

Communities Coping with Collective Trauma

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ABSTRACT

This paper discusses the conceptualization of collective trauma and coping, focusing on processes in religious communities affected by traumatic experiences. Building on the presenters' and others' work on congregations dealing with the effects of (clergy) sexual abuse, the question is raised whether and how individual concepts and theories can be transposed to the collective level. This will include concepts of trauma, coping, religion, and identity. Most of these concepts originate in studies of the individual level, but are sometimes used to describe a collective level as well. Identifying the constitutive components of the concepts, we try to describe how this transposition can be made properly, and in what respect a community can be thought to be traumatized. Using perspectives from social, political and cultural psychology, we explore the interactions between micro-level (religious) coping of individuals within the community and meso-level (religious) coping of the community as such.

INTRODUCTION

World Trade Center. The symbolic meaning of this name has changed dramatically. Before September 11, 2001, it carried meanings like strength, prosperity and a global market. Since then, it is a symbol of violence, pain, and vulnerability to evil. As such, the September 11 events can aptly be described as having a traumatic impact. Consequently, we have observed people all around the western world trying to cope with this trauma, engaging in resistance, grief, identifying enemies, social and religious rituals, and efforts to reestablish the fundamental myths or the identity of western society: freedom, democracy, and the right to impose western values.

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This far, we have spoken in an off-hand manner. Concepts of trauma, coping, and identity do ring a bell when applied to these collective processes. Likewise, in our own research on congregations coping with the impact of clergy sexual abuse, these concepts seem useful to identify the processes and dynamics in religious communities. But there is a problem. The concepts mentioned were coined for the individual level. Surely, coping – or religious coping for that matter – has been investigated with regard to mass experiences. Lindemann's groundbreaking work on crisis and coping dealt with relatives of 492 victims from the 1942 nightclub fire in Boston². The identification of Posttraumatic Stress Disorder resulted from work with Vietnam veterans³. And Pargament and others' coping research focused on the Gulf war, the 1993 Midwest flood, and the Oklahoma City bombing⁴. In all these cases mass events have been in the center of attention. On the other hand, in all these cases research focused on the individual experience of and response to collective events.

Our task in this presentation will be a conceptual one. We are struggling with the question whether concepts for the individual level can be transposed to the collective level. We search conceptual clarity in order to speak of collective trauma, collective coping, collective religion, and collective identity. Is a collective trauma the sum of traumatized individuals, is it more than that, or is it something else? What happens when a community, be it a congregation or a nation, deals with devastating events? How is the identity of communities implicated in and reshaped by overwhelming events? How are violence and mourning encoded into collective narratives and how are such narratives psychologically implicated in the interpersonal dynamics of trauma? How are cultural formations in communities, including symbols, local narratives, and rituals mobilized to inscribe, resist, and heal trauma? And what is the connection between the collective and the individual experiences?

This presentation is grounded in our research on clergy sexual abuse. In the construction of a theoretical framework, we focused on processes and dynamics in religious communities when affected by traumatic experiences. A growing body of literature suggests that clergy sexual abuse has polarizing and devastating effects.⁵ Overwhelming experiences taking place in communities have both

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2. E. Lindemann, 'Symptomatology and Management of Acute Grief?' *American Journal of Psychiatry* 101 (1944), 141-148.
 3. See J.L. Herman, *Trauma and Recovery*. New York 1992.
 4. K.I. Pargament, *The psychology of Religion and Coping*. New York 1997
 5. See for instance: M.G. Davies, 'Clergy Sexual Malfeasance. Restoration, Ethics, and Process.' *Journal of Psychology and Theology* 26/4 (1998), 331-339. A. Shupe (ed.) *Wolves Within the Fold. Religious Leadership and Abuses of Power*. New Brunswick: Rutgers 1998. L.K. Graham, 'Healing the Congregation. The Dynamics of a Congregation's Process of Recovery from its Minister's Sexual Boundary Crossings with Parishioners.' *Pastoral Psychology* 44/ 3, (1996), 165-183. N.M. Hopkins & M. Laaser (eds.) *Restoring the Soul of a Church. Healing Congregations Wounded by Clergy Sexual Misconduct*. Collegeville: Liturgical Press 1995. R. Adler, 'A Stumbling Block Before the Blind. Sexual Exploitation in Pastoral Counseling.' *CCAR: A Reform Jewish Quarterly*. (1993), 13-43.

