering that is an essential part of the defeat of Job's suffering.

According to Stump, Aquinas's account entails that two kinds of benefits could defeat suffering in a way that would morally justify God in allow it: (1) to ward off the worst kind of thing that can happen to a person or (2) to bring about the best kind of thing that can happen to them (Stump 2010, 392). Given Thomas's scale of value, both of these must be understood in terms of personal union with God. Permanent separation from God is the worst thing that can happen to a human person, and greater union with God is the best. According to Stump, a primary barrier to union with God is *psychic disintegration* of the self, because psychic disintegration undermines a person's ability genuinely to be close to anyone, including God. Following Harry Frankfurt, Stump explains psychic integration and disintegration in terms of whole-heartedness, or the alignment of higher and lower-ordered desires and will. A psychically integrated person both desires union with their beloved and desires to desire union with their beloved. The first- and second-order desires coincide. A psychically disintegrated person, on the other hand, might fear union with their beloved at the first-order level, perhaps because such union will make them vulnerable to betrayal, but at the second-order level, they may wish to be rid of this fear and to wholeheartedly desire to be close with their beloved. They desire to desire to be close, even though they do not desire to be close. This internal conflict of the self with the self can be understood as a sort of psychic fragmentation or disintegration. It results in an inability single-mindedly to will almost anything at all, including what is objectively best for that person and the ultimate desires of their heart.

Given the nature of the barrier to union with God, the benefit needed is the healing of this psychic fragmentation. Suffering must contribute to psychic integration, and do so uniquely (the goal of psychic integration must not be equally achievable by other means) if suffering is truly to be defeated. Therefore, we might put Stump's central thesis in the following way: it may be the case that for each instance of suffering that God allows, God's allowing the person's suffering is the best means, in the circumstances, to enable that person to be willing to let God be close(r) to them (Stump 2010, 456).⁵ In Stump's words,

Suffering is a means to human flourishing either because it is medicinal for those things disturbed in the psyche of a human person that keep him from being willing to let God be close to him, or because it is healing and instrumental in bringing a human person to greater closeness to God, or both. (Stump 2010, 457)

In light of the brief introduction to post-traumatic distress provided above, Stump's thesis may surprise the reader. If traumatic suffering is the best means, in every circumstance

where God permits it, to promote the kind of psychic integration that makes it possible for humans to be close(r) to God, it would be reasonable to expect a relatively strong positive correlation between traumatic suffering and positive personal outcomes, particularly positive outcomes most closely linked to personal integration and single-mindedness. But one of the hallmarks of trauma is its *disintegrating* effect on the self and on a person's ability to relate to others. Trauma expert Bessel Van Der Kolk describes the symptoms of trauma as the steps on a 'ladder to self-oblivion'⁶ (2015, 101) and Feminist psychologist and trauma specialist Judith Herman writes that,

The damage to relational life is not a secondary effect of trauma, as originally thought. Traumatic events have primary effects not only on the psychological structures of the self but also on the systems of attachment and meaning that link individual and community . . . When this connection is shattered, the traumatized person loses her basic sense of self . . . The traumatic event thus destroys the belief that one can be *oneself* in relation to others. (Herman 2015, 50–53)

She goes on to explain that not only the capacity for intimacy with other humans seems to be damaged, but also the ability to experience intimacy with God (Herman 2015, 56). It is hard to imagine anything more damaging to wholeheartedness than the destruction of the belief that one can be oneself at all. Indeed, it is in light of the evidence of the impact of trauma on personal and moral agency that theologian Jennifer Beste argues that trauma can fundamentally destroy some survivors' very ability to respond to God's offer of relationship (Beste 2007). Just as some survivors may never regain their original cognitive functioning after a traumatic brain injury, and just as an amputee will never regrow a limb, regardless of their personal moral choices, so too survivors of psychic trauma may not always recover their agential capacities, regardless of their personal moral and spiritual choices. It is of little surprise, then, that Elie Wiesel describes his first night in Auschwitz as the one 'that turned [his] life into one long night seven times sealed. Never [would he] forget those moments that murdered [his] God and [his] soul and turned [his] dreams to ashes' (Wiesel 2006, 34). Despite physically surviving, writing multiple books, and achieving world acclaim, he does not describe his experiences in Auschwitz as something that enabled him to become a more psychically integrated person, to pursue more wholeheartedly the desires of his heart, or to draw closer to God. In fact, quite the opposite.⁷

