Community resilience following disasters: The role of social identity in collective coping after the Manchester Arena bomb

By

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Finally, I dedicate this research to the 22 victims and multiple survivors of the Manchester Arena Bomb. You will never be forgotten.

Presentations from this thesis

Emerging findings from this research have been presented at international conferences as detailed below:

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Abstract

This thesis explores collective resilience following a mass traumatic event experienced within a place-based community: the Manchester Arena bomb in 2017. It combines a systematic review, an interview study and a case review to identify and address gaps in previous understandings of community resilience to disasters. A meta-synthesis of the literature (21 studies) aims to identify the strengthening and undermining factors related to how place-based communities cope with a large-scale traumatic event in their communities. Then, through thematic analysis, the experiences of eighteen community members following the 2017 Manchester Arena bomb were explored. The overall objective is to uncover what promotes community resilience following a terrorist attack through the theoretical lens of the Social Identity Approach. Three superordinate themes are presented and analysed: 1) *Identity* 2) *Coping* 3) *Transforming.* The themes relate to the existing identity of the city, collective coping following the bomb and transforming Manchester for the better. This research finds that the existing identity of the city is crucial to coping ability and to the community moving on from the disaster with a sense of hopefulness for the future. The ways in which the findings can be applied to two contrasting case studies (a research participant and a therapeutic client) are then discussed and the Human Givens Approach is introduced alongside the Social Identity Approach. Through this process, a set of emerging guidelines for therapeutic practice are presented. Overall findings are then critically discussed and the implications for further research, policy and practice are highlighted. The thesis concludes with the finding that existing place-based identity is key to community resilience following a bomb. The social identity approach provides a useful way of bringing together the various component parts of community resilience after disasters.

Contents

List of Tables

List of Figures

List of Appendices

Chapter One

Literature Review

Scope of the Literature Review

The overall aim of this chapter is to set out the context of the wider thesis in relation to a community's experience of disaster, to discover any common understandings within the area and to identify any significant gaps which are yet to be addressed. This chapter will also aim to clarify some of the existing difficulties relating to the definitions used throughout the field. The chapter will present key findings relating to disasters and consider how this might relate to community members who have experienced a bomb. Any gaps within this area can then be revealed.

This chapter is split into two parts. Part I presents the notion of community resilience and explores how communities respond and cope with a traumatic incident. Factors from existing literature that promote or impede resilience are presented, firstly through an exploration of the place-based context where disasters are situated. Then, a focus on the dynamics within those places through exploring social capital and collective trauma will follow. Part II presents a way of understanding these topics as they relate to disasters through the theoretical lens of the social identity approach (SIA) in relation to collective experience and trauma. An exploration of how the issues identified could apply to bombs within communities is also presented. Finally, Part II goes on to present the argument that the SIA allows us to understand the impact of collective trauma more fully than individual-level theories alone. In particular, the 'social cure' (Jetten et al.,

2012) approach is presented which purports that social groups provide members with social and health-related benefits. The ways in which this notion can be applied to communities that have experienced disasters is discussed.

The chapter concludes with an overview of the limitations to the current research base and identifies the need for specific future research which aims to understand and enhance the ways in which communities collectively experience, cope with and overcome disasters.

Disasters and their impact

Research on disasters has typically focussed upon natural disasters which is unsurprising, given the world-wide extent of such occurrences. There is some debate about what constitutes a disaster and definitions appear to focus either upon pragmatic, measurable outcomes or social and psychological outcomes. In terms of the measurable criteria for recording a disaster event via the Emergency Events Database[1] (EM-DAT), disasters should have at least one of the following criteria 1) ten or more people reported deceased 2) 100 or more people reported to be affected 3) a state of emergency is declared 4) a call for international assistance is made. Researchers and policy makers have also used the World Health Organisation's definition of a disaster as 'an occurrence disrupting the normal conditions of existence and causing a level of suffering that exceeds the capacity of adjustment of the affected community'. The

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[1] The Emergency Events Database (EM-DAT) was developed in 1988 through a link between the **Centre for Research on the Epidemiology of Disasters (CRED),** the **World Health Organisation (WHO)** and the **Belgian Government.** The EM-DAT assists with disaster preparedness across the world and has monitored and recorded data about mass disasters since 1900 to the present day.

element of *disruption from the norm* and *level of suffering* are important psychological and sociological features within this definition of a disaster. For the purpose of this review, the implications for community resilience on the basis of these features is of relevance.

For the purpose of this current thesis, the definition of disaster used is from McFarlane and Norris (2006, p.15) as a *"potentially traumatic event that is collectively experienced, has an acute onset, and is time delimited."* This definition includes reference to trauma which is of relevance to community resilience (argued later in this chapter). This definition encompasses acts of nature and human-made disasters such as terrorism but excludes pandemics, chronic environmental hazards and war. This is not because those are deemed to be less important, but because those incidents are set within escalating cultural contexts of threat that may have wider political ramifications which are not the focus of their research or of the current thesis. The current thesis focusses on the effects upon people who experience a sudden onset disaster in their place of residence and as such, the importance of 'place' will be discussed in this chapter.

Part I: Community resilience

Just as there are difficulties defining what is meant by 'disaster', there are also difficulties defining what is meant by the term 'community resilience.' A review of the community resilience literature indicates that this topic is of interest across various disciplines and accordingly the focus of the research varies depending on the author's

discipline. For example, engineers are more likely to focus on the built environment than they are to investigate societal factors.

From a social policy perspective, community officials will develop their own guidance as it fits with their own community. For example, HM Government (2019) identifies that community resilience refers to the response to risk and emergencies and requires independent and collective action using public knowledge and capabilities. This paper adds that community resilience requires a participatory approach to emergency management and is a process which empowers community networks to prepare, respond to and recover from disaster. Whilst the focus of this current literature review is largely on the response to and recovery from disasters, HM Government's focus on the need to *prepare* for disasters is also central to the notion of community resilience.

Turning to the social and psychological dimensions of resilience, Norris et al. (2008, p. 130) defined community resilience as *"a process linking a set of adaptive capacities to a positive trajectory of functioning and adaptation after a disturbance."* These authors refer to the *dynamic attributes* of resources i.e. *'resources that are robust, redundant or rapidly accessible'* as being of relevance to community resilience (Norris et al, 2008, p. 144). In other words, how resources such as social capital and cohesion merge and meld together to assist recovery in communities. It appears that reference to the component parts of resilience as they stand alone does not capture this transformational nature of community resilience that the term itself implies.