immediate and delayed consequences. Reactions to clergy sexual abuse include denial, shock, outrage, and grieve. Clergy malfeasance also has impact on spiritual dimensions and on leadership. The congregation has to deal with loss of trust and loss of ideals. Some authors state that allegations or rumors of clergy sexual abuse are a source of not only disappointment and grieve, but also 'cosmic disorder' ⁶. This is why congregations often try to cover for the pastor or soften the misconduct. By protecting the pastor they are really seeking to protect themselves.

In our presentation, we will discuss the concepts of trauma, coping, and identity, including their religious dimension, and highlight the constitutive components of these concepts. In this way, we try to clarify how these concepts are to be redefined when applied to the collective level.

TRAUMA

The concept of individual trauma has already found such a redefinition in the work of several researchers. A number of related concepts is found. Firstly, some authors use the term secondary trauma to distinguish from the primary trauma.⁷ They consider congregations dealing with clergy sexual abuse to be indirect victims, describing victimization as a 'ripple effect', imposing waves of damage from victims onto those in circles around them. Thus, the community is treated as if it were an individual affected by some other person's trauma. Usually, the term secondary trauma is used for transferred trauma, suffered for example by therapists and relief workers.

Secondly, some have spoken of massive or collective trauma.⁸ This term applies to any society, ethnic group, social category or class which has been exposed to extreme circumstances of traumatization, such as natural disasters, technological catastrophes, and social, political, cultural, gender, ethnic, or religious persecution.⁹

Thirdly, in political psychology the concept collective political trauma has been introduced. According to Vertzberger¹⁰, this is a shattering, often violent event that affects a community of people (rather than a single person or a few members of it) and that results from human behavior that is politically motivated and has political consequences. Such an event injures in one sharp stab, penetrating all psychological defense barriers of participants and observers, allowing no space for

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6. N. Friberg (1995) Wounded Congregations. In: Hopkins & Laaser (1995 eds.), Adler (1993).
 7. Hopkins & Laaser, (1995 eds.), xii: "By 'primary victim' we mean those people who have actually had sexual contact with a church worker. By 'secondary victim' we mean all those others whose trust has been destroyed by the sexual misconduct."
 8. A.C.G.M.Robben & M.M. Suarez-Orozco, eds. *Cultures under siege. Collective violence and trauma*. (2000)
 9. Krystel (1986) cited in Robben & Suarez-Orozco *a.w.* p.24.
 10. Y.Y.I Vertzberger (1997) The antinomies of collective political trauma: a pre-theory. *Political Psychology*, 18(4) 863-876.

denial mechanisms and thus leaving those affected with an acute sense of vulnerability and fragility.

Vertzberger makes an important shift. Suárez-Orozco & Robben (and also Erikson – to be discussed later) speak not only of collective trauma, but also of collective violence. The whole community or a large group suffers the direct consequences of a traumatic event (a natural disaster or violence). Vertzberger states that the assassination of Prime Minister Rabin of Israel also was a collective trauma. This means that the term collective trauma is used even when few people are traumatized individually.

If we consider the constitutive components of the concept of trauma, we may decide how these are to be redefined for the collective level. Following Kleber & Brom, three main elements are powerlessness or helplessness, an acute disruption of one's existence, extreme discomfort.¹¹ Trauma experience is dependent on the interaction between environmental forces and an individual's skills, expectations and characteristics. When resources are insufficient, the overwhelming traumatic experience disrupts a person's self-image, changes the own identity. Trauma can not be isolated from the context in which it occurs. The characteristics of the circumstances determine the occurrence of events, their intensity and the severity of the consequences, such as combat, disaster, sudden bereavement, and violence.

There are several ways to describe trauma. The DSM classification of PostTraumatic Stress Disorder focuses on the exposure to extreme and intense threat, and catalogues individual symptomatology. The construct has resulted in important clinical advances. It has also been criticized for decontextualizing a person's response to traumatic events. Focusing on the individual, the collective experience and processes get out of sight.

