7 *Trauma, Personal and Political Growth and Change*

It was the best of times, it was the worst of times, it was the age of wisdom, it was the age of foolishness, it was the season of Light, it was the season of Darkness, it was the spring of hope, it was the winter of despair.

—Charles Dickens, *A Tale of Two Cities*

7.1 Chapter Outline

Previous chapters have looked at how social identities can be both a benefit and burden in terms of health and social and political attitudes. Here the idea that social and psychological growth flows from trauma because of social identity change is considered. Social identities and the resources they offer play a significant role in processing, responding to and recovering from traumatic experiences. Two possible mechanisms are outlined. The first is that trauma reveals the value of existing social identities, which drives post-traumatic growth (PTG). The second relates to the sense of connection that can emerge amongst victims of trauma that allows new social identities to develop. In these cases, people can develop insight, or collective consciousness, into how their traumatic experiences are tied to their group membership. This understanding of the systematic and patterned nature of trauma not only enables connections between those affected but also facilitates push back against problematic or even oppressive systems and structures. This change in collective consciousness can be thought of as a form of collective PTG. This chapter concludes by outlining the potential for trauma, because of the identity-based consequence, to be a force for positive social change. Trauma can drive a sense of collective empowerment. This empowerment alongside an alternative, more hopeful sense of the possibilities for structuring our social worlds offers us all brighter personal and political futures.

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7.2 A Tale of Two Traumas: It Was the Best of Times, It Was the Worst of Times

I started out this book with a story from my own days at university. I called it a tale of two traumas, a play on the Dickensian title *A Tale of Two Cities*. The book has a well-known opening paragraph, in which Dickens speaks to the controversies and contradictions associated with the tumultuous times that are the backdrop to his novel. This opening passage is an apt description of how it is possible to experience the same trauma as both positive and negative. For sure, traumatic events cause extreme distress. They bring sorrow, and mostly we never want to revisit or re-experience such trying times again. Oddly, though, because of such experiences, we may begin to see the world differently or even envision change that we would like to see: 'a season of Light' after the dark days. It is from this change, this wisdom as Dickens calls it, that 'a spring of hope' emerges. The idea that dark times can also give rise to new, more hopeful beginnings has gained credence in literature and poetry. And it merits serious scientific study as a social phenomenon.

I can remember very vividly the weeks and months in the run-up to the day my doctor diagnosed me with depression. I had in those weeks read Sylvia Plath's *The Bell Jar* (1963) for the first time. I remember discussing the book with a colleague, who looked at me askance when I said the internal emotional world Plath described in her book resonated very much with me. I didn't feel particularly sad; I didn't feel very much at all, in fact. During the months before I found the courage to see a doctor, I frequently found myself crying, sometimes almost to my own surprise, for no particular reason. Despite this, I spectacularly failed to recognise my own problem and was shocked when I was diagnosed with depression.

I was deeply nervous of disclosing this diagnosis back then. I did, however, disclose how unwell I felt to my immediate family, some close friends and a small number of people with whom I worked directly. There were one or two people at work who clearly changed how they behaved towards me, but for the most part I was met with care and kindness. Although I was stuck in a 'season of Darkness' at the time, this kindness steered me towards 'the Light'. In very many ordinary ways, though those days were the worst of times for me, that care and concern was a beacon. Some part of me thought that my family and

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friends would be disappointed or impatient with me. But I felt the warmth of their embrace.

In the early days and weeks following diagnosis I identified as depressed, not that I had depression. I felt labelled. In one of the conversations with my mother after my diagnosis, she advised me 'not to make too much of it'. By this she meant that I shouldn't let this diagnosis define me. And she was right. I was busy pathologising and stigmatising myself, thinking depression was an indelible mark. She and my sister were busy advising that 'this too will pass' and life will move on. She also told me about her own struggles with depression. It allowed us to connect based on our shared experience as mothers and reconnect as mother and daughter. And now my mother has died, I cherish these memories. My very nervous disclosure about myself at 'my worst' I now remember as 'the best of times' too. This idea that this type of changed outlook, from negative to positive, can be driven by identities and shared social relationships lies at the core of this chapter.

As life continued and time moved on, I like to think the 'foolishness' of my catastrophising perspective is behind me. I have moved towards a new 'wisdom': an appreciation that life tends to throw curve balls that can unseat you. In the years that have followed this period of depression, I have had my resilience and 'wisdom' tested more than once. Patience is crucial during these personally difficult times. I try to wait for the storm to pass. I am more patient and compassionate towards myself and others during these tough days. Everyone deserves a break. And I try too to appreciate the good times when they come, as we all need to when we can. In psychological parlance this might be referred to as post-traumatic growth.