Although Stump doesn't address the above claims directly, after briefly acknowledging the possibility of a 'negative re-organization of the self' in the wake of suffering, she points out that just because any suffering that God allows has the *power* to be medicinal or healing, doesn't mean that God guarantees that the suffering will in fact bring about the avoidance of the worst thing or the achievement of the best thing the human person can experience (Stump 2010, 459). Thomas's commitment to libertarian free will leaves open the possibility that the sufferer will freely choose not to exercise the power mediated to them by their suffering. This, however, does not make hers an unfalsifiable position, argues Stump, because she acknowledges that if all the psychological research showed no growth as a person, or virtually none, that would count as evidence against the idea that God allows suffering only when it promotes our own spiritual benefit (Stump 2010, 460).

In this context, Stump appeals to the PTG literature to show that not only is the central thesis of the book – that suffering is medicinal to psychic integration – not in tension with uncontested empirical evidence, but that it is actually supported by the empirical data. She quotes several studies at length, one of which is a meta-analysis that looks at the connections between suffering, spiritual coping, and post-traumatic growth (Shaw et al. 2005).

The analysis demonstrates that positive religious coping (turning to various aspects of religion to help make sense of and deal with the effects of the trauma) is associated with PTG and that suffering does often result in first-person reports of increased spirituality. However, rather than going into any depth about how these studies are designed, what definitions of growth, spirituality, or religious coping are in play, how they align with the scale of value described throughout the book, and what the specific data are, she merely quotes a series of introductions to the concept and phenomenon of PTG with little commentary. The following are two examples.

Researchers have become interested in how traumatic events can sometimes provide a springboard for people into greater personal growth . . . The phenomenon of positive change following trauma has been variously labeled as posttraumatic growth, stress-related growth, thriving, perceived benefits . . . and positive adjustment . . . The evidence base for the concept of posttraumatic growth is sound. (Shaw et al. 2005, 1–2, quoted in Stump 2010, 458)

And:

Positive changes following adversity have long been recognized in philosophy, literature, and religion . . . They have been reported empirically [by psychologists and other researchers] following chronic illness, heart attacks, breast cancer, bone marrow transplants, HIV and AIDS, rape and sexual assault, military combat, maritime disasters, plane crashes, tornadoes, shootings, bereavement, injury, recovery from substance addiction, and in the parents of child with disabilities . . . Studies of adversarial growth are an important area of research . . . [And from] an applied perspective, clinicians should be aware of the potential for positive change in their patients following trauma and adversity . . . the facilitation of adversarial growth may be considered a legitimate therapeutic aim. (Linley and Joseph 2004, 11, quoted in Stump 2010, 458)

Stump then concludes that ‘these studies and many others like them support the connection between suffering and psychic integration’ (Stump 2010, 459).

Because Stump offers a defence rather than a theodicy, it might seem that the PTG literature is peripheral to her argument. She claims that she only needs to show that it is not the case that people *never or almost never* grow as the result of suffering. The PTG research is merely supposed to boost the reader’s confidence that it is not the case that people almost never grow as the result of suffering and perhaps to bolster our hope that the possible world she describes is the actual world. But Stump also uses this literature, whether intentionally or not, to side-step serious engagement with the plethora of evidence that I have discussed above that certain kinds of intense suffering tend reliably to have a psychologically disintegrating effect on a substantial percentage of the people who experience them – and this apparently regardless of their personal choices. Stump claims that a defence should not ‘contravene uncontested empirical evidence’. For charity’s sake, we can assume that by ‘uncontested empirical evidence’ she means something like ‘not seriously contested by experts in the field’. But to the best of my knowledge, no leading experts on trauma would deny that severe trauma tends to have a disintegrating effect on the human psyche. Given this, the evidence from trauma theory is highly relevant and the PTG literature becomes, despite initial appearances, a load-bearing moment in her argument. Therefore, it is worth looking seriously both at the debates over PTG within the field of psychology and at the aptness of the work it purports to do in Stump’s book.