Heinberg has made an effort to describe collective processes in western civilization as parallel to PTSD symptoms. He suggests that civilization has its roots in collective traumatic experiences, and tries to demonstrate the aggressive, dissociative, addictive and numbing nature of our societies.¹²

According to Judith Herman, trauma does not only affect the intra-psychic world, but also a person's relationships. Victims of extreme violence often have difficulties relating to others because violence harms the internalized culturally constituted webs of trust, based on social norms, world-views, and moral conventions.

11. R.J. Kleber & D. Brom (1992) *Coping with trauma. Theory, prevention and treatment*. Amsterdam: Swets & Zeitlinger.

12. R. Heinberg, *Catastrophe, Collective Trauma, & the Origin of Civilisation*. Website: http://www.newdawnmagazine.com/Articles/Origin_of_CivilisationP2.html Downloaded September 26, 2001.

Another approach is Janoff-Bulman's theory of the 'assumptive worlds'.¹³ Trauma seriously challenges the fundamental assumptions of one's daily life. The assumptive world – what we consider to be certain - must be reconstructed. According to Janoff-Bulman there are three basic assumptions that are tied to people's estimates of their own vulnerabilities: (1) the world is benevolent; (2) the world is meaningful and comprehensible; and (3) the person sees oneself as competent, decent, and worthy. These basic assumptions are shattered due to traumatic experiences.

These approaches provide some starting points for a more precise concept of collective trauma. First, as individual trauma damages the inner structure of a person, collective trauma damages the structures of a community. Kai Erikson¹⁴ has argued that the social tissue of a community can be harmed in ways similar to the tissues of mind and body. Collective trauma ruptures social ties, undermines communality, and destroys previous sources of support. In this situation, it is also possible that new communities come into existence. As individual trauma does not necessarily affect every aspect of a person¹⁵, collective trauma does not imply that every element of the community is damaged.

Luhrmann, Ewing, and C. Suárez-Orozco suggest that, on the socio-cultural level, basic trust is challenged – this time reconstructing trust in the social institutions and cultural practices that structure experience and give meaning to human lives. Large-scale violence and massive trauma disintegrate trust in the social structures that make human life possible. "Societies generate cultural systems of support that lessen the impact of massive disruptions. (...) Some massive traumas are so disruptive that the forces of disintegration may overwhelm society's restorative capacity".¹⁶

Second, as individual trauma has a direct impact on a person's relationships, collective trauma affects the way the community relates to other communities. Common phenomena are withdrawal and isolation, identifying enemies and scapegoating, or surrendering to external forces.

Judith Herman's description of Complex Post Traumatic Stress Disorder may be useful to identify survival strategies and changes in relationships that might be transposed to the collective level as well.

13. R. Janoff-Bulman (1989) The benefits of illusion, the threat of disillusionment, and the limitations of inaccuracy. *Journal of Social and Clinical Psychology* 8, 158-175.

14. K. Erikson (1995) Notes on trauma and community. In: C. Caruth, ed. *Trauma: explorations in memory*. 183-199.

15. DSM-IV classifies a person as suffering PTSD if (s)he shows one out of five symptoms of reexperiencing, three out of seven symptoms of avoidance, and two out of five symptoms of arousal.

16. M.M. Suárez-Orozco & A.C.G.M. Robben, 2000, Interdisciplinary perspectives on violence and trauma. In: A.C.G.M. Robben & M.M. Suárez-Orozco (red.) *Cultures under siege. Collective violence and trauma* Cambridge: University Press, p.22.

Third, as individual trauma challenges fundamental assumptions and personal identity, collective trauma affects the shared frame of reference, basic values, and the way the community understands itself and the world. This may be observed in a revitalization of a culture's myths, religious rituals, and a so-called collective traumatic memory.

