

# 4

## *Theorising the Nature of Trauma* *Integrating the Personal and Political*

You remember that village where the border ran  
Down the middle of the street,  
With the butcher and baker in different states?  
Today he remarked how a shower of rain  
Had stopped so cleanly across Golightly's lane  
It might have been a wall of glass  
That had toppled over. He stood there, for ages,  
To wonder which side,  
if any, he should be on.

—Paul Muldoon, 'The Boundary Commission'

### 4.1 Chapter Outline

Building on the previous chapter, this chapter draws out the implications of the patterned nature of traumatic experiences. In doing so, a reconceptualisation of trauma that highlights the importance of group membership is offered. Trauma and adverse experience can result in the categorisation and recategorisation of people into groups. For example, people can be labelled as 'refugees' or 'widows' as a result of war or bereavement. Trauma can also reinforce existing group memberships and boundaries. Because of its relevance to understanding trauma, the social identity approach to health is introduced. This social identity approach is particularly relevant for studying trauma because the risk of trauma or experience of trauma can be identity-defining. And though shared group memberships and identities can be crucial social and psychological resources for coping with trauma, where blame is laid for the experience of a trauma, this can polarise groups or even disconnect those who experience trauma from their own group. A key aim of this chapter, then, is to highlight the value of

a social psychological analysis generally, and a social identity analysis particularly, to understanding how trauma and our sense of ourselves and others as group members are inextricably linked. This hinges on the core idea that group memberships are important to how we experience and manage trauma.

## 4.2 What's in a Name?

I love the poem 'Boundary Commission' by Paul Muldoon (no known relation). This isn't the first time I have quoted it and I am sure it won't be the last. As someone who border-crossed regularly between the Republic of Ireland, where I was born, and Northern Ireland, where I spent nearly twenty years as a young adult, this poem really does resonate. The boundary between Northern Ireland and the Republic decided by a commission in 1922 is now called 'the border'. It divides the island of Ireland into two states. Invisible lines such as the Irish border were and remain very important. The consequence of this partition in 1922 continues to the present day with its relevance evident during Brexit (Shelly & Muldoon, 2022).

On one of the many border-crossing journeys we made from North to South when my children were young, we hit on a source of entertainment for the car journeys between Belfast in Northern Ireland and, depending on which grandparents we were visiting, Wicklow or Donegal in the Republic. The game involved watching for the border and identifying as many differences as possible between North and South. By the time my children were born, the big, securitised monoliths that marked major border crossings during the Troubles were gone. The border between North and South had become more invisible, more like the rural border crossing Paul Muldoon invokes in his poem. A border that requires us to decide 'which side if any' we should be on. My father, and his family of origin, was from this type of border location, near where Paul Muldoon grew up, in fact. In Ireland as in many other locations, last names are often geolocated. My father and his family were from just the other side of the border to the place where Paul Muldoon originated, so it tickles me to think of him as a distant relation.

Since the partition of the state, the difference between the two jurisdictions, North and South, has amplified. So, my children could point out many differences: the money spent, units of measurement used, road markings, the (non)use of Irish-language sign postings, the colour and

shape of road signs, and so on. These banal markers signal much deeper and more enduring divisions. The border also divided people into two different populations or groups, Northerners and Southerners. These two groups have had very different trajectories since partition.

The conflict in Northern Ireland, often referred to using the colloquial term 'the Troubles', is central to these different trajectories. Though often talked about as religious group differences between Catholics and Protestants, the conflict is centred on two opposing political visions for the region. On one side are British Unionists, who are often though not always Protestant and wish to remain part of the United Kingdom; on the other are Irish Nationalists, who are often though not always Catholic, and who wish to be reunited with the Irish Republic. There were, and still are to varying degrees, large and deep sociocultural divisions along religious lines in Northern Ireland. These were not helped by the 3,720 fatalities and approximately 47,540 casualties caused by the conflict from 1969 to 2003. In a small region, with a small population of 1.7 million, this meant that there were very few families in Northern Ireland whose lives hadn't been impacted by the conflict, my own included.

In Northern Ireland, as elsewhere, the first piece of information that a stranger usually learns is the moniker our parents picked for us when we were born. We think of names as something that marks us out as individuals. We can each think of ourselves as distinctive because of our name. Names signal uniqueness and are the very basis of our self-conception, especially in relation to others. My move to Northern Ireland was the first time I recall being dissatisfied with my first name. I had two older sisters, and I felt that though they also had Irish first names, theirs were names that were also in common use in Scotland and England. In Northern Ireland people talk about being able to 'pass', of having names that are sufficiently ambiguous that people's ethnoreligious background isn't immediately obvious to others. At the time my given name was still reasonably uncommon in Northern Ireland. It marked me out as culturally Catholic, and that was something that I was not particularly happy about. My surname and my accent, where I attended school and where I grew up all meant that others would quickly be able to place me into an ethnoreligious group in Northern Ireland. Back then I can recall thinking my name was far too obvious. I felt branded when someone called my name in a public space, an unenviable position in a society affected by conflict and political tension.

Names offer social and cultural signals. Many years ago, at a conference in Belfast, I introduced my husband to a colleague. My husband's name is Paul. They immediately asked if he was 'the' Paul Muldoon. Aside from the amusement, this brief exchange signals the prevailing norm at the time that women take their husbands' names on marriage. In fact, my husband's surname is not Muldoon. I tell this story to illustrate how much names mark each of us. My first name indicates that I am female, but also together with my surname it identifies me as culturally Irish and Catholic. My surname also connects me to my family of origin and geolocates my origins to a particular area or nation depending on your level of knowledge. For some, particularly women, a married surname connects them to their family of generation and their spouse. For others, retaining their natal surname when they marry is an active choice. Psychologically speaking, names are important because they have consequences in terms of how we feel about ourselves, but also in terms of how others treat us. They offer others a sense of the blend of our collective social and political attributes, combined to make us individuals for sure. I can think of no sense of myself or imagine any other version of myself in which I am not female, Irish and embedded in my various familial connections and identities. All of these elements of my identity are reflected in my name, are assumed at birth and can be very difficult to change.