A critical evaluation

Internal to psychology, a number of concerns have been raised about the definitions and methodologies used in PTG research as well as the replicability of the results. Definitions of ‘trauma’ and ‘growth’ call into question exactly what researchers are gathering data about. For our current purposes this raises an additional question about whether these definitions map closely enough onto the definitions of suffering and flourishing at play within Stump’s work. Concerns about measure design and methodology, on the other hand, call into question whether the data gathered tells researchers what they take it to show.

Definitions

Consider first the concept of ‘trauma’. Colloquially, we use the word to describe any highly negative event that has a lingering impact on the person. But for the purpose of diagnosing PTSD, the DSM-V defines traumatic experience as ‘exposure to actual or threatened death, serious injury, or sexual violence’ that is directly experienced, witnessed in person, learned of having occurred to a loved one, or the details of which one is exposed to repeatedly, such as in the case of emergency first responders and psychotherapists (Diagnostic and Statistical Manual of Mental Disorders 2013, 271). And although complex PTSD was ultimately excluded from the DSM, when it was under consideration for inclusion in the DSM-IV in the late 1990s, it included among the experiences that might lead to complex trauma:

A history of subjection to totalitarian control over a prolonged period (months to years). Examples include hostages, prisoners of war, concentration-camp survivors, and survivors of some religious cults. Examples also include those subjected to totalitarian systems in sexual and domestic life, including survivors of domestic battering, childhood physical or sexual abuse, and organized sexual exploitation. (Herman 2015, 121)

One might expect that, since those researching PTG work in the same field and on the same general topic as those researching PTSD, they would employ the same or a closely related definition of trauma. But from the very beginning, the PTG research has used a significantly broader definition, as Tedeschi and Calhoun acknowledge (2004a, 1). According to Tedeschi and Calhoun, to produce PTG, a stressor must be of sufficient severity to trigger transformation, by causing the individual to re-evaluate their conceptual schemes, core beliefs, and life narrative, but not so severe that growth would be impeded by the intensity of the suffering (Tedeschi and Calhoun 2004a, 5). Therefore, they suggest that mid-level traumas might be the ideal locus for post-traumatic growth (Calhoun and Tedeschi 1998). In their inaugural study with which they introduced and validated the PTGI, they surveyed college students who had experienced a range of significant, negative life events over the previous five years. ‘The events the participants had experienced included bereavement (36%), injury-producing accidents (16%), separation or divorce of parents (8%), relationship break-up (7%), criminal victimization (5%), academic problems (4%), unwanted pregnancy (2%), and a variety of others’ (Tedeschi and Calhoun 1996, 459). Later studies, however, have assessed PTG following a wider range of severe events, such as intimate partner violence and exposure to combat.

This broadness of definition is not a weakness unless the distinction between the definition of trauma used for diagnosing psychiatric disorders and the definition used for finding positive benefits is lost sight of. As mentioned above, Tedeschi and Calhoun are often explicit about the broadness of their definition of trauma (2004a, 1) and that

less severe traumas are the best candidates for growth. But in other places the point seems to get lost. For example, in another 2004 article they note that, ‘in the developing literature on posttraumatic growth, we have found that reports of growth experiences in the aftermath of traumatic events far outnumber reports of psychiatric disorders. This is despite the fact that we are concerned with *truly traumatic circumstances* rather than everyday stressors’ (Tedeschi and Calhoun 2004b, in-text citations elided). Although this is certainly an important finding, it is less surprising than it initially appears when one realizes that break-ups and academic struggles are among the ‘truly traumatic’ circumstances they consider and that to be diagnosed with a psychiatric disorder, one must have experienced a threat to life or bodily integrity and report a constellation of negative symptoms that cause significant distress over a long period of time. For example, to be diagnosed with PTSD, one must have a qualifying experience, experience at least one intrusion symptom, one or more avoidance symptom, at least two symptoms of negative alteration in mood and cognition, and two or more arousal/reactivity symptoms that last more than one month, and cause clinically significant distress or impairment to social, occupational, or other important areas of functioning. This is a much higher diagnostic bar than the bar for counting as having experienced post-traumatic growth. It makes sense that more people report at least one significant positive change after a life-changing experience, especially a less severe one, than those who meet the criteria for a psychiatric disorder.

