5 *Comfort in Dark Times*

If we winter this one out,
We can summer anywhere.
—Seamus Heaney

5.1 Chapter Outline

Heaney alludes to dark times through reference to winter in the opening quote of this chapter. He sees this as an experience shared: it is 'we' rather than he that has 'to winter this one out'. In life, whatever 'this one' at hand may be, traumatic events that consolidate social identities can act to protect health and resilience and even give hope for the future, Heaney's metaphorical summer. We have already seen in Chapter 4 that trauma can change our social identities through the consolidation or acquisition of new identities. The aftereffects of trauma are driven, then, by both the traumatic experience and our sense of ourselves as group members and associated social identities. In the proceeding sections, we consider some of the implications of this for people negotiating trauma. We begin by considering the role of existing and multiple group memberships as a platform for resilience. We move on to consider evidence that psychological outcomes after trauma exposure are structured by changes in the number of group memberships and the change in our degree of connection to these groups. Last, we consider the impact of change in the value placed on our group memberships on trauma outcomes. In reviewing this evidence, it becomes clear that change in group memberships and social identities is a powerful determinant of psychological adjustment in response to trauma.

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5.2 A Sad and Salutary Tale

In my late thirties a close friend died by suicide. I experienced her death as very traumatic. Looking back, it was probably the most affecting experience of my life to date. Clare died aged forty. A fellow academic, we had completed our undergraduate degrees together. We shared the identity of 'Southerners' in a Northern Irish university. We were reasonably unusual in that environment. We both went on to study for PhDs, I immediately after completing my degree, she two years later. We shared the same generous and encouraging supervisor and indeed the same social network in those early days of our PhDs and later too as our careers developed. We both proceeded into careers in social psychology. Ours was a friendship built on twenty years of trials and tribulations, forged as women pursuing careers in an occupation and a field still dominated by men. But we also had lots of other things in common. We both came from a houseful of female siblings and had a single brother. We had both attended a convent school run by the same order: 'Loreto Girls' if you will. We both were from the Republic with partners from Northern Ireland. Our upbringing had been similar, and much to our amusement after many years of friendship we realised we were related. We implicitly understood each other. At times, we both struggled with depression.

In short, this friend and I shared multiple experiences and identities. And we were often positioned similarly by others in terms of gender and nationality. Her death left me with a sense that I had lost a key support. She was hugely supportive as a colleague and a friend. At the time of her death, I was negotiating a new academic landscape. I had recently moved to the University of Limerick to set up a new department. Prior to this point I had spent many years in Belfast. I didn't know Limerick. My first visit to the city was to interview for the job I subsequently took. The many promises made to me as an incoming head of department, tasked with setting up a shiny new department of psychology, were not honoured as the great recession hit Ireland and funding in the education sector dried up. The move took its toll. I was socially disconnected, had young children and a new challenging job in an unfamiliar organisation. I felt my dear friend's death keenly. I missed her wise counsel, her belief in me and, of course, having someone who got it and with whom I could laugh about it all.

Her death changed me too. I had tried to be an ally and support to her. Her death by suicide left me with a sense that I had failed her. This

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was someone who, whenever we met, had always seemed as though she was delighted to see me, as though she had been hoping that I would come along or ring to chat or share the latest issue or gripe. Of course, there must have been times she didn't need interruption, but it never came across. She was so very careful of others' feelings. In the first weeks and months after her death this added to my sense of guilt. I worried I hadn't been the friend to her that she had been to me. Typical of her thoughtfulness, she had been very clear to counter this narrative in my head prior to her death. As I struggled to make sense of her death in the weeks and months that followed, I realised that there was a psychological cost to this level of thoughtfulness and being available to others.

In time – and it was quite some time before this became apparent to me – I was left with a strong sense of the inadvertent damage we can do to ourselves by having an over-developed sense of responsibility to others. The challenges 'women like us' faced on the professional front, and on the home front, were different to those experienced by many of our male colleagues. In many regards this is counter-normative for women in many work and family contexts to limit their availability or care for others. As I struggled through this difficult time, I avoided those who seemed judgmental. At the same time, I began to look for the characteristics that defined her in others: compassion towards others, quiet determination and unequivocal warmth. These people and relationships got me through. So though I think back to her death with tremendous sadness, it was also an experience that revealed the kindness in many others around me.

5.3 Trauma and Social Identity Change

Social identities define us. The social identity approach tells us that group memberships and connections to others are central to our sense of self. We are all individual and idiosyncratic. Equally, we are all defined by distal group memberships such as gender, race and nationality and more proximal ones such as family groups, place-based groups and interest and hobby groups. Our sense of who we are is bound up in our relationships with others: we are husbands, wives, sons, daughters, runners and book clubbers. So much of how we define ourselves is shaped by relevant groups and people in our lives. Trauma can change these defining social identities. It can reduce the number of

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group memberships, and also associated identity connections. Trauma can alter our sense of belonging to one or more valued identity groups. On the other hand, trauma that adds new group memberships may offer meaning and purpose to life, however unwelcome the trauma was to begin with.

Trauma can change self-definitions. First, trauma in and of itself may change how people are identified: trauma can make widowers out of husbands, and refugees out of residents. In this way we can see that trauma can result in a change in how people are categorised, and the access people have to different groups. Trauma can also therefore define wider social networks. These networks or groups can offer us great solace, even during life's darkest times. This is because groups are the basis of social identity resources, such as feelings of belonging, solidarity and support as well as social bonds and community spirit. In my own case, as I negotiated the unexpected death of my friend, others in my social network, most particularly my colleagues and friends who also felt Clare's loss keenly, were crucial supports. The sense of connection that we felt because of our shared distress at that time is something that connects us all to this day. So, as a group, we developed a strong internalised sense of being a group of colleagues and friends connected by this loss, which offered us resources or assets as we negotiated her loss.

