Thoreau's PTSD and Posttraumatic Growth

by Michael Sperber, MD, and Brent Ranalli

On January 11, 1842, Henry David Thoreau cradled his dying brother John in his arms. It was a sudden and unexpected death—just days earlier, John had been going about his business, giving little thought to the infected cut on his finger. It was also a gruesome death. The neurotoxin released by the tetanus bacterium causes muscle spasms that can be strong enough to break bones. Tightening of the jaw's masseter muscle produces the characteristic "lockjaw" facial expression resembling a sardonic grin. The condition can cause respiratory failure. Henry, who had been caring for John, held him in his arms as he suffocated, staring at that terrible grin.

Henry's grief was intense and complex. He was bedridden for a time with John's symptoms, in an apparent conversion disorder (a psychosomatic condition). Biographers have interpreted this as the product of strong and conflicting emotions—despair and guilt competing for supremacy. For a month Henry was confined to his bedroom, and he left off journaling for six weeks. He was back in the Emerson household by the beginning of March, but he was still far from well, and even in mid-April he was "unable to labor" and gardening had to be assigned to others. He "could not be induced to sing," another of his favorite pastimes.

Emerson thought a change of scenery would do Thoreau good, and arranged for him to move to Staten Island to live with his brother, William Emerson (warning William, however, of Henry's irritability⁵), tutor William's eldest son, and make literary connections in New York City. Thoreau did not thrive in the new

environment. He did not enjoy the company of his hosts or his pupil, and did not capitalize on the opportunities of the city. He suffered from narcolepsy, nodding off at odd times.⁶ Cutting off the engagement early, he returned home to Concord—where, despite being an excellent woodsman, he was not attentive enough to prevent a campfire from blazing out of control and consuming hundreds of acres of woodland.

According to one source, for years Thoreau suffered nightmares (he "dreamed tragically") on the anniversary of John's death. Even much later in life it was painful for him to speak of his brother's death, and he did so rarely. "His voice was choked," Daniel Ricketson remembered, "and he shed tears, and went to the door for air. The subject was of course dropped, and never recurred to again."

According to the American Psychological Association's current *Diagnostic and Statistical Manual of Mental Disorders*, a diagnosis of posttraumatic stress disorder (PTSD) rests on eight criteria. The facts of Thoreau's case, summarized above, check all eight boxes. He personally witnessed death (A). He demonstrated intrusion symptoms, negative alterations in cognitions and mood, marked alterations in arousal and reactivity, and avoidance (B, C, D, and E). These disturbances, which lasted for more than a month (F), and in some cases for years, impaired Thoreau's social and occupational functioning (G) and were not due to alcohol or drugs or any other medical condition (H). Henry David Thoreau suffered from PTSD.

It is worth pointing out that the testimony about the recurring nightmares, an intrusion symptom, comes not from a contemporary source but from a Thoreau biography written in 1940 by Hildegarde Hawthorne, Nathaniel's granddaughter. The idea that Thoreau suffered these nightmares is certainly plausible, given the morbid or despondent journal entries he sometimes penned on and around

the anniversary of John's death.¹⁰ But without knowing the basis for Hawthorne's statement (primary sources now lost? family oral tradition?), it probably shouldn't be given the same weight as the rest of the evidence above. However, even if Hawthorne's testimony is discounted entirely, Thoreau still meets all the criteria for PTSD. The requirement for intrusion symptoms is also satisfied by the extreme emotional distress Thoreau experienced when recounting his brother's death for Ricketson.

But checking the boxes of a DSM definition is not even the main point. As one guide to trauma recovery puts it, "one need not meet the disorder criteria to still experience distress" that merits therapy. However much confidence we place in the clinical diagnosis of PTSD at such a distance of time, what is indisputable is that Thoreau



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suffered deep trauma in the wake of his brother's death.

It is widely recognized that Thoreau's sojourn at Walden Pond, where he composed A Week on the Concord and Merrimack Rivers as a memorial to his brother, represented grief work. In light of the above, we should also think of the Walden period as important in Thoreau's healing and growth in the wake of trauma.

In the last several good decades, a of research has been conducted around concept of "posttraumatic growth." It is instructive to see what this literature has to say that illuminates Thoreau's case. In this essay we rely primarily on two reviews of the psychiatric literature, one performed by Richard G. Tedeschi and



Lawrence G. Calhoun in 2004 and another performed by Mary Beth Werdel and Robert J. Wicks in 2012.