### 4.3 The Social Identity Approach

In much the same way as names represent facets of our individual and collective selves, the social identity approach weaves key characteristics of our group memberships into people's individual sense of self. The theory is just a framework that highlights the inseparability of group memberships and individual psychology (Tajfel & Turner, 2004). The approach can be thought of as a tool that aids the interpretation of what is going on in the world. It is a theory grounded in the history of social and political psychology. Incorporating social identity theory and self-categorisation theory (Reicher et al., 2010), it argues for a distinct meta-theoretical approach to (social) psychology in which analysis is not confined to the psychology of individuals *as individuals*, but recognises the capacity for attitudes, emotions and behaviour to be structured by people's psychology *as group members*. In this way, it is well placed to enhance our understanding of all aspects of well-being, trauma and health.

In Tajfel's (1974) early formulation of the theory, derived from his experience and the example of Nazi Germany, he highlighted that an individual's social identities were not necessarily a personal preference. For example, the category 'Jew' was externally imposed and tragically meaningful for many, irrespective of the individual's own preference for their identity. This is equally relevant in contemporary circumstances. The building of the barrier to separate the West Bank from Israel imposes an identity of Palestinian upon those trapped behind the wall. Their experiences are shaped by the externally imposed limitations of this categorisation. Similarly, along Belfast's 'peace line', a barrier separates traditionally Loyalist (Protestant) and Republican (Catholic) areas of the city and circumscribes both the experiences and the perceived group membership of the residents according to the side of the line on which they live. This idea speaks to the point Muldoon is making in his poem. The imposition of the border, even if people wonder 'which side, if any, they should be on', positions people on one side or the other regardless.

Group factors, then, influence our lives profoundly and implicitly in big and small ways like this every day. Traditionally, psychological models have treated groups and related social identities either as demographic factors in epidemiological models or as our own subjective inputs into cognitive processes. The social identity perspective facilitates a positive shift away from illusory vacuums, emphasising the richness of social group memberships and identities (Tajfel, 1974). A group-level analysis then moves our attention to macro and meso social factors and their impact in determining our own and others' behaviours and experiences at the micro level. In this way, it isn't just about where we position ourselves. It is also about how others position us. So as much as anyone, including myself, might try not to take a political position, in a conversation in Belfast in the 1990s, my name and my accent meant that others were quick to position me as Irish and Catholic.

Though group memberships can be imposed by socially divisive systems and structures in this way, social identities are reified psychologically in everyday practices. Identities, in the social identity framework, then, are far more than demographic factors in models. Laying claim to a social identity means that people act in ways consistent with the norms and symbolic definitions of that identity (Haslam et al., 2009). So, the way I dress, occupy public space, speak, engage with

my family, exercise and undertake many other social practices are all guided by my sense of myself as a woman. I have never worn a suit and tie and don't anticipate that I ever will. I manage all manner of family and birthday celebrations. I never recall agreeing that this task would fall to me within my family of generation; it just did and does. Similarly, I speak English with an Irish accent, I use Irish words in everyday speech, I routinely eat potatoes and brown bread, I regularly drink alcohol and think everyone singing or dancing at a party is usual. In this way identities – Irish and being female – as well as being imposed, are produced using behavioural enactments of all kinds. They guide amongst other practices how I talk, what I eat, what I wear, how I celebrate and my purchase and use of material goods (Klein et al., 2007).

Billig (1995) identified a banality to a range of identities such as gender, race and religion. These types of identities are often assumed at birth and have an unexpressed and unrecognised quality. Because they are background identities, they can offer an intangible sense of belonging and are essential to making us who we are. These banal identities can give rise to affiliative identities: connections made up of groups using similar cultural references as the backdrop to life. Typically, these groups are populated by family and friend networks, which offer associated meaningful connections. The extent to which these identities imbue our sense of how we define ourselves is revealed by the difficulty many of us have imagining a version of our life that isn't bound by our gender, family or national affiliation. Affiliative groups of this nature can be so strong that the group connections may not even register in our conscious awareness. We don't get up in the morning and decide our nationality or religion anew. But yet these shared attributes influence not only all of our activities and practices but also who we see and align ourselves with politically.

Other identities, however, are actively constructed and claimed. These types of identities are ongoing identity projects and well within the sphere of conscious awareness and day-to-day discourse. These identities generally require 'performance'. To be sustainable, identities must be capable of expression (Klein et al., 2007). These identities also generally require recognition by others to be viable. So, my occupational identity as a psychologist is a central part of who I am. So too is my identity as a runner. Both identities require that I perform: so, in the first example I need to have a sense that I am working and behaving as

a psychologist, and in the second I need to run regularly to have a strong sense of myself as a runner. Active identities of this sort, then, offer us meaningful sense of ourselves and can open up a range of new identities. Though I was a runner for many years, when parkrun arrived in Limerick, I developed a new identity as a ‘parkrunner’. And though I primarily see myself as a psychologist, this identity has opened up the identity possibilities such as ‘writer’ and ‘professor’. Active identities often shape and mandate how we behave and spend our time.