7.3 Post-traumatic Growth

Post-traumatic growth (PTG) is evidenced across many cultures and appears in literature across the ages (Tedeschi & Calhoun, 1995). PTG has been evident in response to traumatic experiences endured because of earthquakes (Muldoon et al., 2017), bereavement (Davis et al., 1998), rape (Burt & Katz, 1987; Thompson, 2000) and war and conflict (Elder & Clipp, 1989), as well as life-changing health diagnoses such as cancer (Collins et al., 1990; Stanton et al., 2006), HIV diagnosis (Bower et al., 1998), acquired brain injury (Grace et al., 2015) and even childbirth (Verreault, 2012).

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Personal PTG has also been reported after the type of diagnosis I had, namely, depression (Bianchini et al., 2017). My distress at my diagnosis was linked to a sense that my depression was evidence that I was faulty. I was a problem. I was broken. This type of black-and-white thinking is often associated with depression, but at the time I did not recognise this despite my own expertise and strong sense of being a psychologist. I was floored by my diagnosis. It is not unusual for people to show PTS symptoms in response to health events. Up to then, my sense of myself was built on my psychological stability, and this evenness and strength meant that I could help others and be effective in difficult situations. Being useful and feeling needed was an important part of who I was. My diagnosis with depression upended this view of myself. I found this very upsetting and indeed for a time felt lost.

It is this type of extreme distress that results in PTG (Joseph & Linley, 2006; Tedeschi & Calhoun, 1995). Current thinking and research suggest that PTG does not directly result from trauma. Rather, it appears to be linked to the psychological struggles people encounter as they deal with altered contexts in the aftermath of their trauma (Tedeschi & Calhoun, 2004). PTS and PTG are not opposites, then, but rather may co-exist. In this way distress is a necessary prerequisite for PTG (Dekel, Ein-Dor, & Solomon, 2012). Longitudinal studies indicate that PTG occurs over and above any experience of PTS. PTG occurs, then, because of efforts to adapt to the kind of upset and disruption my diagnosis of depression caused me. The phenomenon is perhaps best epitomised in the phrase 'if it does not kill you it'll make you stronger' (Jones et al., 2012).

PTG normally arises from a major discontinuity in personal identity and a period of re-evaluation and reflection. A substantial proportion of people report they no longer see themselves as the same person after their traumatic experiences. In this way, personal PTG is distinct from resilience. It isn't about bouncing back or and returning to the same life. PTG involves a step change in how people see themselves. My own depression stopped me in my tracks in this way. Reflective of the three key processes associated with PTG, it made me revaluate myself and my priorities and appreciate far more the social support and connections I had around me.

My sense of myself before I was depressed was that I was useful, good in a crisis. I like to be needed. I defined myself by my actions and

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valued myself for what I could do. I value many people in my life for who they are. Indeed, most of us value those we love most for just being themselves. So not valuing yourself in this way is odd. Learning to value myself in this way also changed my priorities. It meant that my own needs had a legitimate position in the hierarchy of needs. Obliging others didn't have to be my priority. Sometimes it is important to look after yourself first. This reluctance I felt was not an innate quality or a genetic blind spot. It can be seen as a product of group life. As a society, we teach girls that it's not nice or appropriate to focus on their own needs or interests. There is also now evidence that when women and girls tend to face backlash when they prioritise themselves. Indeed, there is overwhelming evidence that women are much less likely than men to ask others for assistance at home, at work and in the wider social world (Babcock et al., 2003; Babcock & Laschever, 2003). However, as I reflected on my own distress, I began to see the value and fulfilment that I garnered from helping others. This allowed me to see that others wanted to help, too, and our relationships were enriched by their help. This in turn allowed me to see the value of the support I had around me. The best and the worst of times.

I will always look back with sadness on those years where I had slipped into depression and regret how little joy life brought me at that time. But this time delivered a positive sea change in my sense of myself too. Personally, this positive change was linked to improved relationships with family and close friends and a new ability to lean on others. Professionally, establishing the basis for this positive shift became an important goal. It opened up the possibility that groups and social connections were core to the causes, consequences and even the treatment of trauma. And so, in many regards, this period reinvigorated me as a psychologist and a researcher. I cannot but be grateful for that.