Tedeschi and Calhoun define posttraumatic growth (PTG) as "positive change that occurs as a result of the struggle with highly challenging life crises." That positive change can take the form of an increased appreciation for life in general, more meaningful interpersonal relationships, an increased sense of personal strength, changed priorities, and/or a richer existential and spiritual life. These authors emphasize that "although the term is new, the idea that great good can come from great suffering is ancient."

Trauma does not lead inevitably to growth. "It is the individual's struggle with the new reality in the aftermath of trauma that is crucial in determining the extent to which posttraumatic growth occurs." Trauma causes cognitive distress by forcing us to jettison earlier schemas that helped us to make sense of life (like: the world is a safe place); PTG involves actively generating constructive new schemas "that incorporate the trauma . . . and that are more resistant to being shattered" (like: I am strong and capable of handling challenges the world throws at me). 14

One technique that can help facilitate PTG is *journaling*.¹⁵ Thoreau was a prolific diarist, but nowhere (as far as we know, based on what has come down to us) did he write about the experience of John's death. So he did not get the therapeutic benefit that journaling about trauma provides. Nevertheless, he did get the benefit of *rumination*. In the meditation that accompanied his solitary walks, in keeping his journal, and in the extended reflection on his relationship with his brother that he engaged in while composing *A Week on the Concord and Merrimack Rivers*, Thoreau was performing cognitive and emotional work. "Ruminations are considered to be the very foundation on which new insights characteristic of posttraumatic growth may

emerge," Werdel and Wicks explain. ¹⁶ Productive rumination can be undertaken once there is enough distance from the traumatic event that intrusive thoughts and images do not cause too much emotional distress. ¹⁷

The cognitive work can be done well or badly. Studies have shown that negative cognitive processing, characterized by forms like blaming, asking "why me," thinking about what could have been, and viewing oneself as a victim, lead to worse outcomes (i.e., worse depressive and PTSD symptoms) than positive cognitive processing.¹⁸ Thoreau seems to have understood this intuitively. He had little patience for a victim mentality in others¹⁹ and he refused to allow himself to indulge it. "However mean your life is, meet it and live it; do not shun it and call it hard names," he wrote. "Love your life, poor as it is." He reckons himself among those who "find their encouragement and inspiration in precisely the present condition of things, and cherish it with the fondness and enthusiasm of lovers."21 Which is not to say he did not have discontents—he did, but he framed them affirmatively. The lost hound, bay horse, and turtledove are not a source of woe and selfpity, but a challenge: "I am still on their trail."22

One element of positive cognitive processing is *downward comparison*.²³ Keeping up with the Joneses is a fool's game: much better to count one's blessings by remembering that others are worse off. Thoreau was a master of downward comparison. For Thoreau, poverty was wealth and property a burden.²⁴ "Sometimes, when I compare myself with other men, it seems as if I were more favored by the gods than they, beyond any deserts that I am conscious of."²⁵ Thoreau is entitled to that perception, and it is available to anyone else as well. He understood that "what a man thinks of himself, that it is which determines, or rather indicates, his fate."²⁶

As in the cognitive domain, so in the emotional: *positive emotions* promote PTG. Werdel and Wicks explain that negative and positive emotions are not mirror images of each other; they work in different ways. "When we feel fear, we desire to flee. When we feel anger, we desire to attack. Negative emotions purposefully constrict our thoughts and actions to the survival technique response linked to the emotion." By contrast, "positive emotions set our thoughts and actions free to creatively explore the possibilities that life holds. Positive emotions urge and encourage us to do such things as play, explore, take in new information, savor, share, and expand the self." Positive emotions are not only destinations, therefore; they are vehicles for further personal growth and psychological flourishing.²⁷

Emotional response is not entirely under conscious control. It is entwined with personality. Research shows that personality can influence the likelihood of achieving PTG. In particular, among the "big five" personality traits, extroversion and openness to experience are strongly associated with greater likelihood of PTG success.²⁸ If Thoreau were given a personality test, he would probably score very low on extroversion and very high on openness to experience. But regardless of personality, anyone can choose to cultivate optimism, which is a cognitive way into the domain of positive emotion. "Optimism is a personality attribute that can be increased or decreased based on several factors within a person's control. . . . People can learn to argue with themselves, searching for evidence of alternatives and their implications. . . . Optimism can be . . . used in situations when needed to move toward mental health."29 The Thoreau of Walden is resolute, even heroic, in the cultivation of optimism (despite, one suspects, depressive tendencies). "Nothing can rightly compel a simple and brave man to a vulgar sadness," he says. 30 From his description of the Walden project as an experiment in deliberate living, and his declaration that he "[did not] wish to practice resignation, unless it was quite necessary,"31 we could even infer that the Walden project was, as much as anything else, an experiment in militant optimism, a trial of optimism.