These differences are especially significant when we think about the application of this literature to the problem of suffering. A non-expert could easily read the popular reporting on PTG and draw the conclusion that people are mostly better off on the whole after trauma. If people who don’t grow in the wake of trauma and those for whom negative changes outweigh positive ones are the outliers to the general trend, this would lend credibility to Stump’s claim that personal agency keeps survivors from receiving the benefits that God mediates through suffering. But it is consistent with the literature that those who experience the worst forms of suffering – those kinds of suffering that philosophers of religion are often at greatest pains to address, since they most often appear gratuitous – are not among them. Therefore, it is not the case that the PTG research unambiguously supports the idea that *all* or most of the suffering that God allows has the potential either to heal what is already broken in their psyche or to bring them closer to God.

The concept of ‘growth’ is more poorly defined within much of the literature. As a result, assumptions about what it must look like easily go uninterrogated. Valerie Tiberius points out that ‘growth’ is a thick concept, more like the term ‘saint’ than the term ‘carpenter’ (Tiberius 2021, 3). ‘Growth’ is not merely descriptive, but evaluative. To grow is not merely to change over time, but to change *for the better*, specifically in a way that helps one to achieve some human *telos*. And yet, the items used to evaluate growth following trauma in the popular measures are not unambiguously changes for the better (Christiansen et al. 2016; Tiberius 2021). For example, the tendency to be more open about one’s true feelings after trauma might be a sign of positive growth for a person who was previously emotionally closed off, but a sign of emotional dysregulation for someone who was previously open, but now struggles with expressing their emotions in inappropriate, disruptive, or harmful ways. Feeling a new sense of purpose after surviving cancer might be a sign of positive growth, but when the athlete reporting the growth is on a path of performance-enhancing drug use and lies that will do great moral harm to his team mates and result in him being stripped of all of his athletic titles, it is doubtful that true growth is the best explanation.⁸ Increased spirituality in a person who venerates ancestors as a central part of their spiritual practice will count as growth to those within their own community, but probably wouldn’t be considered so by someone

like Stump who sees a relationship with the Christian God as the form of spiritual growth that suffering must enable in order to be defeated.

Indeed, Shaw et al.'s meta-analysis found a connection not only between positive religious coping and PTG but also between negative religious coping (responding to the trauma by developing negative affective and propositional attitudes towards religious objects) and PTG, although slightly weaker one than for positive. This is something that Stump fails to mention in her description. Items evaluating negative religious coping on the RCOPE measure of religious coping include wondering whether God had abandoned the survivor in their trauma (spiritual disconnect), feeling that the suffering was a form of punishment by God for their lack of devotion (punishing God reappraisal), questioned God's love for the suffer, (spiritual disconnect), decided the devil caused the suffering (demonic reappraisal), and questioned the power of God (power of God reappraisal) (Pargament et al. 1998, 718). Given that the three studies that used RCOPE did not report exactly which negative religious coping subscales were associated with PTG, the data is ambiguous. However, these findings are significant because they point to a potential mismatch between Stump's notion of growth and human flourishing and those used in the PTG research. Any operationalization of the concept of growth is inevitably bound up in the researchers' more foundational concepts of 'health' and 'well-being', and philosophers of religion may well want to call those definitions into question, especially given that positive psychology tends to value 'feeling good and having positive emotions' over things like true belief and the moral appropriateness of emotions.