Life changes that result in a loss of valued social identities will tend to have negative consequences (Jetten et al., 2009). Early conceptualisations of stress linked 'life change' to the severity of stressful events. This gave rise to the popularisation of 'life change scores' and the often used truism that moving house is more stressful than getting a divorce. In narrative accounts, too (Armour, 2002), trauma is often seen as 'life changing' (Holmes & Rahe, 1967), and certainly this is how I experienced my friend's death. I knew her as reliable, thoughtful and even-tempered. After she died, I felt less confident in my judgments of others and myself, and it shook my sense of the certainties of life.

Individuals' own perspectives on their identities are central to understanding the impact of any identity change. To illustrate the importance of people's perceptions of identity change with students in class, I often use an example from my childhood. I recall vividly the death of a neighbour. We were friendly with the man's children and as teenagers involved in the same school and peer group. There was much sympathy for these children and much expectation that this his wife

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would be bereft and daunted by her new life as a widow. As a teenager, I recall the mismatch between the concern of the adults around me and the behaviour of her children and their ability and their mother's ability to move forward. They all seemed well. They were engaged and cheerful towards us, and it became apparent as time went on that they were expanding their social worlds. The children took up swimming and dancing. Their mother took up bridge. They even seemed to be better dressed.

There is no doubt there are circumstances where parental or spousal loss is devastating. But equally there are circumstances where it is not. These effects are totally dependent on people's view of the event. There are no universal reactions. Observing her behaviour, we speculated naively that she may not have been the happiest of wives. I now know that marital disharmony and domestic abuse are likely to be centrally relevant to people's experience of spousal and parental bereavement. Regardless, having financial security after the death of a spouse mattered. So, in the example of my neighbour, her change of status from wife to widow seemed to allow her to expand her and her children's social world. In this way she would appear to have had autonomy, a new respectable identity of 'widow' and, flowing from that, the compassion of others.

Widowhood was a respectable status, though one in which there was still navigation required. Women could be judged harshly for being a 'merry widow' or indeed find themselves unable to participate in former groups due to changed financial or childcare responsibilities. My neighbour didn't appear to be facing these issues. At the same time in Ireland, divorce was not legally available. Single separated women were treated with far less compassion. Being 'separated' or 'divorced', also identity labels, was incompatible with an important social identity – namely, Catholic group membership – which was the order of the day. A life-changing experience that results in a new identity, like widow or divorcee, that is compatible with existing and valued identities can ensure continued access to support and a sense of belonging in work or school life. Incompatibilities are likely to result in less positive health outcomes in response to life change, creating psychological tensions for individuals as well as tensions in social relationships (Muldoon et al., 2020).

We can think of traumatic experiences as pivot points. They can cause shifts in how we think about ourselves as individuals, as well as how we

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think about ourselves in relation to others and to groups to which we belong. In the proceeding section, we think about how our social groups, both new ones and those that we were already a member of, shape thinking in the aftermath of great trauma. In a similar vein to social cure research (see Chapter 4), this social identity approach to trauma is centrally concerned with the role of groups in shaping health, positively and negatively, where life changes occur (Haslam, Haslam et al., 2021).

5.4 The Social Identity Model of Traumatic Identity Change

The social identity model of traumatic identity change (SIMTIC; Muldoon, Haslam et al., 2019) provides a framework for understanding the impact of traumatic life changes. SIMTIC predicts likely outcomes for people as they negotiate the changing circumstances that inevitably flow from trauma (see Figure 5.1). SIMTIC highlights processes and pathways that are relevant to understanding health and well-being in response to life change brought about by trauma. To date, SIMTIC has offered three working hypotheses. They are that maintaining social identities contributes to resilience, whereas trauma that weakens identities results in PTS. We term this the social identity continuity hypothesis. The second hypothesis proposed by SIMTIC is the social identity gain hypothesis. This represents the idea that acquisition of valued new identities can contribute to resilience, whereas the loss of valued identities can contribute to PTS. A final hypothesis suggesting that post-traumatic growth can arise from revitalised and reenergised identities is discussed at length in Chapter 7.

Trauma, then, can cause the value and strength of our identities to change. There can be change for the better and SIMTIC tells us this will foster resilience. As we see in Section 5.4.1, trauma can help us to band together with others and even enhance the strength of connections to others. In SIMTIC terms, social identities are maintained or even gained. But trauma may also devalue and undermine our identities. This happens in one of two ways. First, how we see ourselves – our subjective sense the value of our identities – may change (see Section 5.4.2). Second, others might see and categorise us into new groups that we are ambivalent about. In Section 5.4.3, the impact of events that devalue an identity or invite social stigma is considered. In SIMTIC terms, this represents social identity loss and failure to maintain strong identities, and this is associated with poorer outcomes.

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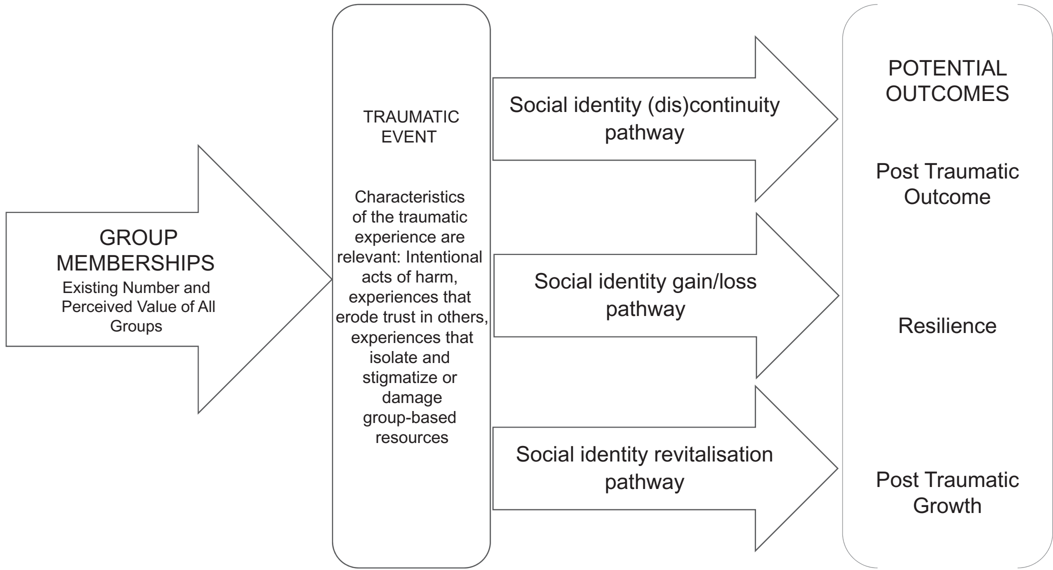