Group factors also drive our attitudes to others. So though as a woman, my feelings about myself might be linked to how I look, I can also decry the objectification of women and despair of others (of all genders) who routinely comment on the appearance of women in the public eye. Equally, my membership of a national group such as the Irish can mean that I have a sense of being allied with some other nations with whom there is a sense of shared history or experience. As an Irish person, then, I am likely to be positively disposed to Scottish people (fellow Celts), Danish people (members of a similar small EU country) or even New Zealanders (fellow small nation islanders) from where comparisons are often drawn. On the other hand, I may have less positive attitudes to national groups with whom, because of their size and history, there is less of a sense of shared experience and where comparisons are less usual, such as Germany or France. Group factors and the associated sense of identities that arise, then, can have a major influence. A large body of research highlights that these comparisons and allegiances are relevant to our sympathies and prejudices, cooperation and conflict (e.g., McKeown et al., 2016).

Group factors and identities, then, can also be seen to drive our attitudes to ourselves. If we value and think positively about groups we belong to, this can make us feel better about ourselves. This is amenable and sensitive to change too. We know that there is mental health benefit for members of a national group when their football team does well in international matches (VonScheve et al., 2014). Equally, if we are a member of a group that is shamed, negative feelings can ensue (Jay et al., 2022). Building on this existing literature in social psychology and sociology, a growing body of research has highlighted identity concerns as primary drivers of beliefs and behaviours related to both mental and physical health (Haslam et al., 2009). It is to this issue that we now turn.

#### 4.4 A Social Cure: The Social Identity Approach to Health

In recent years the social identity approach has been applied well beyond its initial focus on prejudice, conflict and relationships between groups. Social psychologists have begun to use the social identity framework to understand the role of group processes and identities in determining health. Across several disciplines – not only psychology but also sociology, economics, medicine and neuroscience – ideas that highlight the relevance of groups and social connections to health have been taking hold. Large reviews and meta-analyses, which integrate the results of many studies, now indicate that social isolation and disconnection are often a more powerful a determinant of health than smoking, obesity, elevated blood pressure and high cholesterol (Holt-Lunstad et al., 2010; Pantell et al., 2013; Putnam, 2000). As a rough rule of thumb, social scientists now estimate that if you belong to no social groups at all but decide to join one over the subsequent year, your risk of dying is halved (Putnam, 2000).

Often referred to as the ‘social cure’ (Jetten et al., 2017) the social identity approach to health highlights how group-based relationships are especially influential drivers of health (Jetten et al., 2012). The first reason groups are important is that groups and their associated social identities drive health by stealth in meaningful and everyday ways. Social identities such as income group and nationality determine big-ticket items like the health infrastructure that we have access to, as well as health literacy and education and access to housing. Macro-level groups and their associated social identities are also central to health behaviours. For example, nationality and culture impact important health behaviours through their influence on diet, alcohol consumption or sexual practices. More proximal groups such as family and friendship, and even treatment groups, enable access to practical and emotional social support. They also offer resources such as feelings of belonging and fulfilment, all of which are relevant to our health and our ability to manage stress in particular (Gallagher et al., 2014; Steffens et al., 2021).

Haslam et al. (2009) set out a research agenda that focuses on five different ways that social identity is central to health. Taking each in turn allows an illustration of how groups are relevant to health. Strand 1 focuses on how group memberships and social identities structure how people think about health and health-related behaviour because



of the system parameters within which they live. When I first moved to Belfast as a student, the sport that I had engaged with most was hockey. When I rocked up to the hockey club in the university in my first week I was totally discombobulated. No one was rude or hostile, but as someone marked as I was, by my name and my accent, as culturally Catholic, I just didn't feel like I belonged. I felt I didn't fit. Unlike in the Republic, in Northern Ireland hockey is a sport that is disproportionately played at Protestant state schools. So whilst hockey was a definite pull factor towards exercise, it was not strong enough to counter the cultural or systemic forces to get me to stay playing. Subsequently, I started to play squash and run but my engagement with exercise was much more patchy than it would have been had I remained part of a team sport. These activities I could straightforwardly manage within my own friendship network, in which though it included people from both sides of the community, I didn't feel 'othered'. This allowed me to manage my own discomfort and feel safe. In short, my own group membership structured my appraisal and engagement with a key health behaviour, namely, taking exercise.

We can see this type of appraisal is influential in research studies. One of the first studies I undertook as part of my PhD was an analysis of children's perceptions of stressful life events, including conflict-related events. Using data from 456 children in 1983 and 182 children in 1994, it was apparent that Catholic and Protestant children differed in their appraisals of such events (Muldoon, Trew & McWhirter, 1998). Catholic children rated three of the six events ('soldiers being on the street', 'getting stopped at checkpoints' and 'getting caught in a riot') as more stressful than Protestant children. As we did with all of the items related to potential encounters with the security forces, we interpreted this as a reflection of Catholic children's assimilation of their own group's distrust of the security forces, which had become more negative and fearful as the conflict evolved (O'Connor, 1993).

A second study of children's perceptions of traumatic events in Northern Ireland tracked a sample of 113 children aged seven and eight across a three-year period, using the same measure of perceived stressfulness (Muldoon, 2003). Again, group membership was central to the appraisal of these events. Specifically, it was found that girls tended to perceive three events ('bomb scares', 'being picked up by the police' and 'people shooting guns') as more stressful than boys did. Furthermore,

there was evidence that gender and ethnoreligious group predicted changes in the perceived stressfulness of events over time. Compared with Protestant children, Catholic children saw conflict-related events as being more stressful, particularly as they got older. Presumably, these effects could be again attributed to the minority group position occupied by Catholic children in this social context and, in particular, to the divergent experiences of the two ethnoreligious groups at the hands of state security forces over the course of the conflict. Taken together, these findings point to the important role that group memberships play in shaping interpretation of, stressful life events (see Haslam et al., 2018, for other examples). In this case, children living in the same conflict zone had vastly different views of the conflict-related stressful events depending on their gender and ethnoreligious group membership. These variations in children's perceptions of these events were systematically related to group membership.