Personal PTG signals personal growth such as enhanced wisdom, insight or empathy; collective PTG signals social identity–based growth. This can be a different way of thinking about an identity. In my case, being diagnosed or labelled 'depressed' prompted me to revisit and reinterrogate valued identities. And whilst my family and friend network helped me to improve my personal psychological well-being, my identity as a psychologist offered a vehicle for growth too. Though I had always seen the value of the discipline, I came to see it as imperative to supporting those made vulnerable by trauma. My strong belief and identification as a social psychologist alongside the support

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of collaborators have given me the capacity to speak out. Social psychological insights must inform patient services, student experiences, research efforts, workplaces and public policy. In this way my engagement with the discipline as well as my sense of responsibility to speak out on national and international debates on trauma and health care has been amplified by my own experience. This can be seen as a form of collective, rather than personal, PTG. In the proceeding sections how personal and collective PTG are driven by social identity dynamics is more fully outlined.

7.4 Social Identities and Personal Post-traumatic Growth

In recent years, with colleagues I have been trying to understand what drives these kinds of positive changes. Guided by a theory we call the social identity model of traumatic identity change (SIMTIC; see Figure 5.1), we have been exploring the idea that traumatic experience may sometimes revitalise social identities, and it is through this revitalisation that the potential for positive and hopeful trajectories opens up. We currently have evidence in support of two working hypotheses. The first is that traumatic experience can offer a renewed appreciation of the value and importance of social identities. So, we think it is this renewed appreciation that fosters personal PTG. The second hypothesis is that traumatic experience can offer a sense of connection to others, which can be experienced as energising or empowering. Traumatic experience then can present opportunities for new group memberships and identities or indeed may enhance allegiance to pre-existing identities. Both may offer the basis for post-traumatic growth. In this section we consider each of these ideas in turn.

7.4.1 Social Identity Revitalisation and Post-traumatic Growth

Support for the idea that trauma can lead to a renewed appreciation of the value of social identities is evident from research. In a study of children who lived through earthquakes in Italy (Vezzali et al., 2016), the presence of post-traumatic stress symptoms predicted a sense of shared identity over time. Experiences that people find traumatic can facilitate both the emergence of a strong sense of a new social identity (Drury, 2018; Vezzali et al., 2016) as well as the consolidation of existing relevant identities (Muldoon & Downes, 2007). In another

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study, Drury and colleagues found that an emergent sense of common fate among a study of 1,240 survivors of the 2010 earthquake in Chile led to the development of a strong sense of shared identity and that this fed into the provision and receipt of support (Drury et al., 2016). Mirroring findings from areas affected by political violence (Muldoon, 2013), rather than PTS creating a desire to disconnect (which might be expected, based on the pattern of symptoms often described), post-traumatic stress symptoms appeared to do the opposite. It creates a desire for connection and a sense of collective community (Vezzali et al., 2016).

A premise of the social identity approach to health is also that subjective perceptions of belonging to a group are what drives positive adjustment, such that individuals who identify as a member of a particular group and report stronger ties with other group members will reap benefits: 'the social cure' (Haslam et al., 2018; Jetten et al., 2012). The importance of identifying and engaging with a group, as well as the quantity of group memberships (e.g., Postmes et al., 2019; Sani et al., 2012), is central to their beneficial impact on health. PTG too can be thought to be derived from the number of group memberships people have as well as the quality of these social connections. In a study of thirty-six people living with acquired brain injury (ABI), Griffin et al. (2022) demonstrated the number of groups and strength of connections combined to predict PTG. Tracking group membership and engagement across two time points, the study showed that the benefit of additional new groups was predictive of PTG because these new group memberships acquired after brain injury were associated with a stronger sense of connectedness.

Multiple group membership is known to be an important basis for health, because those with more group memberships tend to have a greater number and diversity of resources to draw upon during times of change and transition. This research suggests the number of groups a person belongs to (Kinsella et al., 2020), as well as the quality of the connections offered through these group memberships, is central to PTG. A related qualitative study illuminates this finding further. In this in-depth interview study with people living with disability in the aftermath of an ABI, respondents spoke of a heightened awareness of group-based resources (e.g., in the form of kindness and generosity from family and community). Participants stated their perspectives changed in the wake of their injuries: they reported a fuller

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appreciation of their identity-based social resources, including the new identities they forged after their injury, which helped to reduce the isolating effects of their injuries. These new group memberships were also able to offer meaningful activity and a positive sense of self (Muldoon, Walsh et al., 2019). Respondents indicated that making sense of their injury and the associated disability was something they achieved through interaction with others and participation in group activities. Moreover, their acceptance and adaptation to life post-injury was implicitly linked to changes in the social identity resources that flowed from their group memberships. Indeed, in this context, social contact, and renewed connections with valued groups, whether peers, family or friends, was taken as a marker of recovery. Remarkably, then, these participants, who were often very disabled, focused on their *good fortune*.