Figure 5.1 The social identity model of traumatic identity change

5.4.1 Trauma and Change in Identity Strength

In some of the earliest research I completed after my PhD, I was interested in how experience of the political violence in Northern Ireland affected people. By that stage, it was clear to me that many people in my life had been affected by their experiences over the course of the conflict. My father was from the border region and he and his family had been devastated by the imprisonment and subsequent death of his brother as a young man. This brother, my uncle, had become involved in the Irish Republican Army's 1960s 'border campaign', a period of warfare that predated the later and better-known 'Troubles'. Similarly, my husband and his siblings had lived through the violence in the Bogside of Derry as children in the early 1970s. These were dark days and his childhood had little of the hope that characterised and popularised the recent Derry Girls TV show, set as it was more than twenty years later in the 1990s.

My father was, psychologically speaking, a strong man. He was resilient and purposeful. His brother's death was not something he spoke of often, and indeed I was in my twenties before I heard the full story from a cousin. The past was not something that my father ever wanted to dwell on. He (and my mother) were of the school of thought that you could 'make too much of things'. My father did have very different views politically to many people I knew, and to those who lived and worked around him in the Dublin area, where he lived most of his adult life. He was one of the few people I knew who voted against the Belfast Good Friday Agreement, the accord that brought a resolution to the conflict in Northern Ireland. Indeed, 99 per cent of the population in the Irish Republic voted in support of it. My father's position was ideological and unmovable. We shouldn't give up *the claim* on Northern Ireland, or the North of Ireland, as he preferred. Reunification wasn't an aspiration as laid down in the Belfast Good Friday Agreement; in his view, it was an ideological imperative.

Drawing on these observations, in some of the early research I completed, I was interested in how potentially traumatic experiences might affect people's commitment to their political positions. My working hypothesis was that if traumatic experience strengthens a person's sense of identification with a group, this will tend to reduce its psychological toll. However, if the trauma compromises belonging or identification with a meaningful group, then this will tend to amplify

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mental health costs. In the social identity literature, a wealth of research has demonstrated that adverse experiences, such as discrimination, increase identification with the group. Schmitt et al. (2014) have demonstrated convincingly that adversity and discrimination as a consequence of social identities (such as race or gender) can lead to increased social identification with a person's group. My sense then, and now, was that these findings also had important implications in terms of the impact of trauma. Social identities can be powerful resources in the face of adversity and trauma. Traumatic experience can consolidate an identity, thus generating the resource people need to adapt to the event.

There was a cost for my father in losing his older brother. They had had a good relationship growing up. His death and the loss of his life was perhaps easier to bear if it was linked to the pursuit of a higher-order political goal. And though my father himself never supported any campaign of violence in Ireland, he had a strong view that Ireland had a legitimate claim to the north-eastern six counties of Ireland and that it ought to be honoured. Psychologically speaking, absorbing the cost of his brother's death may have been easier for him to rationalise if he could see it as part of a wider collective effort, a loss endured in the hope of better days ahead – if he could 'winter it out'.

This type of identity process is evident in a large-scale representative study of the population in Northern Ireland and the Border Regions that we have completed (Muldoon et al., 2009; Schmid and Muldoon, 2015). Personal experience of the conflict mattered to the strength of people's identification with their preferred national group. This effect was apparent for people who had the highest direct experience of conflict and trauma as well as those, like my father, who could be thought of as having an indirect experience of conflict-related events. The effect was there for those who saw themselves as Catholic/Irish as well as British/Protestant. There was no difference between the two ethnoreligious groups. Importantly, at least for our present purposes, the extent to which the conflict was associated with psychological well-being was driven by people's strength of national identity. Whilst the perceived threat associated with the conflict had a direct negative effect on well-being, there was also an indirect *positive* effect of social identification on well-being. So, we find that those with the most experience of political violence were those with the strongest identification with their national group and that this strong pattern of identification protected psychological health.

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As well as well-being, we measured post-traumatic stress (PTS) in those who reported a particularly traumatic event. Exposure to conflict-related violence was a significant predictor of PTS. However, strong national identification was associated with fewer symptoms of PTS (Muldoon & Downes, 2007). Respondents with a strong sense of national identity, who saw their preferred nationality as an important part of who they were, were those who were least likely to be PTS 'cases'. Central to understanding expression and maintenance of PTS symptoms are people's subjective appraisals of events. Perhaps not surprisingly, then, subjective perceptions of threat are more powerful predictors of symptoms and responses to treatment than 'objective' indicators (Alvarez-Conrad, Zoellner, & Foa, 2001). Identification can thus be seen as an important factor that alters perceptions of threats, including those emanating from other groups as a result of intergroup tensions and violence (Schmid & Muldoon, 2015).