A conflation of health and growth with states that happen to feel good can be seen in Tedeschi and Calhoun's suggestion that those most likely to experience post-traumatic growth are those with certain personality traits such as extraversion and optimism. It is easy to see why someone who is optimistic might be more likely not only to report, but also to find or create, positive aspects of the experience of suffering. But optimism, like its opposite, pessimism, is not automatically calibrated to what we have most reason to believe or to reality. Believing that one is likely to recover from cancer or from the effects of trauma may reduce one's first personal experience of distress during one's battle with each, but merely believing in one's recovery does not make it inevitable or even more likely that the outcome will in fact obtain. In other words, it is not clear that 'feeling better' about life, one's relationships, and the state of the universe, or avoiding negative feelings about the same are normatively better, in a sense Stump would accept, than the opposite. Why think that the person who has a greater appreciation for life after a traumatic experience has grown more than the person who comes to realize just how much suffering there is in the world and as a result is both less optimistic about life and more committed to helping bring about positive social change? Why think that the person who feels stronger after trauma has grown more than the person who feels weaker because they have come to a deeper realization of the degree to which humans are deeply dependent on others for our well-being and flourishing? Bioethicist Ami Harbin makes this point as well,

[Calhoun and Tedeschi's] undefended ideal seems to be based on a contestable vision of the *best* or *most mature moral agent*, as the one most able to control her emotions and proceed clearly and autonomously toward her goals . . . Recall that, for Tedeschi and Calhoun, individuals demonstrate growth when they come to a greater appreciation of life, enjoy warmer relationships, feel stronger, recognize new options for their lives, and/or experience a deeper spiritual connection. Notice here that the PTG research positions the beneficial or desired effects of the seismic/traumatic experiences as growth in what seem to be obviously 'good feeling' directions. (Harbin 2015, 675)

A related problem with calling the changes reported in these measures ‘growth’ is that the current measures are designed to look at personal changes atomistically rather than holistically. Someone who reports positive outcomes in one area and negative outcomes in another (at least in the later scales that allowed for the reporting of negative outcomes at all) is recorded as having experienced PTG. But it is not at all clear that a person who subjectively has a greater appreciation for life, internally feels more compassion, and has new life goals post-trauma while also lashing out angrily at family members more often, distrusting offers of help, and experiencing intrusive suicidal ideation can properly be described as having grown *as a person*, especially in Stump’s sense. One cannot infer *holistic growth* in a person’s life from local or atomistic forms of growth if one is not also aware of local forms of deterioration and the causal relationships between the two. In fact, one might worry that the very idea of evaluating holistic growth after trauma is misguided. The experience of highly stressful events usually leaves people who are, for lack of better words, still messy and disintegrated. They are simultaneously better and worse off in all sorts of interconnected and overlapping ways that are difficult to describe, much less quantify on a Likert scale for a clinical analysis.

Such assumptions about what growth looks like sit especially uncomfortably with Stump’s own arguments. For Stump, flourishing *as a person* is not reducible to flourishing in mind or in body. This is why she can use the example of people like Job and the residents of L’Arche communities as examples of people who flourish as persons even when they are not flourishing in body or in mind. As mentioned above, flourishing as a person has to do with achieving what is objectively good for the person as well as obtaining the desires of one’s heart (where the greatest desire of the human heart is union with God, whether or not the person is aware of it). Clearly, growth as a person for Stump is not primarily a function of the sorts of ‘feel good’ characteristics that are often the focus of PTG research. For Stump, flourishing as a person is deeply compatible with psychological distress, sadness, weakness, and dependence, and in some contexts may even require them. Thus, it is not clear that what the PTG literature has found are the sorts of things that Stump should consider growth, at least not in the absence of a narrative of a complete life.

Self-reporting

A second common category of critique arises from the problems with self-reporting. While it is surely significant whether a survivor *believes* and *feels* that they have grown as the result of their trauma, arguably, first-person perception of growth should not be considered identical to the reality of growth, either in the sense at play in PTG research or in Stump’s. Making a judgement about how one has changed as the result of trauma is a complex, multistep process, even if one were not subject to the kinds of cognitive biases we know we all face. To make an accurate report, the survivor must assess their present state, assess their pre-trauma state, compare the two, and then decide if any of the change from time t to t' is due (primarily) to the trauma (Park and Boals 2021, 15). Recalling one’s pre-trauma state leaves respondents particularly vulnerable to the self-enhancing bias. People tend to view the current self in an overly positive manner and to denigrate their past self as a way of viewing the current self as having improved over time (Park and Boals 2021, 15). This tendency is exacerbated when people either expect, or feel expected, to have improved. Given cultural narratives about victorious overcoming, the Western obsession with positive thinking (Ehrenreich 2009) and theological commitments like Stump’s (that suggest that a failure to improve is likely the result of personal failure), it is reasonable to think that respondents both expect, and feel outside pressure, to have improved as the result of their trauma (Held 2002; Wortman 2004). It is also exceedingly