Strand 2 of the social cure model extends the role of groups and social identities beyond their role shaping appraisal of stressful life events (see Haslam et al., 2018, for other examples). Specifically, this strand highlights the important role of social identities in guiding health norms and behaviours. Recently, a friend of mine had a sprained ankle after a spill whilst out hiking. She hikes occasionally. She was annoyed at the inconvenience but bore her recuperation well. I watched on with admiration. For someone like me who has run regularly for very many years and sees myself as a 'runner', I tend to appraise injuries as a catastrophe. The norm I share with other runners is that we will be out running come rain or shine. This can be seen as a healthy norm that keeps us all exercising as a matter of routine. However, we also have other less healthy norms that I know my non-running friends consider unhealthy and even problematic. We have run in storms, in snow and even during a flood warning. We seek out health professionals who rarely if ever advise against running. A couple of years ago after having an appendectomy, I was advised not to run for six weeks. I had little trouble finding medical advice to the contrary amongst my running network and so was back running distances and participated in the Great Limerick Run within that six-week window. Identity-based norms, then, influence our appraisals of events and operate in ways that are both positive and negative.

Strands 3 and 4 consider how a person's membership in groups can potentially provide access to wider support networks and also

emphasise the value of the practical support of an immediate group to coping efforts (Haslam et al., 2018). Research has evidenced these effects. Where people share group memberships, help received from members of that group is more welcome and perceived as less threatening to one's self-esteem than help offered by outgroup members (Reicher et al., 2006). We also tend to be far less sensitive and defensive when ingroup members offer critique or feedback. Comments, however well-intentioned, seem more reasonable when offered by those we see as insiders rather than outsiders (Hornsey & Esposo, 2009). For many of us who run with others, then, the exercise is only one part of the enjoyment. Running also provides access to others with similar outdoor interests, as well as social interaction and conversation with running buddies. This can be an important form of emotional and informational social support well beyond advice on running injuries. Social identification with similar others facilitates social support, and together they mitigate the impact of stress on health.

We can all, myself included, belong to many groups simultaneously, all of which are represented in an array of different social identities (Ashforth et al., 2001). Group memberships provide meaning and guidance in our lives. My own journey into running and exercise was strongly linked to my sense that it was incumbent upon me as a psychologist to manage my own mental health. In this way, it is apparent that my occupational identity was the basis for the development of a second functional identity, namely, 'runner'. People with multiple identities seem to be better able to manage new group memberships when change comes, as it inevitably does in life. In studies of people affected by stroke, for example (Haslam et al., 2008), having prior multiple group memberships is associated with better health after the stroke. And so, though my hockey career came to an abrupt halt when I moved to Belfast, my prior positive experience of group exercise, together with my occupational identity, can be seen to have enabled my subsequent engagement with running and the running groups that have sustained me through my adult life.

People's membership of groups also provides access to wider communities. People gain both knowledge (cultural capital) and opportunities (social capital) from social groups (Bourdieu, 2018). One group membership can increase awareness of our connection to others. In a study we conducted in two towns in Ireland, we found evidence that

identifying with the community in which you lived facilitated people's engagement with a second social identity. Further to this, the amplification of the second community-based identity improved, in particular, the perceived support for those in need of mental health supports (Kearns et al., 2018).

The benefit of multiple identities was also evidenced in a second study we conducted with people who survived acquired brain injury (ABI). In this case, assumed social identities – those strongly embedded in sociocultural group memberships – often facilitated social support seamlessly (Walsh et al., 2015). Those affected by ABI who belonged to groups where their membership was assumed, such as a family group or a church group, tended to have access to more social support. So, assumed group membership meant that people had access to practical supports, which allowed the development of new identities after their brain injury. The development of these new identities, which can be thought of as acquired identities, offered further benefits to health and well-being, which enriched the lives of those living with an ABI (Walsh et al., 2015). In this way assumed identities, or that taken-for-granted sense of belonging, was an important platform for identity-based support as well as the development of new identities in this group recovering from a life-altering injury.

Strand 5 stresses that social identity does not operate merely as an interpretative lens but is also a tangible resource that can be harnessed to affect clinical outcomes. From this initial research agenda, the 'social cure' literature has rapidly expanded. It has been successfully applied to the field of stroke and brain injury (e.g., Muldoon, Walsh et al., 2019; Walsh et al., 2017), addiction (Buckingham & Best, 2016), care provision and community work (Kellezi et al., 2019; Stevenson et al., 2014) and indeed maintenance of health behaviours such as exercise and running (Stevens et al., 2020).

More recently, I and others have been working to show how social identities and group memberships are relevant to biomarkers of health. In two different experiments we have shown that group memberships impact not only people's perceptions of stress but also their cardiovascular reactivity in responses to stress (Gallagher, Meany & Muldoon, 2014; Ryan et al., 2021). Exaggerated or prolonged cardiovascular responses to stress (i.e., blood pressure and heart rate) are associated with increased risk of cardiovascular disease (CVD) development (Chida & Steptoe, 2009). We also recently showed, using a large US

data source, that social group membership is positively associated with better cardiovascular habituation to stress, a pattern of physiological responding associated with better management of stress (McMahon et al., 2022). And using the same data, we demonstrated that social integration mitigated the impact of biological outcomes (McMahon et al., 2022). We used another dataset from the UK Understanding Society longitudinal study to show that multiple group memberships drive wear and tear on the cardiac system – or allostatic load – over time. Those who reported being in more groups had a larger social network, and this larger network had better physical health seven years later (Gallagher et al., 2022). In sum, group memberships, social identities and the social identity–based connections shape responses to stress and subsequent health.