In a similar vein to Norris et al. (2008), Joerin et al. (2012, p. 45) defined community resilience as the *"community's ability to absorb, manage and bounce back after a*

disaster". Both of these definitions include the important elements of 'bouncing back' and a 'positive trajectory of functioning' which is crucial to resilience insofar as it emphasises that wellbeing is something that is above and beyond usual coping behaviour.   The need to move beyond simply coping is of relevance to the current research which seeks to understand the processes that enable a community to thrive following a disaster.

In contrast to Norris et al. (2008) and Joerin et al. (2012), Patel et al. (2017) conducted a systematic review of 80 papers, and stated that it was not possible to identify an agreed definition of community resilience.   However, they did identify nine core elements (local knowledge, community networks and relationships, communication, health, governance and leadership, resources, economic investment, preparedness, mental outlook) and 19 sub-elements linked to community resilience.   They suggested that a focus on those core elements may be more useful than attempting to define and study community resilience as a single, unidimensional concept.   That said, they also suggested that in the papers they analysed, community resilience can either be seen as an ongoing process of adaptation, the absence of negative effects, the presence of a range of positive attributes or a mixture of all three. Patel et al. (2017) have also highlighted connections between people within established communities as necessary for community resilience.

This chapter will now explore specific topics of relevance to community resilience following disasters, starting with the importance of the context of the disaster: the place-based community where it occurred.

Place identity in the Experience of and Recovery from Disasters

The place-based context in which communities experience disaster has been found relevant to how people recover and move on following disaster (Binder et al., 2015, Guo et al., 2018a, Proudley, 2013). Research has explored how the community context of the specific place provided its own features that could be harnessed for recovery.

An exploration of those features by Binder et al. (2015) identified that feeling a connection to place and an attachment to place was relevant to two communities affected by a hurricane in USA, and community members' subsequent decisions to relocate or to stay in the affected communities. A mixed methods approach combined robust, generalisable quantitative data with the qualitative, experiential accounts of community members. This research highlighted that elements such as awareness of local history, use of narratives, cultural norms and a clear sense of place predicted a resilient outcome. A sense of detachment from their community was linked with perceived negative demographic and social changes. A similar mixed methods approach was used by Laycock et al. (2014) to explore how a Canadian community coped with a tornado which destroyed parts of their community. A particular community gathering place (the square) was important to community resilience following the disaster. This place was perceived to be a significant part of the town, and its physical improvements were seen as an important sign of rebuilding success after the disaster.

Similarly, quantitative research by Guo et al. (2018a) found that residents who had a strong place attachment to their communities had greater resilience following an earthquake. Place identity and place dependence also had a positive effect on perceived

resilience, with place dependence having a stronger influence on resilience due to the place being a source of livelihood in tourism destinations. Each of these studies have explored the particular ways in which community members have drawn upon processes linked to their attachment to the place they call home in order to overcome trauma following natural disasters.

In contrast to a largely positive focus on the effect of place in leading to a resilient outcome following a disaster, Proudley (2013) highlighted the losses and negative features associated with being attached to a place afflicted by a disaster. The physical loss of property and lifestyle experienced by residents who had experienced a wildfire led to a feeling of unsettledness that reinforced how central a sense of place was for them. Residents referred to a conflict between wanting to move back to a place that was familiar to them and deserting family members who had moved on. The connection to landscape was also highlighted as relevant and valuable to community members, as the loss of wildlife due to the fire led to a feeling of disconnect with the landscape. Therefore, the significance of place regarding community recovery from disaster can be a double-edged sword.

Research into place has found that community members can enhance their place attachment and sense of place identity through the use of metaphor and symbolism about their communities and local culture. These studies indicate the importance of the stories that people tell themselves in relation to a shared history, as well as the psychological processes involved in the production of craft symbols. A strong, shared narrative about the local culture was shown to aid resilience in such a manner following hurricanes (Binder et al., 2015, Chamlee-Wright & Storr, 2011), tsunami (Goulding et al.,

2018), earthquakes (Maidment et al., 2015) and floods (Madsen & O'Mullan, 2016).

Social interventions to assist with recovery after disasters have been developed which focus upon the collective memory of a community and refer to a community's previous experience of disaster. For example, Goulding et al., (2018) investigated a community's response to a tsunami in Japan and identified that the process of making objects and writing stories was helpful in unifying local people. The octopus symbol was crafted and signified resilience, hope and fortune for this community. It was noted that the sea, which was the cause of the disaster, was not viewed with fear and hatred but respected for its bounties. This research discussed how the creation of an object was a positive intervention that aided resilience. Similarly, Maidment et al., (2015) found that symbols such as stitched fabric hearts using the representative colours of the local area was of personal relevance to the crafters following an earthquake, yet also allowed them to connect with others and make sense of their situation collectively. In summary, the ways that people use imagery, stories/talk about their community and symbolism to bond together and to create a sense of 'us' is of relevance to the concept of place identity (Jang & Wang, 2009, Chamlee-Wright & Storr, 2011).

Whilst connection to place appears to be one key aspect of the community resilience literature, what is often missing is an exploration of the ways in which the pre-existing characteristics of place interact with social behaviours in response to disasters. This will now be explored with reference to the Social Capital literature.

Social Capital and Disasters

Social Capital has been defined as the *"features of social organizations such as trust, norms, and networks that can improve the efficiency of society facilitating coordinated actions"* (Putnam et al.,1994, p. 167). It is the focus on such "coordinated actions" which makes this concept relevant to this literature review in the context of community resilience. There are three types of social capital; bonding, bridging and linking. Kawachi et al. (2004) identify that *bonding* social capital refers to the trust and cooperation that exists between members that are similar to one another in terms of identity, *bridging* social capital refers to connections between members who are unlike one another but fairly equal in terms of status and power and *linking* social capital describes the social interactions between people across formal power or authority gradients. These three elements encompass different ways that community members connect across and within diverse contexts.

The social capital literature is relevant to disasters before, during and following disasters. In advance of disasters, the link between social capital and disaster preparedness has been explored in the wider literature, albeit the focus is often on practical preparations such as access to crucial resources. For the purpose of this thesis, the ways in which disaster preparedness relates to social connection and thus enhances community resilience through collective processes is of interest. For example, in a community at risk of earthquakes in China, increased community resilience was found to be an outcome of higher material preparedness (e.g. provision of practical resources such as blankets) through the processes of higher degrees of caring and connection and public participation (Sim et al, 2021). Similarly, Cui et al. (2018) in their research on how

community members coped following an earthquake in China identified that disaster preparedness in the form of volunteering for risk reduction activities was highly correlated with community resilience, as was participation in collective evacuation drills.