Another study in a different traumatic context provides further evidence of the value of multiple and new group memberships as a platform for PTG (Haslam, Latilla et al., 2021). Drawing on a sample over 100 largely female (86%) and white participants (88%) recruited through an organisation that supports victims of gender-based violence and abuse in South Africa, this study offered consideration of the impact of physical, emotional and financial abuse and domestic violence or sexual assault. Findings of the study showed that those participants with multiple group membership were those who showed the highest levels of post-traumatic growth. Building on previous research, these findings also suggested that multiple group membership worked in tandem with feelings of personal control and new activist identities to foster growth. So, multiple group membership can facilitate the development of new group memberships in times of disruption and stress (Cruwys et al., 2014). These new groups can be pertinent to the specific life-changing contexts. Specifically, this study appears to offer evidence that multiple group membership offers a pathway to identification with activists, a factor that we have seen previously can reduce traumatic stress (Basoglu et al., 1997; Muldoon et al., 2009) but here also seems to foster the development of PTG (Haslam, Latilla et al., 2021).

More recently, Craig et al. (2022) directly tested the idea that social identity gain, or acquiring new identities, could promote PTG. In a study of 140 adult survivors of the Australian Black Summer bushfires, this study showed that group membership gain predicted PTG over

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and above demographic factors and the scale of the damage people endured. Further, this study highlighted that new group memberships were associated with a distinct path to PTG, through a process of social identity revitalisation. Social identity revitalisation is a process, not unlike my own experience with close family and friends when depressed, whereby connections are reinvigorated and appreciated more than they had been previously. Whilst existing group memberships in this Australian study then were associated with fewer PTS symptoms, new meaningful group memberships provided bushfire survivors with opportunities to create new identities that became the basis for growth and thriving.

This idea is consistent with another group of studies that suggest that changes in the number or the value ascribed to identities can also be a catalyst for PTG through enhanced sense- or meaning-making. As we have already discussed in Chapter 5, traumatic experience can disrupt identities, and so it can also disrupt associated motivations and meaning in life. One of the reasons that the South African survivors of abuse evidence PTG was perhaps because the newly developed activist identity offered more than new social connections. The link between PTG and social identity–based meaning-making is apparent in a study of sixty female survivors of childhood sexual abuse. Specific benefits accrued to those who could make sense of their experience. Those who believed they had improved relationships or were better parents or had stronger religious identities because of their early childhood adversity were those most likely to show PTG (Wright et al., 2007). Relatedly, in studies of military personnel who have experienced combat trauma, growth is most likely to emerge where a focus on the value of the collective effort survived. Cacioppo et al. (2011) showed that a focus on the collective goals can buffer the effects of traumatic stressors and help groups of military personnel grow from traumatic experiences. An interpretation that makes sense of personal traumatic experience with reference to a wider cause or collective effort is more likely to deliver PTG.

In summary, following exposure to traumatic events, people often find themselves in a fundamentally different psychological world – one that necessitates an evaluation and overhaul of how we see ourselves. Identities hitherto central to our sense of self can be lost or gained, some are maintained and consolidated, still others undermined (Hefferon et al., 2010; Muldoon, Haslam et al., 2019). New group

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memberships seem to have a particular value in promoting positive post-traumatic change. So too does the revitalisation of social identities, enhancing the perceived value of groups that were previously perhaps a little neglected. This new sense of social self, enabled by social identity changes, can bring with it a new sense of meaning, purpose and connection to others, often thought of as PTG.

7.4.2 Social Identity Empowerment and Post-traumatic Growth

We know from Chapter 3 there is evidence that those most affected by trauma are those who are most disempowered and that traumatic experience itself can be disempowering. Those most affected by trauma are often on the margins, or made marginal, by their experience. They are most often groups without social, economic or psychological status or resources. Their distress is driven in part by their hopeless and helpless circumstances. However, there is also now emerging evidence that social identities and connections to others similarly affected are the basis of empowering connections and collectives. Here I present evidence that this may also be the basis for growth in response to trauma. This is thought of as a social identity empowerment hypothesis: social identity–based empowerment can be the basis for personal post-traumatic growth.