In other parts of the world, we find similar patterns of resilience and risk linked to identity strength. In Lebanon, mothers with the strongest commitment to their group position during the conflict show the lowest level of PTS symptoms. This benefit was also evidenced in higher levels of well-being of their children (Qouta et al., 2008). And in Palestine, those who see the political violence as essential to improving the rights of Palestinians experience less psychological distress despite greater exposure to conflict-related violence (Hammack, 2010). Effectively, a person's subjective social identification with their political group affects interpretation of both threat and violence. This allows the traumatic experiences associated with the conflict to be interpreted as meaningful, and even expected, towards achieving valued group outcomes. This minimises the health costs of the trauma and in particular is associated with less PTS.

Interview research also indicates that political and religious activists understand trauma as something that can be endured. It is taken as reflecting and embodying a higher commitment to a cause and one's part in it (Silove, 1999). Indeed, because of this, activists demonstrate reduced risk of PTS (Basoglu et al., 1996). In their studies, Basoglu and colleagues observe that among those who experience torture within their own countries, political activists tend to be less traumatised than non-activists – even though activists often endure more severe torture (Basoglu et al., 1994; Basoglu et al., 1997). Moreover, non-activists – who have little or no commitment to the cause, and also had no pre-

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trauma expectations of arrest or torture – are more likely to experience psychological distress. They also experience higher levels of PTS than members of activist groups. Thus, despite their prolonged exposure to severe traumatic experiences, Basoglu and colleagues observed that levels of PTS among activists were moderate rather than severe, and that those with strong commitment to their cause were least likely to be symptomatic.

This brings us to the fit between an identity and the trauma experienced. We conducted another analysis of the same large dataset (N = 3000; Muldoon et al., 2009) where we considered *which* group memberships were useful for negotiating trauma. In Northern Ireland, there were by this time three widely used national categorisations: British, Irish and Northern Irish. Self-categorising as British or Irish is generally associated with the long-standing oppositional political attitudes associated with the conflict. These are the two sides from which the violence is seen to arise. Seeing oneself as Northern Irish is a relatively more recent national identity associated with more inclusive and socially progressive attitudes (Lowe & Muldoon, 2015) that emerged after the Belfast Good Friday Agreement. In this second analysis, we looked at not only the strength of identification but also people's preferred national self-categorisation. National identification protected well-being for respondents who described their identity as British or Irish. However, this mechanism did not mitigate the impact of conflict experiences for those who saw themselves as Northern Irish. This is consistent with the historical context, where British and Irish identities (rather than the Northern Irish identity) are used to frame, and help to make sense of, the animosities of the conflict.

In essence, then, we see that it is only when a group offers an interpretative frame to assist understanding of the traumatic events endured that strong social identities are helpful. Taken together, this evidence suggests that identities associated with the trauma of political conflict can provide an interpretative lens through which any traumatic experiences are given meaning. In this way, conflict-related events can appear less traumatising and are endured because they are seen as part of a wider collective cause. On the other hand, events that undermine identity positions can lead to increased post-traumatic symptoms. Put differently, these findings suggest that people are less likely to be traumatised by violence that flows from conflict if they define themselves in terms of a social identity that allows them to make sense of that conflict

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in a meaningful way. So, a strong sense of the importance of 'us' and 'our cause' can make conflict worth enduring. Without this, the conflict and its traumatic consequences are much harder to negotiate.

5.4.2 Trauma and the Subjective Devaluation of Identities

Where traumatic events arise from experiences that undermine people's faith in themselves, or others they value, social identities may not be able to offer an appropriate interpretative frame. This may be particularly likely when the trauma emanates from trusted others with whom we share a strong social identity. For example, being a victim of torture is consonant with the expectations of highly identified political activists who oppose a political regime. It is not, however, consonant with the expectations we have of our parents, siblings and spouses or even state services such as the police or health and social care services. In these latter examples, the traumatic experiences can be a violation of our beliefs about people and things we previously held dear. If traumatic experiences undermine highly valued identities and identity-based connections, they can also undermine our sense of ourselves as a cherished member of that group. It is to this issue we now turn.

Returning to my own story of depression, and in particular the weeks and months after my friend's death by suicide, there were many dark days. I really valued my friendship with Clare and thought of her as a close and dear friend. I have always valued friendship and have tried to be a good friend to others. I was saddened by her death but also felt that I failed her. I didn't see her death coming, and that left me with a sense that I was not a good or useful friend. I ruminated on whether I could have done more. I felt guilty. These types of feelings, of guilt, shame, sadness, humiliation, frequently accompany and exacerbate poor psychological health in the aftermath of traumatic experience (Freyd, 1996; Resick & Schnicke, 1992; Reynolds & Brewin, 1999). In a series of studies with passengers who survived the sinking of the cruise ship *Jupiter*, those who attributed negative experiences during the unfolding disaster to their own actions had much poorer mental health outcomes and more severe symptoms of PTS (Joseph et al., 1991; Joseph et al., 1993).

The two years that immediately followed Clare's death I probably found the most difficult. I was trapped in a cycle of going over old

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messages, replaying events endlessly, wondering if I could have done more, or less, or better. I recall a colleague commenting that there were many who would claim friendship in the wake of her death. This I could not understand, as all I had was a profound sense of having failed as a friend. It is true that there can be a kind of beatification of those who die young. Indeed, 'Only the good die young' is immortalised in Billy Joel's lyrics. There can be an additional unhealthy aggrandizement of those who die by suicide (Carmichael & Whitely, 2018). As I ruminated endlessly over my failings as her friend, I was very clear she was the best friend I had so wanted as a child. Finding that connection in young adulthood was wonderful. Feeling that you hadn't lived up to her friendship was devastating.