Self-efficacy is a term that clinicians use to describe a patient's belief or confidence in their own ability to overcome challenges and cope with adversity. "People who construct a sense of self as capable . . . are more likely to engage cognitively with a stress or trauma."32 The first and greatest test of Thoreau's militant optimism was that he could get the experiment off the ground in the first place. That he succeeded in raising the house and moving in and creating a new life for himself by the pond justified his strong sense of self-efficacy and paved the way for PTG. "I learned this, at least, by my experiment: that if one advances confidently in the direction of his dreams, and endeavors to live the life which he has imagined, he will meet with a success unexpected in common hours."33 A near-synonym of self-efficacy is the Emersonian watchword self-reliance. Clinicians use that term today too in discussions of self-efficacy: "It appears that living through life traumas provides a great deal of information about self-reliance, affecting not only self-evaluations of competence in difficult situations but the likelihood one will choose to address difficulties in an assertive fashion. Persons coping with a traumatic event often draw the conclusion that they are stronger, a confidence which may generalize to all kinds of situations."34

Clinicians place a great deal of stock in the role *relationships* play in achieving PTG. "Human beings have an internal drive to

be part of enduring and meaningful relationships with others. . . . If we are fortunate to have supportive people in our inner circles as adults, then our relationships may help us to feel good, safe, and complete both physically and psychologically. [Therefore,] the relationships one has pre- and post-trauma are important elements in the wake of stressful and traumatic life events."35 What we know of Thoreau suggests that he maintained his stoical persona even among close friends, so he probably did not reap the full benefit of relationships when he was grappling with grief and PTSD no emotional rap sessions or sharing a cry and a hug. This might have set him back. On the other hand, he reaped other benefits. He had a rock-solid support network in his immediate family, and the Emersons as a surrogate second family, and he had several intimate friends during the Walden period, including William Ellery Channing, Nathaniel Hawthorne, and Bronson Alcott. Channing spent a solid two weeks in the cabin with Thoreau, sleeping on the floor; Alcott visited nearly every Sunday evening during Thoreau's second winter. According to Werdel and Wicks, "one does not need a large support circle. Even the presence or perception of the presence of just one supportive person in times of stress and trauma has been found to have beneficial effects on coping."36

"Confronting suffering is a central function of religion," Werdel and Wicks write, "so people frequently look to faith for help and support in difficult times." Thoreau was not a practicing Christian (or member of any other organized religion), so he did not have access to the benefits that prayer, for example, has been shown to offer to people of faith engaged in PTG. But he certainly grappled with religious and existential questions as part of his cognitive processing, as evidenced by the "Sunday" and "Monday" chapters of *A Week*. And he did find a spiritual practice that served him well: being in nature. Transcendentalists had long held up communion with nature as an alternative to organized and historical religion, at least in theory. In his time of grief and trauma, Thoreau tested it in practice.

"I know of no redeeming qualities in me—but a sincere love for some things," he had written in his journal just a few weeks before John's death. Those "things," we are to understand, are Nature. "In the woods there is an inexpressible happiness. . . . [I] see my own kith and kin in the lichens on the rocks." "This is my argument in reserve for all cases. My love is invulnerable[--] meet me on that ground, and you will find me strong. . . . Therein I am God-propt." And in subsequent entries: "A forest is in all mythologies a sacred place. . . . I want to go soon and live away by the pond where I shall hear only the wind whispering among the reeds." The Walden project, framed as a spiritual immersion in Nature, was envisioned even before the trauma of John's death. When it was put to the test, it did provide the needed emotional and spiritual support for Thoreau's PTG.