#### **4.5 A Social Identity Approach to Trauma and Adversity**

Given the strong and consistent relationships between social identity, health and stress, that there is a case for social identity dimensions of trauma is not that surprising. In this section we look at five distinct reasons that group memberships and social identities are centrally relevant to the study of trauma (see Box 4.1). First, the social identity approach offers a distinctive perspective that connects individual and collective components of traumatic experience. Second, we consider how trauma can embed social divisions by validating differences between groups. The reification of group differences is believed to be the basis of social identities (Haslam, 2014). Third, trauma can also create new social groups and identities. People become victims, survivors and sometimes even activists. The evidence that context,

##### **Box 4.1 The relevance of social identities to trauma**

1. Traumatic events can embed existing social divisions and group identities.
2. Traumatic events can create new identity groups.
3. Traumatic events can make relevant social identities salient.
4. Traumatic distress can motivate people to connect with others.
5. Traumatic events integrate the political and the personal in a changed sense of social self.

including group members' prior experiences, drives behaviour is the fourth reason that the social identity approach is particularly relevant to the study of trauma. Finally, distress can drive a need for connection and psychological alignment with others, and most often it is those who have had similar experiences that we seek out.

#### *4.5.1 Traumatic Events Can Embed Existing Social Divisions and Group Identities*

At the most basic level, groups matter to the risk of trauma exposure. Groups also matter to those directly and indirectly personally affected by traumatic experiences. Group members share similar experiences of stress and trauma in terms of their nature and intensity (see Section 3.4). Indeed, the patterned experiences of group members are a key means by which people come to understand their position and place in the world. These differences reify social divisions and make group memberships meaningful through social identities. A stronger sense of connections to others facing similar challenges, and antipathy towards those who don't understand, is an inevitability. A wide range of traumatic experiences embed pre-existing social groups in this way (see Section 3.4).

In the United States, for example, it is apparent that the experience of police violence is something that is inextricably linked to race – a point central to the Black Lives Matter movement. In Northern Ireland during what were commonly referred to as 'the Troubles', internment without trial was experienced almost exclusively by the Catholic Irish population, the subordinate group in that conflict. In the Middle East, the threat of air missile attacks is an experience shared by all Palestinians. Clearly, white people are affected by police violence, Protestants by internment and non-Palestinians by Israeli air strikes. However, for affected groups living in these contexts, for those who identify as Black, Catholic or Palestinian, particular types of traumatic experience are inherently and profoundly related to these social identities.

Whilst on average, minorities and minoritised people are disproportionately affected by trauma, it cannot be assumed that all of those who identify as minority group members have equivalent experiences. Not all minority group members have the same range and intensity of traumatic experiences. For the purposes of illustration, we can think about the example of violence against women. Some national studies show that up to 70 per cent of women have experienced physical and/or sexual

violence from an intimate partner in their lifetime (Heise & Kotsadam, 2015; Shepherd, 2019). So, while being female becomes tied up with the risk of gender-based violence and the need to manage this risk (Iyer, 2019; Tinkler et al., 2018), it is still not true to say that all women have experienced gender-based violence. And some women's experiences are far more severe and life-altering and limiting than others'. This speaks to an important distinction in the literature on trauma, namely, the distinction between individual or personal trauma and collective trauma. It is an issue that is picked up in Chapter 7, as we highlight how social identity-based changes in women who have experienced rape drive their activism in support of social change.

Gender-based violence reifies the distinction between men and women. However, far from being accepted as a collective trauma, individualising explanations have been used to explain it away. It isn't all men, just some bad apples. She was out alone. Individualising narratives deny that gender-based violence is a collective phenomena, as victims are usually targeted because of their female gender. These individualising narratives can make it difficult for women trying to understand their traumatic experiences. This can give rise to feelings of injustice and anger, the latter being a core symptom of PTSD. In the twenty-first century, movements like #MeToo have emerged that seek to highlight how the experience of women is defined by a continuum of adverse experiences, from verbal harassment to violent death (Jee-Lyn Garcia & Sharif, 2015; Strauss Swanson & Szymanski, 2020). Movements such as #MeToo serve to make these patterns of traumatic experience visible but also highlight how these experiences and these risks reinforce women's position in public, social and occupational spaces. In this way trauma and the risk of trauma create divisions in social spaces women can occupy safely. This lived experience, beyond the experience of many men, creates further division between gender groups. So, though the risk of gender-based violence has always marked the social identity practices of women and girls and reified the group boundaries between men and women, it is only recently that we have seen the issue brought into full public view.

#### *4.5.2 Traumatic Experience Can Create New Identity Groups*

Traumatic experiences are often defined as extreme events. These types of substantive and deeply felt distinctive experiences are used as

evidence that the divisions between people are meaningful. Central to the social identity approach is the most fundamental idea: the reification of groups arises from meaningful social or political divisions between groups. Differences in the severity of people's traumatic experiences are a material reality. Whilst this can reflect and embed existing schisms, like those between women and men or Arabs and Jews, it can also create new groups. We often talk about 'refugees', 'orphans' or 'victims' based on their shared experience of war, bereavement or violence, respectively. We are comfortable defining groups of people with these labels. For the most part, these labels have connotations of sorrow and passivity: people are constructed by both themselves and others as being victims of circumstance (Bradshaw & Muldoon, 2020). These labels can also be seen as social identities people obtain through experience. People are literally defined by their trauma.