Shifting contexts can impact on the value, or devaluation, of identities. So even though people may be able to harness social identities in support of their health at one point in time, a change in the context or, for that matter, political culture can mean an important aspect of our sense of social self is devalued. An illustration of this is seen in a study of the Royal Ulster Constabulary (RUC) in Northern Ireland. At the front line of the conflict for many years, this police force was comprised almost entirely of one section of the divided community in Northern Ireland (the Protestant British Unionist population). At best seen as partisan, and at worst likened to a military wing of the British state, in the period after the Belfast Agreement, the force was reformed and renamed, effectively winding down the RUC. This reform process opened up a discourse in which the RUC was no longer presented as protectors of the people or peace in Northern Ireland. Members of the police who had previously negotiated difficult security contexts with limited mental health consequences (Wilson et al., 1997) began to evidence much higher incidences of PTS (Mulcahy, 2013). The post-Agreement context, where the RUC was seen as part of the problem in Northern Ireland, effectively undermined the occupational identity previously so central and valued by officers (Mulcahy, 2013). Similar findings are evident amongst former members of the South African security forces, forced to relinquish military roles and identities in the post-apartheid era (Langa & Eagle, 2008).

These changes in the content and meaning of a valued identity can therefore be seen as part of the driver of risk and resilience. Militarised identities in Northern Ireland and South Africa protected personnel during the many years of prior political violence in both jurisdiction.

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Betrayed and bewildered by new political dispensations similarly, security forces in both places found their old identities no longer protected their mental health. They, as I did in the wake of Clare's death, presumed others would see us differently. Misattributed shame I felt altered my belief in myself, as it is likely to do (Joseph et al., 1993), and so I no longer saw myself as a useful or valued friend or colleague. The extent to which an event is seen as central to our own self-definition is closely related to the damage that a traumatic event inflicts (Robinaugh & McNally, 2011). In essence, then, the inability to no longer see myself as a 'good friend and colleague', or the officers' inability to see themselves as 'protectors and peace keepers', can drive post-traumatic responses.

5.4.3 Stigmatising Trauma, Social Identity Change

At the time of Clare's death her family made the brave decision to be open about the cause of her death. Suicide then, and even now, was stigmatised (Pitman et al., 2018). The decision by Clare's family to be open about the cause of her death allowed those of us who knew her well to speak openly to each other. We could talk freely about the guilt and distress and find company for our misery. It allowed us to resist the stigma of suicide and depression. On the other hand, traumas that are stigmatising reduce our ability to engage with others in our existing social networks. People are removed from sources of social support. In extreme cases people who have endured trauma are identified as 'deviant' and are excluded and silenced (Kleinman & Hall-Clifford, 2009).

In adjusting to stigmatised traumatic experiences, then, there are additional identity dynamics at work. Stigma affects the social identity resources or the social and psychological resources that flow from being a member of a group. The relationship between rape and unusually high incidence of PTS speaks to this issue. Rothbaum et al. (1992) found that 94 per cent of victims had PTSD shortly after their rape, and 47 per cent continued to have PTSD three months after. The continued stigmatisation of the victim and the crime (Anderson, 2007; Walker et al., 2005) is an important element of these high rates of PTSD. In research studies, attribution of blame and responses to disclosure are seen to exacerbate victims' distress (Gueta et al., 2020).

Stigma is really relevant to accessing social support in those who have been traumatised. And stigma can also change people's subjective

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sense of themselves as group members. Sometimes people who are stigmatised no longer feel able to participate or engage with groups and communities they belong to in the ways they had previously (Bradshaw & Muldoon, 2020). Male survivors of rape, a highly stigmatised trauma, describe difficulties fitting into traditional male roles and groups and a need to manage and often conceal their trauma from others (Javaid 2016). Other research suggests that the counter-normative nature of male-on-male rape is identity-threatening: it undermines men's entitlement to and feelings of masculinity (Creamer et al., 2001). These processes amplify victims' exclusion and stigma and are reflected in the very high rates of PTS symptomatology in survivors of this trauma (Walker et al., 2005).

The damage of stigma for victims of rape is also exemplified in the work of Kellezi et al. (2009). This team demonstrated that social norms acted as a barrier to accessing support among women who were traumatised by the campaigns of mass rape during the Balkan Wars. PTS was experienced more severely where women remained silent. This silence was built on a fear of being shunned for transgressing culturally acceptable norms of gender-appropriate behaviour (Kellezi et al., 2009; Skjelsbaek, 2006). Powerful social prohibitions also drive the health impacts of non-violent traumatic events. Adewuya and colleagues (2009) investigated the psychological impact of a diagnosis of HIV in Nigeria. This study evidenced the damaging impact of stigma and reduced access to social support networks on health and well-being.

Social stigma, then, has two components. Survivors can often experience self-stigmatising feelings as well as endure the discomfort other people feel when hearing about their traumatic experiences. The severity of PTS has been shown to be strongly amplified by reactions of others, reactions that can be thought of as stigmatising responses. Schneider and colleagues (2018) found that elevated prevalence of current and lifetime PTSD was strongly predicted by stigmatisation, concluding that heightened traumatic responses are because of the stigmatising responses of others. Equally, the perceived severity of stigmatised trauma can be reduced where social support and feelings of inclusion and belonging can be maintained to some degree (Muldoon, Haslam et al., 2019).

Clare's life and death is without question something that is now part of my own autobiographical memory, the story of my life. Traumatic

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experience can profoundly change a person's sense of 'who I am'. Clare's death did alter me in many ways. It changed how I viewed my occupational identity irrevocably. Clare's death made me much more aware of the stress inherent in the academy. It also altered my connections to others, helped me think about those I should value and prioritise. Charuvastra and Cloitre (2008) articulate a key role for social bonds in determining risk and recovery from traumatic experiences, which highlights their importance in shaping our internal working model of relationships and social expectations during times of subsequent distress or difficulty. And available research would say that a trauma that brings negative and permanent changes in these working models is linked to poorer outcomes (Dunmore et al., 1999; Ehlers & Clark, 2000). Clare's death made it clear to me that I needed to learn to lean more on those in my network. Before her death I was slow to ask for help. I was always willing to help but was slow to take help. Her death made me see how problematic this pattern was. It changed my tendency and ability to ask for and avail myself of social support from friends and family. I was lucky to have that network. This care and love allowed me to see the value of these existing connections.