Furthermore, in relation to an E-coli outbreak in Canada, the extent to which residents felt their community was resilient included perceptions that their fellow residents were well prepared for a future disaster and could be relied upon to know how to respond (Lisnyj & Dickson-Anderson, 2018). Their research highlighted that better emergency planning enhanced social capital and that negative perceptions of preparedness threatened the community's social capital as it was important for residents to be able to rely on their neighbours in the event of a disaster. Overall, there is empirical evidence that community resilience can be enhanced through disaster preparedness activities.

With regards to the disaster literature, social capital has been found to aid community recovery following a hurricane (Chamlee-Wright & Storr, 2011) earthquake (Guo et al., 2018b) E-coli outbreak (Lisnyj & Dickson-Anderson, 2018) and floods (Wickes et al., 2015). Each of these studies highlighted that communities with shared values or resources improved its ability to work together to promote resilience. In the context of disasters, such collective action has been found to include attendance at community events (Paez et al., 2007, Laycock et al., 2014) communicating effectively (Yates & Partridge, 2015, Thornley et al., 2015, Imperiale & Vanclay, 2016) and volunteering (Cui et al., 2018, Imperiale & Vanclay, 2016, Jang & Wang, 2009, Goulding et al., 2018).

Overall, the extent to which people felt their community was cohesive, that people were invested in their communities and well connected with each other was found to be clearly linked to community resilience following a disaster (Binder et al., 2015, Guo et al., 2018a, Proudley, 2013). Existing literature regarding community resilience after disaster highlights the importance of the collective nature of recovery. However, the psychological processes to explain how this is enabled are unclear. The contribution regarding psychological processes within this field is mainly upon the prevalence of symptoms of individual mental ill-health as a result of disaster. For example, a systematic review by North and Pfefferbaum (2013) looked at 222 articles and concluded that individuals who survived disasters may experience a new psychiatric condition, exacerbations of pre-existing mental health conditions and/or psychological distress.

Although individual psychological responses are not the focus of this thesis, mental outlook is of relevance, as according to Patel et al (2017) it is a core element of community resilience. Therefore, the ways that people appraise and process their experiences following a traumatic incident in collective ways is of relevance to the current research and is now explored in more detail in the following section.

Trauma: The role of appraisal and coping

As previously mentioned, much of the psychological focus of the ways in which disasters affect community members has been regarding the mental health impact of such disasters and specifically the occurrence of Post-Traumatic Stress Disorder (e.g. North &

Pfefferbaum, 2013, Lee et al., 2017). The American Psychological Association (2021) defined trauma as an emotional response to an event such as rape, accident or natural disaster which can lead to longer term reactions such as flashbacks, unpredictable emotions, strained relationships and physical symptoms. For the purpose of this review, trauma is identified as a psychological response to an experience that is perceived to be significantly disturbing, dangerous or life threatening and as such is of relevance to the human impact of disasters. An overview of the disaster literature so far in this chapter reveals that people are often traumatised in *collective* situations.

Therefore, the ways in which trauma can be understood in a social sense is key to understanding how communities cope with disasters. Lazarus and Folkman (1984) suggested that it is vital to consider the role of societal and environmental factors on human experience of stress. The ways in which people appraise their experiences will determine the extent to which they find those experiences stressful. Primary appraisal refers to the perception of the impact something could have on our wellbeing and secondary appraisal refers to the resources we have available to cope with negative events (resources including social support and individual coping abilities). People make sense of the environmental conditions in which they live in an active manner. If the environment is perceived to be something which can be coped with, the person is less likely to feel stressed, whereas if the demands of the environment are perceived as stressful, then it is more difficult for the person to cope. Lazarus and Folkman (1984) identified two major sets of beliefs about situations that affect how stressful they are perceived to be 1) beliefs to do with the level of personal control people think they have about events 2) beliefs about existential concerns such as God, fate and justice.

An exploration of the disaster literature for this chapter has revealed that the ways in which community members appraised their situation following a disaster was important for community resilience. In terms of primary and secondary appraisal, a hopeful, optimistic outlook has been found to promote a resilient response following a tsunami (Ekanayake et al., 2013), E-Coli outbreak (Lisnyj & Dickson-Anderson, 2018) and floods (Madsen & O'Mullan, 2016) and spirituality and religious faith were also found to aid a resilient response following earthquakes in Turkey (Dogulu et al., 2016) and Taiwan (Jang & Wang, 2009). In each of these studies, connections between community members also shaped secondary appraisal, as solidarity acted as a resource which assisted them to overcome hardship associated with the disaster.

Community level appraisal of disasters was also found to be important following a mass E-coli outbreak. Lisnyj and Dickson-Anderson (2018) reported that a community's perception of how it is viewed by others was identified as important for ongoing resilience following the outbreak in a Canadian community. When their community was viewed positively from those outside the community, a more resilient approach to disaster management was identified. However, for some community members, the opposite applied when the community was viewed negatively by those outside it as this led to feeling a sense of alienation and "otherness."

Whilst mental health related issues have been raised in the disasters literature, there is no agreed approach about the ways to assist communities to cope with this. Hobfoll et al. (2007) identified that this was to be expected, given the wide differences in contexts, types of disasters and their aftermath. These authors attempted to provide such a

consensus by reviewing the evidence and speaking to world-wide experts on the study and treatment of those involved in mass violence and disasters. Through this, they have identified that rather than a specific approach, instead a set of five empirically supported principles are recommended. These promote 1) a sense of safety, 2) calming, 3) a sense of self- and community efficacy, 4) connectedness, and 5) hope. The authors identified that systemic issues cannot be ignored in understanding the ways in which these principles can be of use to those affected. They also recognised that the ways in which these principles could be applied should take into account the specific culture of the place the disaster occurred. This paper provided a clear set of robust principles and highlighted the importance of community level support. However, the overall principles lack theoretical grounding which could help to better understand the ways in which they could be applied.

In summary, the literature regarding the ways in which community members cope with and appraise trauma following disasters speaks to the importance of connection between community members. Being part of an existing community has been found to assist people to process and to move beyond their collective trauma.

Part I Summary

To conclude Part I, it has been presented through multidisciplinary, international research that place identity, social capital, appraisal and collective action are important to understand the development of community resilience following collective trauma from disasters. However, the literature has not revealed any unifying psychological

theory regarding the ways in which these processes interlink. This will be discussed in Part II which presents a theoretical context from which to understand the literature in Part I, with the aim of developing a coherent sense of how community members cope following disasters.