COPING

'Coping' points to the process through which individuals try to understand and deal with significant demands in their lives. During the process of the appraisal of the event and of resources, a constant evaluation of the situation occurs regarding the demands of the situation, one's resources and constraints, and the effect of coping strategies. Thus, the process of coping has five dimensions: event, event appraisal, resource appraisal, coping activities, and coping outcome.¹⁷

It may be useful to distinguish three levels of coping processes. Firstly, individuals have to cope with daily hassles.¹⁸ Although those hassles can cause stress, the resources usually suffice. Secondly, individuals cope with overwhelming and demanding events for which their resources are too limited. The individual has to cope with a crisis. 'Crisis' is defined as a disturbance of meaning due to the appraisal of events as too demanding and resources as too limited and visible in symptoms of disruption of psychological equilibrium. Thirdly, sometimes people must cope with events for which no frame is available. There is no story available and the person is unable to put the event into words. This is why Herman calls those experiences pre-narrative. Trauma refers to those experiences which are unspeakable and unthinkable. We focus on those extreme disruptions, that may be termed trauma. Herman describes traumatic events as extraordinary, not because they seldom occur, but rather because they overwhelm the ordinary human adaptations to life. Traumatic experiences forces victims to face issues lying outside the boundaries of personal and collective frames of reference.

A similar classification can be found in Menninger's work on ego-adaptations to stress. He distinguishes first order devices (intensification of ordinary coping responses), second order devices (qualitative changes in the coping response), third order devices (including panic, schizophrenia, and catastrophic demoralization), and fourth order devices (extreme ego defenses, otherwise described as psychotic). All these are considered to be coping behavior.¹⁹

Noteworthy is the parallel to Ter Borg's classification of transcendence²⁰, understood as the crossing of the immediate reality of experiences. The primary

17. R.R. Ganzevoort (1998) Religious coping reconsidered. Part one: an integrated approach. *Journal of Psychology and Theology*, 26(3), 260-275.

18. Lazarus, R.S. & DeLongis, A., Psychological stress and coping in aging. *American Psychologist* 38, 245-254.

19. Menninger, K., 'Regulatory devices of the ego under major stress.' *International Journal of Psychoanalysis* 35 (1954), 412-420.

20. M. ter Borg (1991) *Een uitgewaaierde eeuwigheid. Het menselijk tekort in de moderne cultuur*. Baarn

transcendence is the crossing of the biological existence of man into the social-cultural society. The secondary transcendence is the crossing of boundaries of meaning systems. The tertiary transcendence is the crossing and transcending of every meaning system, the symbolic universe as a whole. This is the place of chaos, but also the resource of creativity. As soon as one creates a new order, one is entering the symbolic universe again.

Coping with trauma implies an overwhelming event, the impossibility of adequate appraisal of this event, insufficient resources, often dysfunctional coping activities, and long-term consequences. Main coping tasks include the restructuring of the inner world, and the integration of the events into the narrative meaning-system. Religious coping may interact with each of these dimensions of the coping process.²¹

These constitutive components may be redefined for the collective level. Starting with event-and resource-appraisal, collective trauma shatters not just an individual's frame of reference, but the symbolic order of a community. As this symbolic order provides the structure of individual meanings, a major number of individuals in the community may lose their orienting system. This may determine their behavior, demanding an instant creation of a new story. These demands, however, intensify the meaning of the event, often beyond the immediate effects. Scapegoating, hoarding of foods, and other reactions may have further negative consequences for the community and its resources.

Coping activities include redefinitions, direct action, seeking information, and withdrawal. Redefinitions are the goal of recurring thoughts and disruptive emotions following the event. The more cognitively complex an upheaval (such as when causes are varied or ill-defined, or when outcomes are poorly resolved), the more difficult it is to sort out the many dimensions of the event. An important way of doing this is communicating about these thoughts.²² In the case of individual trauma, the victim often finds that his or her social network tries to protect itself from these emotionally taxing encounters. Research has shown that incessant exposure to other people's distress is a stressor in itself.²³ People trying to cope seek relief and resources. Although in the case of collective trauma there may be more willingness to communicate about this trauma, there seem to be fewer opportunities to take temporary distance. This contributes to the pervasiveness of collective trauma. The social network of community life tends to be damaged even further.

Although there may be a sudden increase of coherence within the community, this is based on mutual support and reassurance, temporary emotional ties, and

21. Pargament, o.c; .R.R. Ganzevoort, o.c.

22. J.W. Pennebaker & K.D. Harber (1993) A social stage model of collective coping: The Loma Prieta earthquake and the Persian Gulf war. *Journal of Social Issues*, 49(4) 125-145.