We turn first to evidence that trauma may be the basis of empowering and agentic social identities. Drury and colleagues highlight how an emergent, shared social identity was evident in a series of research studies with British residents who had been involved in a range of different traumatic events – including the bombing of Harrods in 1983, the fire at Bradford City's football stadium in 1985, the sinking of the cruise ship *Jupiter* in 1988, the deaths of ninety-six Liverpool supporters at Hillsborough in 1989 and the crush that occurred at a Fatboy Slim beach party in 2002. One of the most striking findings was the extent to which participants developed a sense of social identification with others as the disasters unfolded. Far from being 'madding crowds' or 'panicked' response, those caught in these catastrophic circumstances felt a sense of solidarity and connection with others in the same situation. This sense of identification dampened feelings of threat, and identification with others allowed people to feel safer and more secure. This programme of research also indicated that a calm and orderly

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response, alongside feelings of being capable of responding to the unfolding demands of the situation, was associated with a stronger sense of connection and identification with other victims (Drury et al., 2009).

This sense of having 'got this', known as personal efficacy, is important to people's responses to traumatic events. In a longitudinal study by Kinsella and colleagues (2020), the impact of group membership on ABI survivors' ability to manage their own emotions, thinking and behaviour was examined. For those with acquired brain injury, reduced regulation and self-efficacy creates difficulties for survivors in family, work and wider social settings. This study found that survivors with more group memberships had better self-regulation capacities, which were linked to better psychological health. This was also found in the previously mentioned study of survivors of gender-based abuse in South Africa (Haslam, Latilla et al., 2021). An enhanced sense of personal control appeared to be derived from multiple group membership, which in turn was associated with higher levels of personal post-traumatic growth.

Muldoon et al. (2017) explored this idea further by looking at whether a sense of shared or collective efficacy in the aftermath of trauma can be important to the development of post-traumatic growth. Collective efficacy is epitomised by the phrase 'we shall overcome'. In a study of nearly 400 survivors of the 2015 Nepal earthquake, six months after this event had devastated large areas of the country – killing 9,000 people, injuring over 20,000, and leaving more than 3 million people homeless (Muldoon et al., 2017) – the role of community identity and collective efficacy on PTG (using measures that had been translated and adapted for use with populations with limited literacy) was examined. Reflecting the fact that power and position affect people's experience of trauma, respondent's socioeconomic position and, in particular, their position in the caste hierarchy that persists in Nepal affected the extent and nature of trauma experienced was linked to earthquake experience. Equally as hypothesised, community identification and the sense that the community had the ability to overcome trauma, known as collective efficacy, facilitated personal PTG.

The knowledge that groups can empower people adversely affected by traumatic experience gives rise to the tantalising possibility that group-based empowerment is a potential pathway through trauma for the most marginal and disempowered groups. Small groups have been

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shown to have the capacity to engender identity based on membership in an existing social category (Postmes et al., 2005). And when there are no pre-existing connections (for instance, amongst victims or survivors), groups often actively engage in negotiations and discussions over who they are, the realities they are collectively facing, and the norms and content that define their group (Reicher et al., 2006). Communication and debate then help small groups to integrate an understanding of the norms that define their group, including their efficacy beliefs and their opinions about appropriate actions given their circumstances (Thomas et al., 2009).

Building on this knowledge, with colleagues in Nepal we have been evaluating the value of a community-based approach to supporting those affected by leprosy. Leprosy remains a highly stigmatising illness in Nepal, most often affecting the poorest and lowest-status members of society. The diagnosis can be very traumatic as those affected realise that their lives may be very altered. As well as the potential for illness and disability, those affected are often rejected by their communities, even their own families, losing important social identity–based connections and supports. Using a small group approach centred on the importance of empowerment for these marginalised and low-status people living in rural villages, we have shown how feelings of belonging and identification with self-help groups formed to support those affected by leprosy have a range of positive consequences. These include practical gains the groups are designed to address such as improved health literacy and social participation (Muldoon et al., 2020). Over and above this, these group-based connections mitigate stigma and enhance solidarity and empowerment amongst those affected by leprosy (Jay et al., 2021; Muldoon et al., 2020). Taken together, our evidence suggests that these small group contexts offer identity resources to reduce stigma-related harm and promoted resilience over at least a six-month time span (Jay et al., 2022),

Disempowerment and stigma are also associated with being a victim of sexual violence. Stigmatised trauma can damage interpersonal relations and community connections and fundamentally challenge people's sense of their own autonomy. On the other hand, some survivors report identifying with the stigmatised identity, and this can improve interpersonal relationships, offer a greater sense of community connection. It can also be associated with a growing sense of activism that is reflective of personal PTG. Certainly, although I felt

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stigmatised when diagnosed with depression, disclosing this to understanding family and friends brought me closer to those who had shared this same experience.