Part II: The social identity approach

The term 'social identity' was first defined by Tajfel (1978) as the sense of self that a person derives from their membership of social groups. It refers to the ways in which we share attributes with other people in our groups and leads to thinking of ourselves as "we" and "us" rather than "I" and "me". The ways in which we view other people as part of our group (in-group) or not (out-group) affects our social behaviour.

The social identity approach is comprised of two-related theories. The Social Identity Theory (Tajfel & Turner 1979, 1986) and Self-Categorization Theory (Turner 1985, Turner et al., 1987). Social Identity Theory (SIT) argues that in order to understand behaviour in various social contexts (especially where there is conflict, prejudice and discrimination) it is necessary to appreciate that individuals can define their sense of self in social rather than personal terms. In brief, SIT postulates that humans interact on a spectrum from purely intergroup to purely interpersonal, and that movement from the interpersonal to the intergroup end of the spectrum will affect how people see themselves and others, i.e. "us" and "them" (Hornsey, 2008). This process then taps into a different level of one's self-concept, to become comprised of 'social identity'. Tajfel and Turner (1979) argued that people are motivated to enhance a positive sense of social identity and thus being part of an esteemed group leads to feelings of higher

self-esteem. Intergroup differentiation is key to this process, as *"groups are not islands; they become psychologically real only when defined in comparison to other groups"* (Hornsey, 2008, p. 207). Evolution of the SIT since the late 1990s has seen the relevance of self-esteem debated, and instead group distinctiveness and self-definition are put forward as the most researched motive for group behaviour (Hornsey, 2008).

These ideas were refined and extended within Self-Categorization Theory (SCT). This theory suggests that at any given time, we will define ourselves at different levels of abstraction (from individual, to a specific group, to all humanity) and this has direct implications for how we act with other people. Contextual factors will shape which identity is relevant or 'salient' at any one time and when this occurs their group identity (e.g. as a nurse) then shapes their behaviour in defined parameters (e.g. their workplace in hospital). To take this example further, when this person leaves work, they may then adopt other group identities (e.g. as a mother) which is then relevant to their social behaviour in another context (e.g. at the school gate). Different identities are held by the same individuals, but the salience of a particular identity is more likely in certain contexts than others (e.g. in the hospital, it is more important that this person identifies as a nurse than as a mother, but this does not diminish the importance of her role as a mother in general).

In more recent years, the Social Identity Approach (SIA) has been expanded upon and applied to health and health psychology (Jetten et al., 2012) in an approach known as the 'social cure'. The core element of the social cure is that social groups can provide their members with psychological and social resources which in turn have significant

positive health-related outcomes (Jetten et al., 2012; Haslam et al., 2018). These effects are cumulative, so that the more positive social identities an individual has access to, the better this will be for their health and wellbeing (Haslam et al., 2018). Prior to the social identity approach to health (SIAH), the medical model and psychological approaches to health prevailed, both of which are individualistic in their approaches and locate the source of health inside the bodies or minds of the individual. Briefly, the medical model focusses upon physical disease which has been criticised by Engel (1977) as reductionist and of seeking to separate the mind from the body. Psychological approaches to health such as Beck (2011) look primarily at the ways an individual's thoughts and feelings drive their behaviour in health-related fields. Individual traits such as those related to personality are also viewed as relevant. Social factors have also been seen to be relevant in recent years but according to Haslam et al., (2018), these are minimised in their effectiveness and *'relegated to the margins'* (Haslam et al., 2018, p.7). Haslam et al. (2018) purport that a social cure model of health places groups as central to health and wellbeing. The social cure approach is favoured in the current research as it provides an effective way of understanding how communities themselves may help or hinder a resilient response. Social identities are particularly important in helping people cope with threats, major life events and traumas which will be explored later in this section.

Part II aims to review some of the social identity research regarding collective resilience in more detail, and the ways in which it pertains to the current research will then be explored.

Collective responses during disasters

As previously mentioned, the ways in which people respond to disasters has been the focus of much international research, specifically in the area of natural disasters due to their frequency across the globe. Research from the SIA has significantly added to the literature through focussing on collective experience, in particular the emergence of collective social identity based on shared experiences of disasters (Drury, 2016, Drury et al., 2009).

The view of the crowd as a positive and empowering collective is a theme identified throughout the field (Drury & Reicher, 2005, Drury & Reicher, 2009, Drury et al., 2015, Drury et al., 2016). The literature base regarding emergent communities resulting from disasters has refuted the notion of mass panic from groups of people in disasters and instead has offered alternative findings that the crowd is actually a source of strength. There is considerable research regarding how collective processes impact positively on those who have experienced a variety of natural and human-made disasters. The ways in which these groups of individuals come together to support one another, as a result of their group identification at the time of disasters is well evidenced and can be understood through the social identity approach.

Drury et al., (2009) analysed data from a range of disasters including sinking ships, football stadium disasters, fire, bombs, music event, high-rise block evacuations and a train accident. Twenty-one survivors were interviewed, and it was found that shared identity in a crowd following an emergency enhances solidarity and reduces panic

behaviour and such shared identity can arise from the shared experience of the emergency itself. Similarly, Drury et al., (2010) in their paper on solidarity following the 2010 Chilean earthquake explored social identification and solidarity behaviour amongst survivors. It focussed on the observed supporting behaviour of survivors at the time of the earthquake but did not seek to explore how the wider place-based community itself bounced back from the earthquake in the time following the disaster.

In this research, the relevance of the place itself was not focussed upon. This is of importance as Part I presented that place-based communities that experience disasters will have specific and unique aspects of their shared identity and existing community ethos which could be harnessed to promote a resilient response in its community members. The extent that a place-based community has pro-social characteristics *before* a disaster are well supported as factors that help communities to recover from a disaster. Therefore, knowledge of the attributes of those communities that may help or hinder a resilient approach is in need of investigation. There appears to be a divergence in the existing literature between crowd behaviour that emerges during a disaster itself and place-based community behaviour from a group of residents already living in a specific place following disasters.

Overall, the existing body of research into social identity processes has helped to explain the processes through which disasters and emergency crowd events create social bonds when they previously did not exist. As a result, feelings of empowerment can be developed which can last after the disaster and through this process, collective resilience can be fostered. Whilst there is much research to explain how crowds can be

harnessed to cope effectively with disasters at the time of their occurrence (e.g. Pandey et al., 2014, Drury et al., 2009, Cocking & Drury, 2014, Drury et al., 2015, Drury et al., 2016), there is a lack of research that focusses on how established *place-based communities* can harness features of their existing neighbourhood identity in order to cope with disasters.