23. S.E. Hobfoll & P. London (1986) The relationship of self-concept and social support to emotional distress among women during war. , (189-203). Cited in J.W. Pennebaker & K.D. Harber (1993).

only a shallow cognitive base. Collective rituals may canalize these emotional ties, temper anxiety, and prevent isolation. There is often a strong tendency to create a shared identity, in which deviants are not accepted. Many individuals will perform the social rituals that place them in the camp of those injured, even when this may contradict formerly held opinions. In the short term, dramatic changes in beliefs and attitudes may occur. Since these are not always internalized they will not necessarily endure. Often they result mostly from a combination of a need for order and making sense on the one hand, and reflexive compliance with the prevailing social mood, on the other.

IDENTITY

Extreme disruptions like trauma threaten a person's identity. The processes of identity (assimilation, accommodation, and evaluation) are unable to comply with the principles of continuity, distinctiveness, and self-esteem, which habitually guide their operation.²⁴ These principles belong to what Ricoeur called 'idem'-identity, a constant factor, either present from the beginning, or to be acquired, but based on the idea that there is something essential enduring in an individual. In contrast, the 'ipse-identity' does not focus on continuity, permanence over time, but on the relational uniqueness of the person. Ipse-identity represents the struggle to interpret oneself faithfully. This ipse-identity is narrative, reflexive identity. Describing identity in this double way combines continuity and discontinuity, unity and fragments, development and contradictions.

As individual religious identity can be described in terms of psychology of religion, sociology of religion offers categories for describing collective religious identity. In both cases we find convictions, stories, myth, religious behavior and ritual, experiences and affects. Collective religious identity follows the same principles of continuity, distinctiveness, and relational responsibility. As identity is always in part defined in terms of significant others, both individual and collective religious identity are in part defined in terms of a transcendent significant other.

Collective trauma threatens religious collective identity. It challenges continuity of both beliefs and behavior. It also challenges distinctiveness in various ways. Often the differences between religious communities seem to vanish in their joint experience of a collective trauma. When the event happens within the community, it threatens the self-understanding or collective myth of being a special community. Finally, it demands a redefinition of the relation with God.

INTERACTIONS BETWEEN THE INDIVIDUAL AND COLLECTIVE LEVEL

We described three major concepts so far: trauma, coping, and identity. We tried to show that these concepts can be transposed from the individual level to the collective level, but that a redefinition is needed based on the constitutive

24. G. Breakwell (1986) *Coping with threatened identities*. London.

components. Our final remarks will deal with the question how individual and collective traumas are interrelated.

One possibility is that collective trauma arises from a huge number of traumatized individuals within a community. In this case, the individuals have been directly or indirectly exposed to the traumatic event. Collective trauma then emerges from the pain that is radiated by individual trauma onto the community.

Gampel²⁵ introduces the concept of ‘radioactivity’ in her reflections on social violence to describe how traumatic experiences can continue to do emotional damage even to future generations.

Another possibility is that collective trauma originates from an event that affects only a few individuals directly, but that threatens the structure and frame of reference of the community in ways that threaten the lives of individuals. In some cases, individual trauma may be the consequence of collective trauma.

According to Heinberg, in the aftermath of trauma, a whole culture can be threatened in its existence, and this loss, cultural bereavement, affects the individuals, comparable to the loss of their own identity, with culturally specific symptomatic results. Collective trauma need not be caused by the overwhelming event itself. The collective trauma affects the individuals within the community as much as individual experiences do. Yet, here the individual memory is not the source of resulting stress and other symptoms. Here we deal with collective memory: the stories, myths, and legends that were created to cope with the traumatic event.²⁶

As with trauma, in the processes of coping and religion we find interactions between the individual and the collective level. Collective coping and collective religion may result from individual coping and religion, but it may also be the other way around. Religious coping rituals, often found following collective traumatic events, may be a suitable focus for research that seeks to connect the individual and the collective level.

25. Y.Gampel (2000) Reflections on the prevalence of the uncanny in social violence. In: *Cultures under siege*. (48-69).

26. R. Heinberg, *Catastrophe, Collective Trauma, & the Origin of Civilisation*. Website: http://www.newdawnmagazine.com/Articles/Origin_of_CivilisationP2.html Downloaded September 26, 2001.