Here, using the example of forced migration, a key trauma in the World Mental Health surveys that often ensues from political violence, how those displaced by conflict fare when they take on the identity mantle of 'refugee' is considered. Refugees often survive traumatic and dangerous experiences associated with forced displacement, including loss of family members, torture and rape (Jeppsson & Hjern 2005; Schweitzer et al., 2006). At a time when people may be at their most traumatised, and feeling very threatened, a sense of shared experience with similar others can be a salve. So, a category label like 'refugee' can offer people a sense of shared experience with others who have survived similar difficulties. This point emerges from work by Hermann (2016), who studied Songhay and Bellah men during a period of extreme stress and displacement – when nearly 300,000 northerners had been displaced to southern Mali in April 2012 and another 161,000 had become refugees in Niger, Burkina Faso and Algeria (UNOCHA, 2012). This anthropological work suggested that joking about shared misfortune was a form of cultural communication that fostered solidarity among refugees and promoted cohesion. In particular, joking allowed the refugees to manage hardship and disconnection by strengthening new relationships through a process referred to by the author as *communitas*.

A related point emerges from Dudley's research (2011) on the shared cultural practices among Karenni refugees on the Thai-Burma border. She argued that cultural activities such as cooking, weaving and



woodwork offered both purpose and agency to refugees in the camps as well a sense of connection to home. The activities can also be seen as a way of enacting valued identities. These activities rebalanced some of the sense of displacement and disconnection that the refugees were experiencing. Mirroring these qualitative findings, in a survey of 361 Syrian refugees in Turkey, Smeekes et al. (2017) found that refugees who had maintained group memberships and had an associated sense of connection to home after their migration had better health than those who reported loss of connection. Echoing this, stories of forced migration point to the importance that even very young refugees ascribe to remembering and living by their family's values as they struggle to survive and maintain hope (Marlowe, 2010).

Herein, though, lies a testing paradox. On the one hand, having status as refugee affords a number of rights from signatory countries to the 1951 UN convention. Being in this new group and assuming this category label potentially offers traumatised refugees a new and protected position within the wider world that acknowledges the plight of people as oppressed and pushed to the periphery of society. In the process, it can also offer a network of others with similarly difficult experiences with whom they can develop common cause and access support. In this way becoming a refugee can be considered, a 'social cure' for dispossession. On the other hand, 'refugee' can become a master identity that defines a person above and beyond any other group membership. It is a label that in many countries is associated with systematic marginalisation, physical confinement and stigmatisation (Bradimore & Bauder, 2012; Jackson & Bauder, 2014). For this reason, the new identity can also be considered a 'social curse'. It places those who share the identity at risk of further trauma associated with their already depleted social, economic and cultural resources (Muldoon et al., 2020). And so this new group membership, derived from the traumatic displacement, is a double-edged sword, linked to both protection and peripherality, passivity and agency, empowerment and disempowerment.

### *4.5.3 Traumatic Events Can Make Relevant Social Identities Salient*

In the previous two sections, we have considered how differences in risk and experience of traumatic events make distinctions between

existing groups meaningful or even can create new groups. A third reason that the social identity approach is helpful to understanding the impact of trauma is the importance this social psychological approach places on social and political contexts. Paul Muldoon's 'Boundary Commission' aligns the end of a rain shower with a geopolitical boundary. On another day and in another place or context, where the rain ended would be unremarkable. Indeed, it is the context that made the invisible 'wall of glass' visible and that requires people to position themselves on one side of the divide or the other. The social identity approach acknowledges that people belong to multiple groups and have multiple identities. Because of this, the idea of relevance, sometimes referred to as social identity salience, is crucial to deciding whether and when a group membership is used to guide thinking and behaviour. So, for example, a person is far more likely to define themselves with regard to their nationality if 'the border ran / Down the middle of the street, / With the butcher and baker in different states'. For others living in contexts where nationality is not relevant or contested, self-definition in terms of nationality is less likely and often restricted to particular days such as independence days (Joyce et al., 2013). Thinking of oneself as a group member, known as self-categorisation, then, varies as a function of the relevance of a given group membership to the situation at hand (the principle of *fit*).

There is often a readiness and willingness in situations of political conflict to self-categorise in terms of social identities (Habashi, 2008; Muldoon et al., 2007). This type of salience drives the relative accessibility of a social category, which generally is seen to reflect people's past experiences, expectations and current motives and needs (Turner et al., 1994). For most people, national self-categorisation is assumed unproblematically by birth, blood or citizenship. Markers of national identity are contested and problematised at the boundaries of nations where the geographical and political elements make categorisation less certain. Border regions are atypical of their wider societies. They manifest an ambivalence through subversion in informal economic activities such as smuggling, a sense of borders not as lines but as lands, as well as a self-reclassification process when the border is crossed (Donnan & Wilson, 2021). Paul Muldoon's 'Boundary Commission' breathes poetic life into this issue and highlights the accessibility of the national category for people living in the border regions of Ireland.

In circumstances such as these, national identity, rather than being prosaic (Billig, 1995), is in fact very salient (Stevenson & Muldoon, 2010). This can affect how other people perceive our behaviour and equally how they behave towards us. Because identity in Northern Ireland is contested (Muldoon et al., 2007), people living in border areas that actively lay claim to a nationality can quickly be perceived as fanatical, overzealous, even radical (Stevenson & Muldoon, 2010). The same behaviour in a politically uncontested location would be unremarkable. So, for example, we found in our research that those living in the border region of Northern Ireland who spoke Irish and actively declared their Irishness were perceived as highly politicised. This same construction of those who used the Irish language was not in evidence in judgments of those living in the Irish Republic where national identity is not contested.