Some studies that refer to these features to some extent are now presented. In research exploring responses to the Grenfell Tower block disaster, Tekin and Drury (2020a) used an ethnographic approach and interviews with 15 participants to explore how the use of community walks in the area helped campaigners to protest and seek justice. Thematic analysis revealed that an important subtheme was that campaigners experienced a sense of belonging to physical spaces passed on the walks within the affected community.

Whilst this research highlighted how place is relevant to community recovery following a disaster, it did not aim to identify the core characteristics of that community which existed prior to the disaster and could therefore be factors in the recovery of the community. An exploration of the existing identity features of relevance to the Grenfell Disaster (i.e. wearing of the colour green) were mentioned, but not explored further, as this was not the aim of that paper. Although a sense of 'we-ness' (Tekin & Drury, 2020a, p.5) was reported and explored, the source of this was positioned as a result of the walks. The ways in which such solidarity might have already existed in the community prior to the disaster was not investigated.

Research looking at place-based resilience by Ntontis et al., (2017) found that in a qualitative study of 17 residents who lived through flooding, shared identities emerged from experiencing a common fate when bonds did not previously exist. Support for a social identity model of collective psychosocial resilience was presented and discussed and the longer-term impact was considered. Those affected by the floods identified with others in their community through sharing common fate and the longer people felt that a sense of community was sustained, and people felt their voice was heard, the more this increased expectations of future support. A sense of togetherness was able to be maintained through a sense of shared adversity and collective commemorations. This paper had long-term considerations which is a significant addition to the literature base, but existing place-based identity was not the focus of this research.

More recently, Ntontis et al. (2020) explored longer-term dynamics and post-flood support, association with pro-social others and longer-term reactions to floods in a UK sample. Residents unaffected by the floods, those indirectly affected and flooded residents were surveyed and quantitative analysis provided robust results. It was found that social identification was positively correlated with common fate, collective efficacy and residents' wellbeing. Those who experienced flooding were more likely to provide support when this had been observed in others. There was no such association for non-flooded residents but for those indirectly affected by the floods, observing support was associated with providing support if they highly identified with their community.

The authors concluded that social identity interacted with disaster exposure through leading residents to offer support when they observed other people offering support. Psychological connection with the group led to feelings of shared common fate which then led to providing support in those indirectly affected. The authors identified that a limitation of this study was that pre-existing community identification was not measured, which may have been useful in exploring the emergent nature of groups. These authors recognised the importance of place and community identification and recommended further research into this area following disasters.

There is considerable research regarding how shared identity processes impact positively on those who have experienced a variety of natural and human-made disasters. However, as mentioned, the existing research does not tend to focus on the social identity attributes of a place-based community *prior* to a disaster or crowd event and how such attributes can aid community recovery following a disaster. Disasters are experienced by communities as a whole and as such, there is a need to focus on what assists people to recover from community level trauma. The next section will now explore this further.

Collective trauma and Identity

Analysis of the literature so far has pointed to the community-level experience of disasters, and social identity is of central importance to the ways in which people appraise and then cope with a traumatic incident. Muldoon and Lowe (2012) identified that the social and political context of post-traumatic stress (PTS) should be understood to make sense of the environments in which such symptoms are experienced. The

researchers present four distinct paths in their article which link PTS with social group membership:

1) Evidence that membership of particular social groups is clearly linked to the possibility of experiencing a potentially traumatic event, criterion A1 for a diagnosis of PTSD. For this, the researchers highlight the literature that demonstrates how certain populations are more likely to experience violence than others.

2) Evidence that links membership of particular social groups with the appraisal of traumatic events, criterion A2 for a diagnosis of PTSD. The ways in which we perceive events to be traumatic or not, is affected by our social and demographic memberships (e.g. gender, race).

3) Evidence of the mediating role of political, military, and social identities that shield against the impact of traumatic stress. The ways in which we make sense of our experiences in the context of our groups can help overcome adversity.

4) Evidence of a relationship between group factors and available social support that can be protective against PTS. A sense of shared identity can help us to feel part of something that helps us to recover from trauma.

Rather than traumatic events being things which keep us silent and alone, seeing trauma as part of a wider social context is psychologically protective under certain conditions. The authors assert that PTS should be examined at the group level and that the social identity approach is useful in considering the socio-political factors that are relevant to PTS. The authors assert that it is not helpful to understand PTS as an individual pathology as this places the person in isolation from the context which traumatised

them in the first place. The researchers conclude that to pathologise the individuals who experience trauma (as in the medical model) is to miss the environmental context (e.g. political, economic factors) that allows trauma to continue. This is a powerful review which emphasises the specific ways in which awareness of social identity can aid in understanding collective trauma. This review calls for greater understanding and social action to change the wider circumstances that promote social inequality.

Studies that have explored the wider social context of trauma using the social identity approach have added to understanding social inequality within specific contexts. Kellezi and Reicher (2014) conducted robust mixed-methods research with 38 survivors of the 1999 Kosovar conflict. The research looked at gender roles and the general norms concerning the behaviour of men and women in Kosovo society and the type of event which would be identity affirming or identity undermining for men and women. The findings suggested that men who were injured by the enemy whilst fighting for their country or protecting women and children (traditional male norms) were able to discuss their experiences. They experienced a sense of pride and community support which to some extent mitigated their negative experiences. However, people who were victimised or injured in a way which violated traditional gender norms were unable to discuss their experiences. These were found to be *"literally unspeakable"* (Kellezi & Reicher, 2014, p. 501). These victims were men who were injured without actively fighting or protecting their families and women who were sexually assaulted. The researchers related these findings to the participants' sense of shame.

This study indicated that the social identity of male participants as being part of a strong, protective group of countrymen, and the social identity of female participants as protective, sexually modest mothers was crucial in mitigating shame as a consequence of their experiences during the war. In this study, social identity can be seen as crucial to the wellbeing of survivors and highlights the importance of the ways in which members of a group perceived their experiences and ascribed meaning to them.

Previously, Kellezi et al., (2009) conducted a study with Kosovo Albanians in 2005, six years after the end of the war. The researchers were interested in how social identity processes influenced how participants appraised and coped with the war. It was found that participants who appraised the war positively, compared with those who appraised the war negatively, had lower levels of depressive mood, lower levels of anxiety and higher self-efficacy. Positive appraisal increased the level of family support available which meant that individual coping strategies were not so necessary for dealing with the associated trauma. The importance of coping strategies depended on whether the war was appraised positively or negatively. It was suggested that this was because when war appraisal was negative, and the victim was isolated, then individual strategies were necessary for well-being. Yet if the war was appraised positively, and social support was available, individual strategies were not required.