5.5 Multiple Group Memberships as Platforms for Resilience

The one period of serious depression that I have suffered in my lifetime coincided with a move to Limerick, from my job and life in Belfast. I had been an undergraduate and post-graduate student in Queens University and spent nine years as an academic member of staff. I knew my way around; I was well integrated and had wonderful colleagues and friends in the School of Psychology. By contrast, when I moved to Limerick, it was to set up a department of psychology at the university. I knew no one. I didn't know how the University of Limerick worked. Obviously, I sought information and support from others in my new role. That said, it wasn't always forthcoming. There was a widely held view that a person appointed at professorial level shouldn't need support. Universities, despite their claims of collegiality, can be isolating and adversarial places.

It was stressful moving from Northern Ireland to the Republic with my husband and two small children. As well as not knowing the university, we didn't know the city. We had to find housing and schools, and my husband was searching for a job. This was the point

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at which I developed depression. In my corner, as I negotiated this period, were strong relationships with family members and friends who had negotiated similar transitions. They offered both understanding and support and perhaps most importantly a sense of shared experience, that I wasn't alone in having these difficult feelings. I also had a long-standing relationship with running. I didn't have a strong sense of myself as a runner back then, as I wasn't fast and didn't win races. But I was a regular runner. Before leaving Belfast, I said my goodbyes to the city by completing the marathon there.

When I had first moved to Limerick, feeling friendless as I was in my new location, I set about finding a book club. I used my new connections at work to try establish one. Effectively, my occupational group membership delivered a new group: the book club. It is not uncommon for one group to scaffold the development of new group memberships and connections in a person's social network (Kearns et al., 2018). In general terms, although life change is considered stressful and unsettling, and thus a potential threat to health, life change will tend to have minimal or even positive effects on health when it leads to positive social identity gains. My sense of shared experience with others in the book club, many of whom were also working mothers, offered me access and support of a new group, as I settled into my new life in Limerick. Access to multiple group membership is a particularly positive and valued resource for health. Not only can existing identities contribute to acquisition of new identities, but they are important sources of support in and of themselves (Foran et al., 2021; Walsh et al., 2015).

The social identity approach to health (SIAH) offers a theoretical perspective on why group memberships and social identity–based connections affect health and well-being. Social identification can provide a means for people to access tangible psychological resources. In particular, this is because a sense of shared social identity is a basis for the provision and receipt of various forms of *social support* (Haslam et al., 2005; Haslam et al., 2012). Flowing from this, social support from groups (e.g., those entailing family, community, work or book club connections) have been shown to have a range of positive health consequences (e.g., in reducing chronic illness and pain, while also increasing well-being; Sani, 2012). At the same time, though, if social identities and the psychological resources they provide are compromised, then psychological well-being is undermined. In many

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regards, then, the disruption to life caused by the move from Belfast to Limerick can be seen to have undermined my social support network, affecting my well-being. Disclosing my difficulties to family and close friends, though hard at the time, allowed me to avail myself of important resources to cope with this episode of depression. I recall a family member saying she wished she had been so forthcoming when she was unwell. She wondered if sharing her diagnosis would have made it easier. My sense is that it would have, and to a point the research agrees with me. Regardless, her comment validated my disclosure and the tale effectively illustrates the importance of a sense of shared experience and existing group memberships as a basis for psychological resilience.

We know from social identity research that having access to many different group memberships, sometimes referred to as multiple group memberships, prior to life change is protective. The more group memberships a person has to draw on, the more psychological resources they can recruit when attempting to deal with a particular life change (Jetten et al., 2015; Postmes et al., 2019; Praharso et al., 2017). My relationship with running, though often a solitary activity, was also the basis for tackling my depression. As well as the dampening effects of running on rumination and feelings of stress, it has demonstrable antidepressant effects (Salmon, 2001). And this activity also offered a basis for new connections in Limerick. I found others I could run with and attended a running group. In the short term this offered company and meaningful activity, and in time it became the basis for long-lasting friendships, connections and engagement with voluntary community-based activity: namely, (Limerick) parkrun. In this way my existing activity-based identity, as well as my occupational identity, allowed me to build further connections through running and the book club, and, through this, resilience for the years ahead.

A study of young adults making the transition from school to university (involving a loss of secondary school/hometown identity, and the formation of a new identity as a student of a particular university) reflects my experience. Iyer et al. (2009) found that if students had multiple social identities before going to university, this predicted greater adjustment and well-being once they were at university. This was particularly the case where students saw their old and new social identities as compatible. Similarly, in a study of stroke patients, those who belonged to more social groups before their stroke

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experienced better adjustment afterwards (Haslam et al., 2008). This was due to the increased likelihood that those who had suffered a stroke were able to maintain at least some of their pre-stroke group memberships. Similarly, Dingle et al. (2015) measured the social identities of people entering a drug and alcohol programme and found that where people gained a social identity such as 'recovery identity', this played an important role in supporting their well-being and sustained abstinence from substance use.

Existing group-based experiences affect people's resilience in another important way. A person's existing social group memberships create opportunities to join new groups. So though I found the move to Limerick challenging, I was a member of the new group of the staff community at the University of Limerick. This gave me the opportunity to create and join other new groups. And, of course, people who have had positive experiences of groups – and I had many happy and positive experiences prior to this point – are more likely to be willing to engage in new group-based activities. So, whilst I tried to settle into life in Limerick, I harnessed my connections to others in the university community to form a book club. Like so many book clubs, this was a group of women, many of us with school-aged children, interested in female company and a nice chat. And 'the book club', though it has had several different names since, became a collective that is the basis of shared self-categorisation. During times of trauma and distress, existing identities can be an important source of support. This consolidates existing identities in an upward positive cycle of reinforcement. So, as I negotiated my friend's death, I found support in my new book club buddies. There were some in the group who had had similar bereavement experiences, and I was left with a sense that this group understood how difficult the experience was. Not only did this consolidate my sense of connection to my fellow book club members, but it was also an important additional support as I negotiated the aftermath of this traumatic news.