People's responses to any potential stigmatising disclosure, of course, is pivotal. There is evidence that positive responses from others when speaking about sexual assault can aid people's recovery (Gueta et al., 2020; Strauss Swanson & Szymanski, 2020). And again, on the other hand, those who experience sexual assault can find that others are unwilling to listen (Gueta et al., 2020; Mendes et al., 2018) or to acknowledge their experiences; they may even be blamed for their own victimisation (Lynch et al., 2017). Trauma in the form of sexual assault constitutes a serious challenge to people's sense of personal safety and autonomy as well as their social relationships (Roberts et al., 2005). Stigmatised trauma, then, because of its relationship with empowerment and autonomy, is likely to present a particular barrier to post-traumatic adaptation and growth.

Overall, then, the research literature offers a small but promising body of work showing that social identities acquired because of trauma have the potential to drive personal PTG (Muldoon, Haslam et al., 2019; Vezzali et al., 2016). For some, the low status or a marginal position in society that placed them at risk of trauma will also be associated with stigma and disempowerment. This can be a barrier to positive or growth outcomes. It is likely to interfere with group cohesion and social connections, block personal and collective agency and reduce coordinated action over time. On the other hand, collective and personal efficacy and agency can mitigate feelings of helplessness and the stigma-related harm often experienced by those affected by trauma. Social identity–based empowerment can be derived from multiple group memberships, social connections and participation and engagement with 'active' identities. All these social identity–based assets contribute to empowerment and personal growth.

7.5 Collective Post-traumatic Growth

In the early days of my research career, I recall reading many research articles where a key critique was that the population studied was involved in litigation. Litigant studies were seen as offering questionable evidence relating to the impact of trauma. Since then, it has been apparent to me that scepticism about the authenticity of claims people

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make about their trauma is a persistent feature in this field. This scepticism speaks to the concern then, and now, that people who claim to be traumatised are in fact faking their distress. Claims are taken as indicative of another agenda – for example, monetary compensation, citizenship rights or even a political plan.

Trauma has always been a highly political and politicised concept. In Northern Ireland over the years of the conflict, both people and politicians were known to use the phrase 'innocent victims'. This well-worn phrase is suggestive of another group of victims who are less innocent or maybe even deserving of their own misfortune. In the literature related to gender-based violence, there is a clear and disturbing narrative relating to the types of girls who are victims of gender-based violence. Victims are too often constructed as 'silly girls' who were 'asking for it', somehow responsible for the violence perpetrated against them (McMillan & White, 2015) and simultaneously unworthy of care or concern (Muldoon et al., 2020).

Despite these clear social psychological dimensions, the personal cost of traumatic experiences has been primarily informed by clinical psychology, psychiatry and medicine. These clinical perspectives rely on an individualised model of human behaviour. They see social factors as having an influence on people's personal resources to manage the experiences they encounter. On the other hand, the literature related to collective action highlights how group memberships – particularly where there is injustice – are likely to give rise to an appetite for social change. Studies in the field rarely consider the impact of people's own experience of trauma. The idea that personal experience of trauma impacts social identities not only allows a social psychology of trauma but also reveals the possibility that traumatic experience and social identities can combine to drive social and political change.

7.5.1 What Is Collective Post-traumatic Growth?

Solnit (2010) observes in her comprehensive volume *A Paradise Built in Hell* that it is far more common than one would imagine for communities that experience catastrophic disasters to both recover and thrive (Evans-Campbell, 2008; Sundet & Mermelstein, 1988). This idea of community growth in response to trauma has been evident in the literature for some time. For the most part, though, those writing

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about growth in sociology and politics are thinking about changes in social practices or systemic change arising from post-trauma commitment to structural reform of a city or a country. As a social psychologist, I see this response as the product of people's redefinition of their social selves post-trauma: a changed sense of 'who we are' and 'how we imagine our future'. These changes in the social self include changed sense responsibility and loyalty to valued groups. This shift in thinking about trauma is important to move the field forward.

If we think of the last two years since the onset of the COVID-19 pandemic, the swiftness with which new group memberships have emerged and been integrated into common parlance is instructive in this regard. We have 'anti-vaxxers', 'COVID deniers', 'maskers' and 'anti-maskers', 'the COVID anxious' and 'COVID vigilantes', amongst many other new groups that have appeared. In many cases, people are happy to identify in these ways and have integrated these labels into their sense of self. I have been involved in many conversations where people have declared that they are 'pro-mask' or 'pro-science'. But, of course, people are not in and of themselves pro-science; it is their values or beliefs that are this way. In this way we can say group memberships define our sense of self and our values. And this has profound cognitive and motivational consequences (Turner, 1982).