This research clearly demonstrated the significance of social support and social identity in mitigating against the effects of war in a specific context, in a similar vein to the previous study. However, existing place identity dynamics were not focussed upon in either study. That said, the research adds to the existing literature as the studies present

evidence which supports and operationalises the pathways identified by Muldoon and Lowe (2012).

Although place identity was not the focus, Kellezi et al (2009) conducted their research on a Kosovo Albanian population in which identity appeared very clearly distinguishable and rooted in the socio-political history of the community. A study by Yildiz and Verkuyten (2011) provides an interesting contrast as they applied a social identity approach to explore how collective trauma (a hotel massacre) was used in creating and unifying a sense of identity through a sense of shared victimhood in a diversified group (Alevis in Turkey). This research was positioned from the perspective that there was no consensus about what it meant to be an Alevi, as Alevi identity is not unified. This is an important context within this research, because the crux of the social identity approach is that the shift from 'I' and 'me' to 'us' and 'we' is necessary for a sense of meaning to develop within a group to lead to the possibility of collective action.

The findings of this research were that Alevis were defined as innocent victims of the massacre with an identity grounded in an historical struggle in which resistance is a self-defining characteristic. This paper comes from the perspective that shared victimhood was the identity-defining social group rather than Alevi, which still had the effect of unifying the Alevi identity. In terms of collective resilience, this sense of shared victimhood can then incorporate other minority Turkish groups, thus leading to a larger group which is better for taking collective action. The researchers concluded that *'the consequences of shared victimhood do not have to be violent and destructive but might*

also lead to increased solidarity among minority groups' (Yildiz & Verkuyten, 2011, p. 265).

This paper is relevant because it considered the question of 'what matters' regarding group identity – what are the important characteristics in the group that are helpful for the group to grow, heal and mobilise? It is presented that a traumatic event that victimises a particular group could actually be harnessed to help that group to unite. So, a traumatic event itself could be seen to unify a fragmented group, which could lead to strength, even if the group did not appear cohesive to begin with. However, a major criticism of that research was that the actual type of methodological analysis was not specified and the ways in which themes were derived and examined was not made explicit. It was therefore difficult to consider how the research outcomes were reliably brought together in order to lead to the overall conclusions. Despite this, Yildiz and Verkuyten (2011) presented findings which demonstrated how shared identity (i.e. victimhood, resistance) facilitated the Alevis to feel part of something that helped them to overcome a traumatic event, again in support of Muldoon and Lowe's (2012) pathways.

Although these studies identify the importance of local cultural norms and social identity in relation to those, the existing place-based dynamics in which the participants lived and which contributed to their social identity were not focussed upon. As mentioned earlier in this chapter, important considerations in relation to place are likely to have been missed which could enhance the existing findings.

This section has presented research that explores social identity in relation to trauma resulting from political unrest. In a related vein, this chapter will now look at the literature focussed upon community characteristics in place-based communities that have experienced bombings in peace-time (no current war or political unrest in the community).

Peace-time bombs in Place-based Communities

Research on community resilience after disasters is overwhelmingly focussed upon natural disasters. Despite having been several peace-time bombs within communities that have received international media attention, this current review has revealed a lack of research that explores how these communities coped following the bombs.

The focus of this research is largely on the emergency response to the bombs and the wider recovery efforts towards survivors. For example, a report by Herman et al. (2014) explored community responses following the Boston Marathon bomb and identified features of strength, resilience and defiance that encompassed characteristics relating to the slogan "Boston Strong". This report identified crisis management outcomes following the bomb for communities to take forward. Although the ethos of "Boston Strong" was linked to a resilient response, the purpose of the report was not to explore the collective dynamics of this slogan and how it related to a resilient response. Rather, the paper focussed on a set of practical and policy recommendations for responders to consider in future.

The Boston Marathon bomb was also researched by Lin and Margolin (2014) who explored how members of different, distal communities expressed support for Boston after the bomb. Through analysis of social media hashtags, including #bostonstrong, it was found that communities outside of Boston were more likely to express sympathy and solidarity for those affected if they were geographically closer, had visited Boston recently and had social network connections with Boston. This paper found that the attack on Boston could be experienced as a broader attack on a wider group, such as the United States and that if people considered their own cities to be similar to Boston, this predicted greater sympathy. Although this paper was not positioned from a social identity perspective, it acknowledged shared identity characteristics that could be harnessed to increase support for cities that had been affected by a bomb. Factors previously mentioned in this chapter, such as solidarity and social support were found to be of relevance to the experience of shared emotions.

However, despite identifying important geographical elements, this research did not aim to explore the existing place-based identity characteristics in Boston. This chapter has previously identified the importance of these to the development of shared identity within a community affected by a traumatic incident.

Similarly, research by Buhrmester et al. (2015) explored the Boston bomb from an Identity Fusion perspective. Identity Fusion theory purports a sense of "oneness" with a group that motivates pro-group behaviour which is personally costly (Swann & Buhrmester, 2015). It emphasises the importance of personal and group identity 'fusing' together, whereas the social identity theory emphasises the powerful nature of the group itself as overcoming personal identity. Buhrmester et al. (2015) discussed how

Americans who were strongly "fused" with their country were more likely to give support to those affected by the Boston bomb and considered them to be 'psychological kin'. Whilst this paper discussed social identity characteristics, albeit from an Identity Fusion perspective rather than the SIA, again there was no reference to how existing place identity characteristics could have been of relevance to the development of identity fusion.

Even when the importance of understanding the local dynamics of a place to assist with community resilience was identified, as highlighted by Ferrer (2015) in her paper looking at the public health response following the Boston bomb, the ways that existing place characteristics can assist were not explored. It appeared promising that Ferrer (2015) identified that community resilience required prior investment in disaster preparedness related to an in-depth knowledge of the local area. However, further reading revealed that the ways in which awareness of existing place identity dynamics could assist with this was not the focus of this research. This misses the contribution that literature looking at such place identity dynamics has made, as presented in Part I, specifically in relation to the ways in which community members reflect upon their own resilience as it links to where they live (e.g. Binder et al., 2015).

Akin to natural disaster research, bomb-related papers have looked at the development of a sense of unity amongst those affected by the bombs. Drury et al., (2009) researched the London Underground bombings and referred to the sense of unity that arose amongst some of the survivors as a direct result of the perceived danger of the incident; there was a link between a sense of unity and helping behaviour, and people took risks

to help strangers. These authors discussed how shared purpose developed as a result of the bombings amongst individuals who had not previously been linked together. Such shared identity in a crowd following an emergency enhances solidarity and reduces panic behaviour, and shared identity can arise from the shared experience of the emergency itself. This finding was supported by Cocking (2013) through his qualitative research on the people involved (termed zero responders) in the London bombings. He found that having a shared fate through the emerging disaster led to spontaneous cooperation, and that figures of authority emerged during the incident. These people had an additional positive effect on general levels of cooperation as they encouraged in-group prosocial behaviour.