difficult to assess what the cause of any particular change in oneself and in others is. At best we can identify contributing factors, but even then we should not be overly confident in our judgements. In fact, some studies show that people report similar levels of growth after a positive event or simply after the normal passage of time to those reported in the PTG literature (Anderson and Lopez-Baez 2011). This suggests that the changes that people attribute to traumatic experience may just be the changes that would have naturally occurred whether or not they ever experienced a trauma.⁹ This calls into question the possibility that trauma is the best means in the circumstances to make a person able to let God be close to them.

Attempts to validate a correlation between perceived growth and actual growth have not been successful. For example, one prospective study used the PTGI, an adaptation of the PTGI adjusted to measure 'current standing' (C-PTGI), and a number of extant measures corresponding to the five domains of growth used in the PTGI. The latter two were taken both before and after the traumatic event in order to evaluate 'actual growth', while the former was only administered after the traumatic event to assess perceived growth.¹⁰ The study found that while there was a strong correlation between participants' answers on the C-PTGI and on the other scales used to evaluate the five domains,

perceived growth [resulting from the traumatic experience] was not related to post-trauma improvements in positive relationships, meaning in life, life satisfaction, or gratitude [as reported on the C-PTGI or the 5 other measures]. Even the correlations between the specific PTGI subscales and the domain measures that most closely corresponded to those sub-scales were nonsignificant. (Frazier et al. 2009, 915–916)

Of more concern, perceived post-traumatic growth was positively correlated with *greater* post-traumatic distress, while *actual* growth was positively correlated with *less* post-traumatic distress (Frazier et al. 2009, 915–916). While the study did not explore the causal mechanisms at play, there are a number of possible explanations. One is that coping with trauma by believing that it was for one's own good actually increases post-traumatic distress – that is, it may increase personal disintegration following trauma. Another possibility is that the greater the suffering caused by the trauma (as indicated by higher levels of PTSD), the greater the motivation to see oneself as having grown as a person, whether or not one actually has. The first of these would directly undermine Stump's use of the literature. The second would not do so directly, but it would suggest alternative causes, other than actual growth, that explain the data gathered. Similarly, one could interpret the second finding (that actual growth is positively correlated with less PTSD) as indicating that people who actually grow as the result of their suffering (whether or not they perceived themselves to have done so) are less likely to develop PTSD, or, alternatively, that people who, for independent reasons, don't develop PTSD or develop less severe PTSD are those who are most likely to experience actual growth as the result of highly stressful events. This latter interpretation would coincide with Tedeschi and Calhoun's earlier suggestion that PTG will be mitigated if the severity of the trauma is too high.

Each of the above issues potentially undermines the strength of the findings of PTG research and is a point of contention among psychologists themselves. As such, they should raise some doubt about whether the PTG literature unambiguously 'support[s] the connection between suffering and psychic integration at issue for the Thomistic defense' (Stump 2010, 459). Indeed, it is not even clear that they would support the connection if there were not expert objections to the methodology and definitions at play, for PTG researchers themselves go to significant lengths to make clear the limits of the conclusions that can be drawn from their findings.