Sometimes, then, our behaviors and judgments of others are guided by our understanding of the context and their group memberships. People resident in Northern Ireland speaking Irish were viewed, at least in this study, as being Irish Republicans. And so the Irish speaker in Northern Ireland may interpret their experiences with other communities in Northern Ireland or the British state in terms of their national or political identity. Traumatic events, particularly related to contestation and political violence in Northern Ireland, then, are likely to make group membership salient. This is because where people are treated by others as members of a particular group, group membership can become salient. When we are the recipient of these behaviors and if the treatment received fits with our stereotypical expectations of inter-group relations, self-categorisation in terms of group membership is more likely (Klandermans, 2002). Making a social identity salient in this way can therefore be an important interpretative lens on related traumatic experiences (Muldoon et al., 2009).

On the other hand, there are traumatic experiences that are interpreted in a very personalised way. Domestic violence is often constructed as a product of personal characteristics (for example, the perpetrator was a monster) and individual conditions (for example, the perpetrator 'snapped') (Humphreys & Joseph, 2004). These types of individualising narratives don't make social identities relevant or salient. Because of this, people negotiating this trauma don't spontaneously harness social identity resources to understand and manage the situation. This can give rise to even greater feelings of isolation

(Naughton et al., 2015). A perception that a traumatic experience does not arise from intergroup dynamics makes social identities inaccessible. This adversely affects people's ability to make sense of the experience and isolates people from the support of those who have previously endured and negotiated the experience.

In summary, an identity can be more or less salient or relevant to the context within which we find ourselves. When a particular identity is salient, individuals take on the status and reputation of their groups, whether positive or negative. Importantly, such connotations are conferred based on categorisation into that group by either themselves or others. Where disempowerment or disadvantage makes group membership salient, people are more likely to embrace their social identities to make sense of difficult experiences (Schmitt & Branscombe, 2002). The degree to which people identify with their group is also important. Though a strong sense of identification is important (Muldoon et al., 2009), the salience of group membership appears to be increased by adverse experiences. The idea that trauma makes identities salient, facilitating greater commitment to the group, is an important theme to which we return in Chapter 6.

#### *4.5.4 'Misery Loves Company': Traumatic Distress Can Motivate People to Connect with Others*

To begin it is important to understand that a sense of shared experience can be the basis of connection and identification with others. Tajfel famously described the process of identification as being so ubiquitous that it could arise from what he called 'minimal groups'. Minimal groups are groups that were created for the purposes of an experiment. They have no meaning in reality. In his first experiments Tajfel divided people based on whether they preferred one of two painters, Klee or Kandinsky. These two painters shared artistic influences, having embarked on their artistic education in Munich during a similar period of the twentieth century. They are seen as similar painters, then, and so the preference of one over the other was intended to have no meaning. His original experiments showed, however, that people who shared painter preferences were also inclined to prefer each other. Tajfel (1974), and a subsequent generation of researchers, have used this as evidence that even meaningless social groups can be the basis of group connections.

In the same way, a sense of shared experience appears to produce psychological alignment with others because we see them as similar. This psychological alignment can offer a sense of shared identification, which can be a particularly important basis for giving and receiving social support. It follows then that a traumatic experience, with its associated intensity of emotions and distress, is likely to increase people's need for connection, particularly with other who have had similar experiences. Banding together with affected others can also increase our sense of our ability to cope in the face of adversity. These types of effects make social identities centrally relevant to the study of trauma.

That isn't to say that the groups to which we belong or align are always protective following traumatic experiences. We are not always kind to victims even within our own group. Sometimes traumatic experiences can be profoundly norm-violating. Many traumatic experiences are linked to taboos – such as suicide, sexual abuse and accidents arising from substance misuse. Because social norms guide behaviour of group members, such violations and failures to enact group norms can result in rejection even by a group that we value highly. Children and adults can be excluded and marginalised within their own families when they report their abuse, for example (Muldoon, Nightingale et al., in revision). This type of norm-violating trauma results in exclusion from the group itself. As such, some norm violations may seriously undermine a person's ability to lay claim practically or psychologically to a valued identity. In cultures where victims are blamed for their rape or sexual assault, for example, women may have difficulties being accepted by their families and communities (Kellezi et al., 2009). This has important implication for people's ability to access important social and psychological resources within their own networks as well as their ability to assume valued identity roles such as wife and mother.

These barriers to accessing new identities, and the social identity resources that arise from them, occur because norm violations and taboos are often tied up with questions of morality. People often assume that judgements about morality are objective, but they too are in fact a product of group life (Clayton & Opatow, 2003). For example, violence is perceived as more acceptable and justifiable among highly identified ingroup members, who often believe perpetrators are acting in defence of an honour or cause (Muldoon & Wilson,

2001; Uskul & Cross, 2019). Any tolerance for perpetrators' actions, be they small or large aggressions, can amplify the distress of those victimised. This tolerance of perpetrators' actions and associated neglect of victim sentiment is maintained by shared group norms. Classically, the victim is seen as a master of their own misfortune and the preparator is acting to protect the group, be it a family, political or national cause.

This narrative that orients to victims' behaviour is seen very clearly in how we advise women to take care to avoid being attacked when they are out walking and running. As a woman who runs and has spoken publicly after one nasty incident (Muldoon, 2018), I have been subjected to more than my fair share of advice on how to stay safe. I must run with others, run before dark, run with the dog, run in floodlit areas, run with a GPS safety tracker, run in a 'safe' area and stay alert. I must not run alone, separate from the group, run after dark, or run with earphones. Implicit in all of this advice is the assumption that if I behave as advised, I won't be victimised. But none of these precautions and all the care in the world will not solve the problem. And that is because however hard it may be to hear, it is men's behaviour that is the issue. And whilst only some men are perpetrating this behaviour, many others engage in threatening micro-aggressions, and many others, men and women included, tolerate and even justify it: 'boys will be boys'. This ubiquitous view, a gender-based norm, is central to our tolerance of all forms of male aggression and violence in public and private spheres. It also serves to highlight how central groups and group-based norms are to the experience of trauma for women and men.