A similar focus on the emerging climate following bombings was explored following the Madrid bombings. Paez et al., (2007) explored how the process of participating in rituals and protests following the bomb assisted with the development of a positive emotional climate. Discussion of the bombs as a collective trauma helped to develop a positive emotional climate which assisted participants to overcome collective trauma and fostered a culture of peace. The experience of positive collective emotions such as hope, and attendance at ceremonies was found to promote post-traumatic growth amongst the participants. The authors concluded that this reinforced feelings of collective solidarity. Whilst this research had consistent findings with Drury et al., (2009) and Cocking (2013) regarding the collective action taken and how it assisted with an overall climate of solidarity, again the existing characteristics of Madrid as a place were not explored.

From the literature on community resilience following bombs, it appears that the relevance of existing place identity characteristics in communities that have experienced bombings has not yet been explored. The focus has been on direct survivors' experiences during the bomb and the action taken to assist recovery efforts by emergency workers and those directly involved afterwards.

Part II Summary

Overall, Part II has presented the argument that collective identification within groups is crucial to coping with disasters, and that social support found in communities is central to such coping. Processes relevant to collective trauma were explored, with an overview of the literature covering bombings within existing communities, specifically regarding the lack of psychological theory in relation to community resilience in this area.

Conclusion

This chapter has presented key literature in Part I regarding how community members cope following disasters. It was presented that this literature lacked a unifying psychological theory through which to bring together each of the elements that are necessary for community resilience following disasters. Part II has aimed to provide such a theoretical unifying framework through the SIA to understand why the processes in Part I are of relevance to community resilience following disasters. However, the research presented in Part II lacks a focus on existing place identity which is crucial to resilience. The process of this literature review has revealed some specific gaps or limitations within the existing literature which will help to guide the current research presented later in this thesis.

Firstly, the disaster research base is mainly focussed on natural disasters from around the world in various forms and from various disciplines. There is a need for more psychological research on human-made, time-delimited incidents such as mass shootings and terrorist incidents within existing place-based communities. Different psychological processes are likely to be of relevance to these disasters, given that these events are intentional criminal acts which will likely bring with it a particular type of trauma to that resulting from natural disaster. This is of relevance to the forensic psychology field although it is not the focus of this thesis.

Secondly, the community resilience in disasters literature identifies that place is important, but it lacks focus on collective experience and socio-psychological processes. The contribution that the SIA has made to the area highlights the role of appraisal and social dynamics but largely fails to consider the role of existing place identity. Therefore, there is a need to understand the specific identity dynamics at play in existing communities that happen to experience a terrorist bomb in their community. The social identity approach suggests that the wider community could be detrimentally affected which is a public health concern. It is argued that as existing communities experience such incidents, the specific processes required for recovery following such incidents are likely to be found within those existing contexts. The specific nature of the dynamics of the community that can lead to either resilience or vulnerability are as yet unclear in the aftermath of a terrorist bomb.

Thirdly, there is a distinction between crowd behaviour (behaviour that emerges from crowds during the disaster itself) and place-based community behaviour (a group of residents already established in a specific place) following disasters, and this requires

further exploration through a social identity lens, given how important social identity processes are to health and wellbeing. Specifically, how might established *place-based communities* harness features of their existing identity in order to cope and recover following a terrorist attack? Existing research has not focussed on the community characteristics that are relevant before, during and after a bomb in order to identify features of community resilience after experiencing collective trauma.

In conclusion, whilst there is much research on existing place identity, collective behaviour and recovery from trauma following disasters, the current researcher has been unable to find research that brings those areas together using an underpinning psychological theory. This current thesis aims to do so from a social identity perspective, focussing specifically on the 2017 Manchester Arena bomb as it was experienced within the wider local community. In order to help set clear parameters for this original research, Chapter 2 now provides a meta-synthesis of the factors relating to how place-based communities cope with large-scale trauma through the lens of the social identity approach. It will aim to explore the factors that support or undermine community resilience following a mass casualty incident in order to focus the direction of the original research presented in Chapter 3.

Factors that affect place-based community resilience following a mass casualty

incident: a narrative synthesis

Introduction

The overall purpose of this review is to explore the relevant literature and to understand the factors that promote or undermine community resilience following a mass casualty incident. The review aims to bring some clarity to the area which is complex due to the multidisciplinary nature of the international research and the variety of different definitions used.

Scope of the context and definition of disasters

Research on mass casualty incidents (MCI) has typically focussed on natural disasters in line with the world-wide spread of such disasters. From 2008 to 2017, the Emergency Events Database (EM-DAT) recorded 3,751 natural disasters, of which 3,157 (84.2%) had weather-related triggers (International Federation of Red Cross and Red Crescent 2018). Whilst natural disasters may seem straightforward to identify in the field of disaster research, the range of disciplines contributing to the area have generated a variety of definitions. Some focus on the pragmatic and measurable characteristics of disasters, for example, the EM-DAT. This database records disasters meeting at least one of the following criteria 1) ten or more people reported dead 2) 100 or more people reported to be affected 3) a state of emergency is declared 4) a call for international assistance is made. Public policy often determines that mass casualties are the primary indicator of a

disaster. For example, NHS England (2020: 6) defines a MCI for the health services as 'an incident (or series of incidents) causing casualties on a scale that is beyond the normal resources of the emergency and healthcare services' ability to manage. Norris et al. (2002) reviewed reports of disasters involving 160 samples of over 60,000 participants, and found that the most significant mental health implications within the populations investigated occurred when at least two of the following factors were present 1) extreme and widespread damage to property 2) serious and ongoing financial problems for the community 3) caused by human intent and 4) high levels of injuries, threat to life and loss of life. Their review excludes chronic situations such as war and famine which elicit complex long-term responses among communities. Instead, the severity of the time-limited effect on the wider community is used to define an event as a disaster or not.

Alternatively, the World Health Organisation's definition of a disaster considers social and psychological consequences, defining disaster as 'an occurrence disrupting the normal conditions of existence and causing a level of suffering that exceeds the capacity of adjustment of the affected community'. Similarly, Neria et al. (2008) provided a definition of disasters which included i) the scale of a disaster (it must be large enough to affect a considerable number of people regardless of loss of life) and ii) it must have had significant consequences (resulting in mental and/or physical health outcomes among the population that was affected).