Beyond these examples, multiple group membership is demonstrably a platform for health and resilience in large population studies. The UK Understanding Society dataset measures multiple group membership, social integration and physical health. Because the study and data series is longitudinal, this allows examination of the connection between these factors across time. An important indicator of health available via this dataset is allostatic load. This is an indicator of

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physical health built on measures of cardiovascular, immune and metabolic function (Gallagher et al., 2021). Allostatic load reflects the health costs of dealing with the prolonged stress (McEwen, 2000). It is an important predictor of morbidity and mortality and can be thought of as a measure of wear and tear on the body (Juster et al., 2010). Using this data, we have shown that multiple group membership facilitates the extension of people's social networks (Gallagher et al., 2021). Multiple group membership drives up the number of friends people have in their networks over time, which increases social embeddedness. This, in turn, reduces the physiological cost of dealing with prolonged stress as indicated by allostatic load.

Overall, then, it can be said that though trauma can change existing social identities, multiple group memberships are an important platform for mental and physical resilience. Where groups are compatible with each other – as Catholic and widowed are, more so than Catholic and divorced – the outcome is likely to be particularly positive, as the multiple identities will be easier to manage. Existing identities can also scaffold development of new group memberships. This can facilitate the development of multiple group memberships that extend a person's social group network in a way that is both welcome and easy for people to manage. However, this is also a harbinger for the potential impact of trauma. Trauma can disrupt identities or create new social identities that are incompatible with existing group memberships. In these cases, trauma is likely to have a negative impact if group memberships are lost and associated social and psychological resources are undermined. It is to this issue we now turn.

5.5.1 More Is More: Social Identity Gain and Resilience

There is considerable research evidence that potentially stressful life transitions, such as retirement (Haslam et al., 2018; Haslam, Haslam et al., 2021), childbirth (Seymour-Smith et al., 2017) and migration (Jetten et al., 2018), are negotiated more successfully where people have many group memberships. A key strand of research that has been done in this area particularly relates to people affected by acquired brain injury (ABI). ABI is one of the most common neurological conditions worldwide, and an estimated 69 million people are affected globally each year. An acquired brain injury can lead to long-term physical, behavioural and cognitive impairments, and many people

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report a profound change, and even a loss of their pre-injury sense of self, in the wake of their injury (Bryson-Campbell et al., 2013; Gracey et al., 2008; Walsh et al., 2015). Our qualitative research highlights how many of those affected by ABI lose occupational identities and, with that, also lose access to employment-based social connections (Muldoon, Walsh et al., 2019). Often occupational identities are central to who we are and are very highly valued. For instance, one police officer we spoke to talked poignantly about the sense of identity loss that arose when it became clear her future career and ambitions for her occupational life had imploded.

In those affected by acquired brain injury, Jones and colleagues (2012) demonstrated that the acquisition of new group memberships was important to reducing PTS symptoms. Measuring group membership and PTS symptoms across time, this study demonstrated that forming new group memberships was linked to lower levels of PTS symptoms following brain injury. Development of new group memberships after a brain injury has been explored in other studies too (Walsh et al., 2015). This research found that social identities have an important effect on adjustment after brain injury. These studies asked people living with acquired brain injuries to complete measures of identity and health over time (Walsh et al., 2015, 2017). We found a positive and reinforcing relationship between social identities and social support. Those with higher numbers of identities prior to their injury enjoyed greater social support, which facilitated the acquisition of new active identities after their injury. Importantly, these newly acquired identities were linked to post-injury emotional status and psychological health in this very vulnerable population (Walsh et al., 2017). This idea is encapsulated in the social identity 'gain' hypothesis, which states that the addition of new group memberships promotes resilience in the face of trauma (Muldoon et al., 2020)

The number of identities people have also acts to promote health in those affected by brain injury by supporting self-regulation. One of the key issues for people living with an ABI is associated with their (in) ability to self-regulate their emotions and their behaviour (Barkley, 1994). The ability to effectively self-regulate enables individuals to organise their actions towards goals, manage emotional distress, obey laws and internalise societal standards of moral and competent behaviour (Vohs & Baumesiter, 2016). Self-regulation enhancement is a central component of ABI rehabilitation as it facilitates improved

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personal care, participation in meaningful occupation, and managing one's emotions and psychological well-being (Brinkmann & Franzen, 2015). In our research we have shown that ABI survivors tended to lose group membership after their injury. In our quantitative work, loss of group memberships after being injured predicted depression symptoms. However, where survivors acquired new group memberships, often through occupational rehabilitation and employment initiatives, self-regulation was enhanced and symptoms of depression were reduced. In this way our research has shown that the number of group memberships predicts social support and self-regulation, both of which are important bases for resilience in the face of life-changing injury.

Along the same lines, a group of researchers in Australia have looked specifically at the value of therapeutic groups. In a series of papers, they explore the value of these support groups for people with addiction and substance misuse issues, a population that often has a history of traumatic experience. These longitudinal studies have shown that participants who lose their 'user' identity and instead gain a 'recovery' identity are those who have the most successful rehabilitation outcomes (Dingle et al., 2015). Identity change was measured as the difference between user identity and recovery identity over the period of time participants were engaged in their group rehab. This identity change explained more than a third of subsequent substance misuse. As well as reducing misuse over time, comorbid PTS symptoms were often reduced in this cohort (Perryman et al., 2016). These studies also demonstrate that this group approach offered additional identity resources in terms of social connections and support for those recovering from substance misuse. This was particularly potent for those who could harness these group resources in support of their recovery (Best et al., 2016).