Appropriating the literature

These limits can be seen in discussions of the causal mechanisms of growth. Tedeschi and Calhoun (2004b) make explicit that trauma itself is not what produces growth, nor is trauma necessary for it. As already noted, they found the strongest correlations between PTG and the personality traits of extraversion and optimism, and the greatest amounts of reported growth are consistently found in women (Tedeschi and Calhoun 1996). These two findings are troubling if PTG is what God intends us to experience in the wake of trauma. While optimism may be a virtue that can be developed through practice and effort, it seems unlikely that extraversion, introversion, and gender are personal traits over which we have direct personal control. This undermines the idea that the absence of PTG is best understood as resulting from the free choices of suffering individuals, since it would be surprising if people with these morally neutral traits just happened to systematically respond to trauma more often as God intends. Additionally, in a subsequent study of women who had experienced intimate partner violence (IPV), Tedeschi and Calhoun found the strongest correlations between PTG and two factors: (1) having a positive role model of growth from another survivor of IPV, and (2) leaving the abusing partner. For clinicians, this is an extraordinarily helpful finding, because it suggests replicable conditions under which clients may be more likely to recover from trauma. But it is a less promising finding for Stump, since it is for reasons beyond their control that many victims of IPV are unable to leave, because of the physical dangers of doing so, because of the lack of financial resources, because of legal restrictions, or due to a host of other personal and social reasons. But the benefits of suffering need to be available to *all* sufferers, regardless of their culture, social power, economic status, personal health, or legal standing, if the benefits are to constitute a God-justifying reason for allowing the suffering.

Indeed, I know of no one in the PTG movement who claims that PTG is an attainable goal for every person who experiences trauma. Tedeschi and Calhoun repeatedly state that it would be wrong to use their research to conclude that PTG is universal, inevitable, or required. They also clearly reject the idea that trauma is necessary for growth. The goal of their research is to establish that *some* people under *some* circumstance can experience *some* kinds of growth in the wake of trauma, not to prescribe or promise growth if the sufferer ‘does everything right’. But this is not the use to which Stump puts it. On Stump’s view, all suffering, from the most mundane to the most traumatic, from a paper cut to the horrors of the death camps, torture, intimate partner violence, and sexual assault, are the *best means* for God to give humans what is truly best for them. In other words, it is necessary for a certain kind of ultimate growth.

Both psychologists and bioethicists have pointed out that even though researchers affirm that growth will not always occur, assuming in therapeutic contexts that PTG is an appropriate goal may be a source of pressure, shame, stress, and even implicit blame for those who do not or cannot achieve such growth (Held 2002; Harbin 2015). As Ami Harbin puts it, ‘individuals who do not experience any of the five domains of growth may come to feel that they are individually responsible for their failure to grow’ (Harbin 2015, 679). Many believe that the emphasis on PTG in psychology is potentially harmful to sufferers just because it may encourage them to feel deficient if they are made worse off, rather than better off, in the wake of terrible suffering. But, for Stump, making this inference would not be at all unfounded, since the only explanation she offers for cases of personal disintegration following trauma is the sufferer’s free choice: ‘[E]ven in giving grace, God does not act on a human will with efficient causation. Since this is so, a sufferer can react to his suffering negatively rather than in ways that contribute to “posttraumatic growth”’ (Stump 2010, 459). Although she doesn’t explicitly say that this is *only* reason someone might fail to experience the medicinal effects of suffering, that

is the most natural way to read the passage.¹¹ If Stump is correct, and the actual world really is an ideal world where no one ever suffers pointlessly, then this is not a problem. But if she is mistaken, then she may inadvertently contribute to the unmerited shame that Harbin is concerned about. Furthermore, we *do* have good reason to think that she is mistaken. We saw in the first section that severe forms of trauma tend to have a dis-integrating impact on the self. Trauma has long-term negative impacts on physical and mental health. It tends to make relationships more difficult, and it often results in the survivor feeling unable to appreciate life or imagine a future for themselves. Although this data must be held in light of the good news of PTG, it is not erased by it.