Collective post-traumatic growth can be thought of as a form of psychological growth that includes a greater awareness of possibilities and purposes of the groups of which we are members, an enriched sense of oneself as a group member and a stronger sense of connection to other group members. This collective growth, or positive change as a group member, is plausibly an important driver of social and political actions. And it articulates a link between direct personal experience of trauma and changed collective social or political priorities. It forges a path between the personal and the political.

In a recent study, we used public accounts of women who waived their right to anonymity after a conviction of sexual assault or rape was secured in the Irish courts. In such cases of rape and sexual assault in Ireland, victims are guaranteed anonymity. This is a provision in law designed to protect people from the stigma associated with experiencing sexual violence. It highlights that there remains a cost for people who are identified as the victim in rape cases. When we completed our analysis of public statements and media interviews with women (all the victims were women), we examined the reasons these women spoke

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out. Our analysis of their public discourse highlighted the victims' descriptions of how a personal trauma, even one as intimate as rape, has psychological consequences that went well beyond individuals' own health and sense of personal identity. A key feature of the conversations we analysed was that the identity changes highlighted were not always negative. The women talked about an altered and enhanced sense of responsibility to other women and particularly to others who had experienced similar trauma. They felt it imperative to redefine those affected by gender-based violence, of both themselves and others, in the eyes of wider society. They spoke about garnering support, strength and agency from the reaction of others who shared their experience and those who witnessed someone they loved negotiating similar trauma. They indicated that they felt empowered by these social identity–based connections to see social cultural and legal change (Muldoon et al., 2023)

All these women had this in common. They used their highly publicised court cases and the circumstances in which they found themselves by dint of their trauma to press for social and political change. They identified variously at least in the public sphere as women, as victims, as Irish people and even by occupation. They used these identities to push for redefinition of Irish practices and norms around disclosure, blame, support, sentencing and judicial management of rape and sexual violence. In their public discourse, the women sought to offer a shared alternative vision for supporting and responding to incidents of sexual assault and rape in Ireland. In so doing, they trusted that like-minded others, be they women, victims, families, friends of victims or those working in the health or judicial system, would also be keen to offer appropriate support to protect victims of sexual violence. This identity-based shared vision for Ireland's future could be thought of as an attempt to 'grow who we are' in order to look after 'all of us'.

These are also issues that have come to the fore in the face of the COVID-19 pandemic. Though we can see that the adverse impacts of COVID-19 are linked to status, power and positionality in society, the requirement for action by all is central to the success of public health measures. Living and working conditions are profoundly related to risk and vulnerability (Chung et al., 2020). As such, the crisis is drawing wider health inequalities within and across nations into sharp relief (Atchinson et al., 2020) in terms of both preventative medicine and health care. The amplification of the inequality between the rich

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and the poor that has occurred over the course of the COVID-19 crisis has enhanced the appetite for change in those most directly affected by disability, death and inadequate access to vaccines and health care. In short, the trauma associated with the pandemic has already had political consequences.

Whilst contemporaneous events such as the pandemic, or indeed the climate crisis, may be seen as a tipping point resulting in a sea change in thinking, historical events can also be influential. Linking historical wrongdoing and contemporaneous events is often contentious. Take, for instance, the rise of recent social movements like the #BlackLivesMatter (e.g., Leach & Allen, 2017) or the #MeToo movement. Their momentum was often linked to unresolved experiences of trauma and historical disadvantage of people of colour and women. When people fail to connect present-day events with past traumatic experiences, this can support the status quo. On the other hand, when historical disadvantage is connected to current political events, this can lead to an appetite for profound institutional change (Foran et al., under review; Ghilani et al., 2017).

Chayinska and McGarty (2021) argue that 'political déjà vu' – perceiving a connection between past events and those that are unfolding – can become an instrument for social change. They studied the responses of 272 Argentinian activists following the disappearance of activist Santiago Maldonado and the perceived silencing of opposition during the 2017 election. This silencing was paralleled by some with the silencing and disappearances during the Argentinian dictatorship of 1976–1983. Those who connected past and present events, feeling political déjà vu, identified more strongly with the political opposition group. In effect, recollection of traumatic memories reconstructed a victim-perpetrator frame through which identities and group memberships were used to view current and past events (Augoustinos & Every, 2007). This aligns with the idea that people seek comfort from their identities when confronted with the distressing traumatic memories (see Chapter 4). The pattern also revealed that political déjà vu alongside this pattern of social identification produced the system challenge necessary for collective action to occur (Chayinska et al., 2019). Importantly, the analogous perception of past and present traumatic events was related to people's sense of agency (Drury & Reicher, 2005; Muldoon et al., 2017; Rimé et al., 2010). This shared belief in 'our capacity' to effect social and political change is crucial to the mobilisation of collective action.