It is not surprising, then, that recent contributors in social and political psychology have moved the focus from the isolating consequences of trauma to highlight the way in which traumatic events can be instrumental in developing new community and political identities (Drury et al., 2009; Hutchinson, 2010). Drury and colleagues' study (2009) of survivors of the London bombings presented evidence that survivors reported that their collective experience of this event led to the emergence of a new shared identity. This, in turn, led to more effective coordination of responses in the immediate aftermath of the event. In effect, the development of social identification had a positive

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role in ameliorating both the threat to life during the traumatic event and the longer-term psychological consequences. In a similar vein, Hutchinson's (2010) analysis of media reactions to the Bali bombing suggests that consolidated community solidarity lessened the impact of the event. These situations, then, where a new identity is shared with others affected by the same trauma, can be seen as fundamental to resilience.

5.5.2 Social Identity Loss, Identity Ambivalence and Risk

To now, our discussion has focused on the value of social identity gain to resilience. On the other hand, social identity loss has the potential to damage health. Indeed, in the literature on trauma, social identity loss is also a common theme. In longitudinal studies, the impact of losing a child on the health of their mothers is evident across the lifespan and even into later adulthood (Cohen-Mansfield et al., 2013). An important protective factor for mothers recovering from such a loss appears to be having additional children (Rogers et al., 2008). Using the Wisconsin longitudinal study, Rogers and colleagues (2008) demonstrated that parents' adjustment to losing a child an average of eighteen years following the death was positively associated with having additional children. The authors linked this finding to the associated sense of purpose parenting gives in such cases. Additional children also allow parents to retain, unambiguously, their identity as a parent. On the other hand, parents who lose an only child are likely to also feel the loss of their identity as mother or father alongside the loss of their child. This can aggravate their situation.

The loss of a child is widely viewed as an extremely traumatic event. It is interesting to note that although in the English language we have words like widow/widower and orphan, we have no such identity signifier for those who lose a child. Those affected report that losing a child is an unspeakable loss (Rycroft & Perlesz, 2001). And certainly, the absence of an appropriate language to talk of the loss means that people may find it difficult both to disclose and to discuss this loss. It also has implications for finding and accessing others who have been similarly bereaved for social identity–based support. Parents also report loss of identity-based social connections and difficulty interacting with parents in their social networks prior to their bereavement. These identity factors appear to be predictive of PTS in later life and

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are more important to parents' health than the child's cause of death or the amount of time since the child's death (Cohen-Mansfield et al., 2013; Rogers et al., 2008).

Even in such tragic circumstances, however, gaining new identity-based connections can help people negotiate traumatic experiences. Gaining social identities can buffer the expression of PTS symptoms even when the trauma itself facilitates the development of the new, and unwanted, social identity. Starting in the United States, the Mothers against Drunk Driving organisation is an example of one such identity (Brewer, 2001). This group, founded by a mother whose daughter was killed by someone driving under the influence of alcohol, uses their valued parental identity and shared traumatic experience to band together. Women who engage in advocacy using their mother identity and shared traumatic experience in this way (Brewer, 2001) often report feelings of empowerment and connection to others. Though rooted in grief and trauma, this can offer some catharsis and assist with healing from grief. Importantly, though, mothers also feel that there is a cost to advocacy and going public (Morris et al., 2021). There is a double-edged sword, with both benefits and costs associated with identities arising from trauma.

There is a similar double-edged sword for those who adopt a 'refugee' identity. On the plus side, category labels can offer members of traumatised groups a sense of connection with others who have survived similar difficulties (see Section 4.5.2). Refugees often have similar traumatic and dangerous experiences associated with forced migration, 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 threatened, it is clear, even from my salutary tale (see Section 5.2), that feeling as though others understand the predicament we find ourselves in can be helpful (Hermann, 2016). Equally, retaining a sense of connection to home and prior group memberships is important. In a survey of 361 Syrian refuges in Turkey, Smeekes et al. (2017) found that refugees who maintained group memberships and had a sense of identity continuity to their homeland had higher well-being after their migration than those who reported losing group memberships. Echoing this, stories of forced migration point to the importance young refugees ascribe to remembering and living by their family's values in an effort to survive and maintain hope (Marlowe, 2010). Thus, as we would expect based on

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the social identity model of traumatic identity change (Muldoon et al., 2020), whilst a new group identity, refugee, signals a sense of disconnection from one's nation or family, those who are able to hold onto some of their pre-existing identity resources are more resilient.

'Refugee', like so many traumatic labels, is one bound up in ambivalence. It is an unwanted moniker, in much the same way as 'victim of clerical abuse' or 'survivor of genocide'. Having the traumatic label can often afford a number of important material rights and maybe even greater social understanding of the trauma experienced. But being in this new group and assuming this category label also has costs. It can become an everyday signifier of a traumatic past. These identities, because they signal profound trauma, can become a master identity, more important than any other group membership (Brown, 2018). And so, this unwanted identity, something that at its heart is derived from a traumatic experience, becomes self-defining. As such, these social identities are identities that people are highly conflicted about. Their traumatic experience has not only resulted in identity recategorisation but delivered a new identity with very equivocal meaning. For this reason, these types of traumatic labels can be associated with both anger and distress (see Chapter 6) and growth (see Chapter 7).

5.6 Conclusion

Trauma can irrevocably change how we see ourselves. Where valued identities are lost, or a devalued group membership acquired, people's ability to adjust to trauma can be undermined. Identities that people are ambivalent about tend to be challenging and can make it difficult for people to move forward with their lives. A socially stigmatised identity can also be very challenging. As well as being undermining, it can interfere with people's access to social support, which is essential to resilience. People are most likely to be resilient where they can maintain memberships and connections to groups of which they are already a part. The number of group memberships together with the strength of identification with these groups in the wake of traumatic experiences are likely to support adjustment and promote resilience. New group memberships, particularly where they can be integrated with pre-existing identities and highly valued ones, can also be a lifeline.

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