There can be no very black melancholy to him who lives in the midst of Nature and has his senses still.... Every little pine needle expanded and swelled with sympathy and befriended me. I was so distinctly made aware of the presence of something kindred to me, even in scenes which we are accustomed to call wild and dreary, and also that the nearest of blood to me and humanest was not a person nor a villager, that I thought no place could ever be strange to me again.⁴¹

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"I think we may safely trust a good deal more than we do," he writes. "Nature is as well adapted to our weaknesses as to our strength." Being in nature remained a grounding spiritual practice for Thoreau for the rest of his life. As he wrote in "Walking," preservation of his "health and spirits" required spending at least four hours a day out of doors. 43

Another practice that served Thoreau during the Walden period and throughout his adult life, one which might be described as more existential than spiritual, was to channel adversity into cultivation of character. "We should come home from far, from adventures, and perils, and discoveries every day, with new experience and character."⁴⁴ An orientation like this is in keeping with non-theistic traditions like existentialism and some Eastern

returning transformed. Werdel and Wicks advise therapists to be attuned to what can be described as hero-journey imagery in clients' descriptions of their experience of trauma and PTG: imagery of descent and ascent, of darkness and light.⁴⁹ Thoreau captured that imagery in *Walden*, and elaborated on it: not merely darkness and light, but also—especially apropos given his own medical history—lethargy and wakefulness. "Morning is when I am awake and there is a dawn in me. . . . We must learn to reawaken and keep ourselves awake, not by mechanical aids, but by an infinite expectation of the dawn."⁵⁰ "Only that day dawns to which we are awake. There is more day to dawn. The sun is but a morning star."⁵¹ "Any prospect of awakening or coming to life to a dead man makes indifferent all times and places. The place where that may



occur is always the same, and indescribably pleasant to all our senses."52 And he offers other imagery as well for personal growth, appropriately borrowed "Our from nature: moulting season, like that of the fowls, must be a crisis in our lives. The loon retires to solitary ponds to spend it. Thus also the snake casts its slough, and the caterpillar its wormy coat."53 As Thoreau came to Walden Pond prepared to "devour himself alive" (to Channing),⁵⁴ paraphrase like a solipsistic Jonah descending into darkness of his own belly, he eventually became the "strong and beautiful bug" that burrows its way out of a wooden table after a long gestation, finally awake to the wide world.55

philosophies, which are occupied "not so much in dealing with life's problems as if they all could be solved as . . . in greeting each day in ways in which all of life, including—maybe especially—pain and suffering, [are] faced mindfully and thus beneficially." It also fits well with Thoreau's militant optimism. It allows one to frame every misfortune as an opportunity for self-improvement. Clinicians call this "positive reappraisal."

Researchers emphasize that PTG and relief from traumainduced distress are not the same thing. "The alleviation of distress [on its own] does not necessarily promote growth."⁴⁷ And although PTG can help reduce suffering, "some enduring upset may [nevertheless] accompany the enhancement and maintenance of posttraumatic growth."⁴⁸ Even many years later, we have seen, Henry found John's death upsetting to contemplate and discuss.

There is something of an archetypical hero journey in the PTG experience: descending from the normal plane of existence into dark and dangerous realms, finding something of value, and The archetypical hero returns from the

underworld not only transformed but also generative, bearing gifts that benefit the community. As a roadmap and record of Thoreau's own working through of his PTG process at Walden Pond, *Walden* is just such a gift. The "tough love" rejection of negative cognitive processing, the militant optimism, the modeling of self-efficacy and of finding a spiritual grounding in nature and of positive reappraisal of adversity as character-forming, and the rich imagery of awakening to a new dawn—all of these form a template that we can use in our own growth. Thoreau's example of PTG is particularly informative in this era of shocking trauma, secondary to the COVID-19 global epidemic, when "a surge in PTSD may be the 'new normal.'"56