One might think that Stump has exempted herself from worries about inflicting harm through her philosophizing because she nowhere asserts that the world that she describes in her book is the actual world. Hers is a defence, not a theodicy. However, she does paint a possible world where those who do not draw closer to God as the result of their suffering are at personal fault for this failure, and then invites us to be comforted by the fact that, for all we know, the possible world she has describes could be the actual world. That is, she encourages philosophers to think it *might* be the case that survivors are at fault if they do not experience post-traumatic growth. Indeed, it possibly being the case that the world she describes is the actual world is necessary for the success of here defence. Thus, a suspicion towards sufferers who do not heal, who leave their church, lose their faith, or find it more difficult to engage in a positively meaningful relationship with God than they would have without the suffering – a kind of ‘for all we know’ victim-blaming – becomes part of continued trust in the goodness of God. ‘For all I know, it might be my fault.’ ‘For all I know, it might be her fault.’ If even Stump – who does more than many to bring the plight of the individual sufferer into view and to humanize the sub-discipline by not allowing us to drift off into abstractions and away from the lived-experience of suffering – can philosophize in ways that cause this sort of harm, then we should all come to the problem of suffering with fear and trembling.

Conclusion

My goal in this article has not been to affirm that humans do not grow in the wake of trauma or even that we can know for sure that not everyone does. Rather, the goal has been to demonstrate that reliance on the PTG literature to support a ‘growth defence’ like Stump’s is premature and potentially harmful. This, together with the evidence from the literature on post-traumatic distress should give philosophers of religion pause in making inferences about the positive benefits of some kinds of horrendous suffering.

Notes

1 I thank the participants at the the workshop on Non-Ideal Philosophy of Religion (2022), especially my commenter, Kristen Irwin, for helpful feedback on this project, as well as two anonymous referees for *Religious Studies*.

2 See note 8.

3 These are adjusted odds ratios, adjusted for age, race, gender, and educational attainment.

4 Because the book is lengthy and full of careful nuance, I cannot hope to give it an adequate summary here. However, I will do my best not to do it an injustice in my woefully inadequate summary.

5 There is another half to this thesis: that it is also the best means, under the circumstances, to enable them to have the desires of their heart when they are interwoven with a deepest heart’s desire for God and compatible with their flourishing (Stump 2010, 465), but for reasons of brevity, I will focus on the first half.

6 I reference Van Der Kolk with hesitation. On one hand he is widely regarded as a leading expert on trauma and is the author of what has come to be regarded by many as ‘the Bible’ of trauma recovery: *The Body Keeps the Score*. On the other hand, he has been credibly accused of abuse of power, in the form of bullying and harassing those who work under him. Although such accusations do not thoroughly invalidate the value of his research, they do

suggest that Van Der Kolk's perspective on trauma may be skewed by his own tendencies to abuse power and should be considered through this lens.

7 Of course, Wiesel's testimony must be considered in light of that of other survivors' of the holocaust such as Viktor Frankl, who not only survived but also went on to write books about the resilience of the human spirit and its ability to make meaning even in the face of the worst imaginable suffering.

8 Lance Armstrong was eventually stripped of his titles from 1998 (just a few months after the interview quoted in the introduction) onward and given a lifetime ban for use of performance-enhancing drugs for over a decade.

9 There is reason for caution whenever one calls individuals' self-reported suffering or thriving into doubt, because individuals do have privileged access to their first-person experience, and because there is a history of epistemic injustice towards people dealing with mental illness and disability (Barnes 2016). The solution, however, is not to uncritically accept every self-report, but to take them seriously and not automatically as inferior to another's judgement about them. Such worries are at least partially assuaged by the design of studies like Frazier's below, where self-reporting of PTG is weighed against other self-reported measures of flourishing before and after a traumatic experience.

10 For example, the Positive Relationships subscale from Ryff's (1989) Psychological Well Being (PWB) scale and the Presence of Meaning subscale from the Meaning in Life Questionnaire (Steger et al. 2006).

11 Stump affirms that we should not expect growth to be transparent to the sufferer, so someone who believes they have not grown as the result of their suffering may in fact have grown. But this further calls into question her reliance on the PTG data, since almost all of the data on PTG is gathered through self-reporting. Perhaps Stump thinks that growth is the converse of dreaming: you enjoy a high degree of accuracy when you believe you are growing, but are often mistaken when you believe you are not. She also reminds her readers that changes can occur even in the last moments of a person's life, so the lack of growth at any given point will not count as evidence. But at some point all of these qualifications begin to make the position look unfalsifiable, especially given that the PTG literature is given so much more weight than the better-established literature on the negative effects of trauma.

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