#### *4.5.5 Integration of the Personal and the Political Dimensions of Traumatic Experience*

The social identity approach to trauma proposed here offers a lens to connect individual and collective components of trauma process. Clinical understandings of trauma highlight that there is something meaningful and distinctive about personal exposure to traumatic experiences. In the same vein, classic psychological theorising around trauma is concerned with the operation and implications of the self in personal terms (Antonovsky, 1996; Hobfoll, 2011; Linville, 1987). Within social psychology, the social identity approach is largely concerned with the

operation and implications of the self, defined in terms of group memberships (Haslam et al., 2010; Reicher et al., 2010). By this token, the impact of traumatic experiences can only be understood by thinking about people as group members. The impact of my experiences whilst out running, then, can only be understood with reference to my gender, the gender of those harassing me and the associated gender-based power dynamics. This integrative perspective highlights how the collective and the political affect individual psychology in terms of health and well-being, as well as social and political attitudes.

Personal exposure, though clearly linked to group membership, is not the same as collective traumatisation. Collective trauma constitutes an earth-shattering, threatening episode in a group's history, then, that affects not only direct victims but the entire community (Canetti et al., 2018). American sociologist Kai Erikson (1976) was probably the first person to document the concept of collective trauma in the aftermath of a catastrophic flooding in the United States. A collective trauma can transform the way a population perceives the world and their understanding of the relationship between their group and other groups (Vollhardt, 2014). The group can develop a collective sense of endangerment, community disorder can ensue, and even profound fracturing of networks and societal institutions (Keynan, 2018). Collective trauma confers effects on individuals directly affected as well as those in the wider community.

Using the social identity approach allows us to conceptualise and distinguish between the effects of personal exposure and collective trauma. Self-categorisation theory holds that social identification produces psychological alignment with members of the groups to which we see ourselves as belonging. Both self-categorisation theory and social identity theory, interested as they are in the role of sociopolitical context and political power, highlight that adverse experience in low-status groups delivers a particularly strong sense of belonging and identification through this alignment with others; an individual's personal fate can become psychologically tied to the fate of others (Drury, 2012). As such, the experiences of threatened or disadvantaged fellow ingroup members are taken much more seriously because they are relevant to oneself (Haslam et al., 2018). Though this is different to the burdens faced by those who directly experience trauma, this means that the trauma experienced by ingroup members can have a significant ripple effect on the wider group (Muldoon & Lowe, 2012; Huddy & Feldman 2011).

On the other hand, the traumatic experiences of outgroups can be ignored. When we do not identify with victims, we may be blissfully unaware of the risks our outgroups face. Privileged group membership, in particular, can offer protection and obscure understanding of outgroup or subordinate group risk. This is because where we lack familiarity with the experience of other groups, or we perceive others as dissimilar to ourselves, our ability to take a perspective can be particularly weak. In these cases, social identities, people's attributes as group members rather than individuals, are very relevant or salient (Ackerman et al., 2006). In divisive situations, making group memberships salient can result in the situation becoming nasty and contentious. In situations of political violence, people who attribute their own group's victimisation to a particular outgroup are more likely to endorse hostility and aggression towards that outgroup (Halperin et al., 2009). Equally, perpetrator groups can respond aggressively in these contexts, seeing this as a need to defend their own position.

Power and privilege are centrally important to these dynamics. The experiences of minoritised populations, who are more at risk of trauma because of the fixed effects discussed in Chapter 3, are not understood or appreciated by those who occupy more privileged positions. In other contexts, however, particularly where majority group members feel threatened, rather than being unaware of the experiences of the outgroup, those with the direct experience of trauma are actively belittled or demeaned (Clayton & Opatow, 2003; Koch et al., 2016; Levine & Thompson, 2004). For example, while New Yorkers were distressed by the attacks on the Twin Towers, they may have been unconcerned about killings in Afghanistan. Supporters of al-Qaeda would be more likely to show precisely the opposite pattern. This gives rise to circumstances where similar traumatic events can cause distress and moral outrage, on the one hand, or celebration and triumphalism, on the other, depending on whether the observer and the victim share an identity. And so, Paul Muldoon's reference to the invisibility of these boundaries that 'might have been a wall of glass' resonates. Group boundaries are too often not even visible to our sense of our own, and more particularly others', trauma.

## 4.6 Conclusion

The social identity perspective represents two related theories known as social identity theory and self-categorisation theory. Both



approaches highlight the importance and power of categorisation processes for how we see ourselves and others and indeed how others see us. We can see this type of categorisation at work in how we view people who have experienced trauma. We know that how we feel about our own group, our ingroup, is important to our health. And here we theorise why it is also centrally important to how we negotiate personal exposure to traumatic events, our recovery from these experiences as well as our resilience to them. Intragroup processes are distinct from intergroup processes. Intergroup processes drive how we feel about other groups of which we are not members: outgroups. Because of this, traumatic experiences are relevant to people's feelings about outgroups especially where a situation is polarised, or the traumatic experience is attributed to a particular outgroup. Taken together, this way of thinking about trauma offers a way to integrate current individual and collective understandings of trauma and its impact on (1) risk and resilience and (2) social and political attitudes, as we do in the next chapters.