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Notes

- 1. Richard Lebeaux, *Young Man Thoreau* (Amherst, Mass: University of Massachusetts Press, 1975).
- 2. Henry D. Thoreau, *The Correspondence of Henry D. Thoreau*, *Volume 1: 1834 1848*, ed. Robert N. Hudspeth (Princeton: Princeton University Press, 2013), 106-07.
- 3. Ralph Waldo Emerson, *The Letters of Ralph Waldo Emerson, vol* 3, ed. Ralph L. Rusk (New York: Columbia University Press, 1939), 19, 22, 47.
- 4. S.E. Rena, "Thoreau's Voice," *Boston Transcript* (Saturday, Feb 15, 1896). In the Walter Harding archives at the Thoreau Institute.
 - 5. Emerson, Letters, 172.
 - 6. Thoreau, Correspondence, vol. 1, 199.
- 7. Hildegarde Hawthorne, *Concord's Happy Rebel, Henry David Thoreau* (New York: Longman, Greens, & Co., 1940), 73.
- Daniel Ricketson, Daniel Ricketson and His Friends, ed. Anna and Waldon Ricketson (Boston: Houghton, Mifflin and Company, 1902), 14.
- 9. American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, 5th ed. (DSM-5) (Washington, D.C., 2013).
- 10. e.g., Henry D. Thoreau, *Journal, Volume 1: 1837-1844*, ed. Elizabeth Hall Witherell et al. (Princeton: Princeton University Press 1981), 447, 493-94; Henry D. Thoreau, *Journal, Volume 3: 1848-1851*, ed. Robert Sattelmeyer et al. (Princeton: Princeton University Press, 1990), 43.
- 11. Mary Beth Werdel and Robert J. Wicks, *Primer on Posttraumatic Growth: An Introduction and Guide* (Hoboken: John Wiley & Sons, 2012), 26.
- 12. Richard G. Tedeschi and Lawrence G. Calhoun, "Posttraumatic Growth: Conceptual Foundations and Empirical Evidence," *Psychological Inquiry* 15/1 (2004): 1-18, 1.
 - 13. Tedeschi and Calhoun, "Posttraumatic Growth," 5.
 - 14. Tedeschi and Calhoun, "Posttraumatic Growth," 5.
- 15. Philip M. Ullrich and Susan K. Lutgendorf, "Journaling about stressful events: Effects of cognitive processing and emotional expression." *Annals of Behavioral Medicine* 24/3 (2002): 244-250.
 - 16. Werdel and Wicks, 79.
 - 17. Tedeschi and Calhoun, "Posttraumatic Growth," 10.
 - 18. Werdel and Wicks, 86.
- 19. see, e.g., William Ellery Channing, *Thoreau, the Poet-Naturalist: With Memorial Verses*, ed. F.B. Sanborn (Boston: Charles E. Goodspeed, 1902), 6.
- 20. Henry D. Thoreau, *Walden*, ed. J. Lyndon Shanley (Princeton: Princeton University Press, 1971), 328.

- 21. Thoreau, Walden, 16.
- 22. Thoreau, Walden, 17.
- 23. Werdel and Wicks, 86.
- 24. Thoreau, Walden, 5, 16, 133-34.
- 25. Thoreau, Walden, 131.
- 26. Thoreau, Walden, 7.
- 27. Werdel and Wicks, 98.
- 28. Werdel and Wicks, 116.
- 29. Werdel and Wicks, 122.
- 30. Thoreau, Walden, 131.
- 31. Thoreau, Walden, 90-91.
- 32. Werdel and Wicks, 121-22.
- 33. Thoreau, Walden, 323.
- 34. Richard G. Tedeschi and Lawrence G. Calhoun, "The Posttraumatic Growth Inventory: Measuring the positive legacy of trauma," *Journal of Traumatic Stress* 9/3 (1996): 455-471, 456.
 - 35. Werdel and Wicks, 129.
 - 36. Werdel and Wicks, 136.
 - 37. Werdel and Wicks, 160.
 - 38. Werdel and Wicks, 168.
 - 39. Thoreau, Journal, vol. 1, 343-45.
 - 40. Thoreau, Journal, vol. 1, 347.
 - 41. Thoreau, Walden, 131-32.
 - 42. Thoreau, Walden, 11.
- 43. Henry D. Thoreau, "Walking," in *Excursions*, ed. Joseph J. Moldenhauer (Princeton: Princeton University Press, 2007), 187.
 - 44. Thoreau, Walden, 208.
 - 45. Werdel and Wicks 2012, 180.
 - 46. Werdel and Wicks 2012, 108.
- 47. P. Alex Linley and Stephen Joseph, "Positive change following trauma and adversity: A review," *Journal of Traumatic Stress* 17 (2004): 11-21, 18.
 - 48. Tedeschi and Calhoun, "Posttraumatic Growth," 12-13.
 - 49. Werdel and Wicks 2012, 26-27.
 - 50. Thoreau, Walden, 90.
 - 51. Thoreau, Walden, 333.
 - 52. Thoreau, Walden, 134.
 - 53. Thoreau, Walden, 24.
 - 54. Thoreau, Correspondence, vol. 1, 268.
 - 55. Thoreau, Walden, 333.
- 56. Bret S. Stetka, "A Surge in PTSD May Be the 'New Normal," *Medscape* (May 11, 2020), https://www.medscape.com/viewarticle/930150.