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7.6 Conclusion

Traumatic distress is linked to personal post-traumatic growth: a season of light and a season of darkness. Personal PTG, *the spring of hope*, arises from the social connections and sense of meaning or agency developed to manage post-traumatic distress, *the winter of despair*. In this way social identities and group-based resources can be seen as an important driver of personal PTG. Traumatic experience also appears to be linked to positive changes in people's group memberships and social identities. Traumatic experiences can result in the acquisition of new identities or result in reimagining of old identities. This idea, which can be thought of as collective PTG, is captured clearly by Charles Dickens in his book *A Tale of Two Cities*. And though articulated in literature previously, this idea of collective PTG has not been widely researched or articulated in psychology.

It is sometimes difficult to express the idea that traumatic experiences can have positive consequences without sounding trite or indeed heartless. There is no sense in which the analysis offered here seeks to deny the pain or distress people endure because of trauma. Traumatic experiences, and people's responses to those who have been traumatised, can be both overwhelming and alienating. For some, particularly the most vulnerable and marginal in society, it can be impossible to move forward, and the health consequences include a lifelong physical and psychological price. We can use the knowledge of how systems failures, social betrayal and shame and injustice compound the experience of those who have experienced trauma. This offers the potential for new interventions oriented to destigmatising, empowering and connecting vulnerable populations in support of healthy and positive social change (Jay et al., 2022). Though in its infancy, we are trialling this idea and collecting evidence of the value of this approach to people's mental and physical health in the wake of trauma in our new research (see https://growth-ul.wixsite.com/psychology).

Connecting people through shared experience, even if it is in the past (Ghilani et al., 2017), galvanises people's identities and appetite for change. Calls for collective political action are routinely reinforced by unresolved experiences of trauma and historical disadvantage of minority groups. In this way, because of the social identity consequences, trauma can be politically mobilising. And whilst this can lead to violent protest, it can also lead to collective PTG. It can offer an

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opportunity to imagine a shared future with new collective possibilities. Traumatic experiences, then, have the potential to deliver major social and political dividends, to make the world a place where the concerns of women, children, people of colour and the diversity of our societies are understood and acknowledged equally. When it comes to trauma, the personal is political.

7.7 A Last Word

For the avoidance of doubt, I am a psychologist. I have a first-class single honours degree, which means I studied psychology exclusively for my undergraduate degree. I have a PhD in psychology. At the time in my life that I acknowledged my depression I had been actively researching mental health for almost fifteen years and was a full professor of psychology. Yet if my sister had not encouraged me to go to my doctor, I may have waited many months more. Looking back, it is hard not to be struck by my own lack of insight. I had lots of knowledge. I failed, spectacularly, to recognise my own problem. This is in part due to my orientation to knowledge rather than sentiment, in part a symptom of the depression, and wholly reflective of the society in which we live.

As I hope I have made clear in the pages of this volume, my area of expertise is social psychology. Though my identity as a 'psychologist' is important to me and very strong, I am at heart a 'social psychologist'. I am expert in the role of environmental or contextual factors in driving health and social behaviour. I am keenly aware that these social processes are routinely camouflaged in everyday life. However, it is only through looking back and reflecting on my own emotional response to my own diagnosis of depression that I realised that I *felt* people like me, affected by mental health problems, were broken, problematic. Despite all my knowledge, how I felt about the diagnosis was telling.

I was truly devastated by the diagnosis I received. Our understanding and approach to mental health problems, such as depression and PTS, remains highly stigmatised. Though I knew this prior to my own diagnosis of depression, I really didn't think that I was someone who was inclined to think in this way. Indeed, I had met many people affected by mental health concerns before I was diagnosed myself and sought always to treat them with empathy and compassion.

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My devastation was linked to a sense that this diagnosis was evidence that I was faulty. I was the problem. I berated myself for being weak. I had swallowed a deficit model of mental health hook, line and sinker. Despite all my knowledge, my reaction told me that I implicitly accepted that people with mental health problems were broken and needed to be fixed.

This book is an attempt to work against this narrative. Many of the solutions we offer to people with symptoms of trauma or stress presume that action at the level of the individual will deliver respite. These actions can be things like taking medication or engaging in talking therapy, things I did myself when I was depressed. Actions of this nature assume it is the person who needs to be fixed. This doesn't address the underlying cause of the problem. It is like treating the symptoms of cancer without removing the tumour. Before we ask people to fix themselves, we need to make sure that it isn't their world that is broken. A career studying trauma tells me hope for us all is found in a more just and equitable world, where our efforts work towards minimising the risk of adversity arising from war, violence and catastrophe.

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