For the purpose of this current review, the definition of disaster used attends to both pragmatic and psychological features. In line with McFarlane and Norris (2006, p15) it

conceives of a disaster as a "potentially traumatic event that is collectively experienced, has an acute onset, and is time delimited." This definition includes acts of nature and human-made disasters such as terrorism, but excludes epidemics, chronic environmental hazards and war. This is not because those are deemed less important, but because those incidents are set within an escalating context of threat and typically involve long term strategic responses beyond the community. Using this initial definition, it is possible to explore the social and psychological factors which contribute to community resilience or vulnerability during such disasters. The emphasis here is on long-term coping strategies within the communities, rather than the response of emergency services or other officials. Although researchers from the social sciences have added to an understanding of the disasters field, there is a lack of theory which underpins the body of research so it can appear disjointed and unwieldly.

Community resilience

People belong to many different social categories, many of which can be considered 'communities' but in relation to the experience of disasters, 'community' refers specifically to people living in the same geographical location. The ways in which such communities evidence resilience or vulnerability following disaster is the focus of this review. Firstly, an overview of the definitions used in this area is necessary to define the terms of reference for this research.

Norris et al., (2008: 130) defined community resilience as "a process linking a set of adaptive capacities to a positive trajectory of functioning and adaptation after a

disturbance." They identify the 'set of adaptive capacities' as "resources with dynamic attributes, specifically robustness, redundancy and rapidity" (Norris et al., 2008: 144). These authors refer to the dynamic attributes of resources, not simply the resources themselves as being of relevance to community resilience. In other words, how resources such as social capital (the level of social investment people have in their communities) and social cohesion (the extent to which people feel a sense of belonging within their communities) merge and meld together to assist recovery following disaster. In this research, community resilience was crucially related to the active social functioning of the community.

Joerin et al. (2012: 45) defined community resilience as the "community's ability to absorb, manage and bounce back after a disaster." This is similar to Norris et al. (2008) in that it includes the important elements of 'bouncing back' and a 'positive trajectory of functioning' which emphasises that wellbeing is something that is above and beyond usual coping behaviour. However, Joerin et al (2012) emphasise the importance of the existing social capacity of the community, rather than the changeable adaptations within the community, as emphasised by Norris et al (2008). The ways in which both of these definitions converge is their focus on the social nature of community resilience.

Patel et al. (2017) in their systematic review of the meaning of community resilience highlighted social, psychological and structural aspects. They found that it was not possible to identify an agreed definition of community resilience. However, they did identify nine core elements (local knowledge, community networks and relationships, communication, health, governance and leadership, resources, economic investment,

preparedness, mental outlook) and 19 sub-elements linked to community resilience. Again, these nine components largely relate to existing social factors within the community (i.e. relationships) and the social investment people have in their communities (i.e. resources).

These authors suggested that a focus on these nine core elements may be more useful than attempting to define and study community resilience as a single, unidimensional concept. That said, they suggested that in the papers they analysed, community resilience can either be seen as an ongoing process of adaptation, the absence of negative effects, the presence of a range of positive attributes or a mixture of all three. These three components relate to a community's ability to thrive following disaster and refer to the existing social state of the community, as well as the level of social investment by the community.

Overall, whilst these definitions clearly point to the social nature of community resilience, what is lacking is a theoretical framework to bring together the related structural, psychological and social processes identified. One theoretical model which may help to provide such an overview is the social identity approach, introduced in the next section.

Psychology of Collective Coping

One way of exploring the psychological dynamics of collective coping in disasters has been through the social identity approach (Tajfel, 1978; Tajfel & Turner, 1986). This

purports that being a part of specific groups and identifying with them, leads to a shift in a person's individual identity, from "me" and "you" to "we" and "them" and that this has implications for their perception and wellbeing. Membership of social groups has been found to lead to health and wellbeing benefits, so for the purpose of the current review, the ways in which a community functions effectively should impact upon its ability to thrive following a disaster.

The social identity approach allows us to consider how social contexts can influence the ways in which people function and appraise their experiences. Research has typically focussed on collective groups who happen by chance to have experienced the same disaster, for example crowd reactions following bombings in London (Drury et al., 2009), following a football stadium disaster leading to mass casualties (Cocking & Drury, 2014) and an outdoor music event where mass casualties were averted (Drury et al., 2015). The focus in this body of research is on groups of people who happen to be at the same event, rather than existing geographical communities.

There is a dearth of research which considers the impact of disasters on the wider established place-based community that the disaster took place in.   This context is of interest, given the identity dynamics that are likely to feature in such circumstances, as outlined in key research by Ntontis et al, (2017) and Ntontis et al (2020). These authors found that social identification within flooded communities was associated with common fate, collective efficacy and residents' wellbeing and that shared identities emerged from experiencing a common fate when bonds between community members did not previously exist.

According to the social identity approach, it can be expected that place-based (geographical) communities that have experienced a disaster will cope collectively through processes of identification from within the community. However, the processes involved in this are as yet unclear. This is of significant importance given the extent of disruption to communities that have experienced disasters on an international scale. The social identity approach is useful in understanding processes related to in/out-group responses following disasters in ways that other theories do not explore. The SIA has already enhanced an understanding of disasters through a growing body of research, and it can be used to better understand the structural, psychological and social processes involved. The aim of the current review is to further explore these dynamics from a social identity perspective within communities following a mass casualty incident in order to identify the factors that facilitate or hinder a resilient response.

Method

1.1   Aim

The primary aim of this review is to form an understanding of the factors which support or undermine place-based communities in their attempts to cope with a large-scale traumatic event that has caused mass-casualties. The overall objective is to reveal what works to promote resilience when geographical communities are faced with adversity following a mass casualty incident with the intention of informing local and national policy-makers. To the reviewer's knowledge, there is no other systematic review that explores this area with the focus on specific place-based communities encompassing a wide-range of types of disasters across the globe. Searches of the Cochrane database, the Economic and Social Research Council (ESRC) database, the Joseph Rowntree

Foundation database and the University of York Centre for Reviews and Dissemination using the search words 'community resilience mass casualty incident' did not reveal any reviews covering the same area.

1.2   Protocol and Registration

This review was completed using the Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) guidelines and the protocol was registered via PROSPERO (Record ID 117239).

1.3   Structure of Review

The review was completed in the form of a meta-synthesis due to the wide variation of papers which were included regarding their discipline, methodology and quality. Out of the 21 retained papers, eleven were qualitative in their approach, three used mixed-methods designs and seven were quantitative, so a meta-analysis was not deemed to be suitable. The review question was formulated using the PIC process, where P relates to population (adults living in a specified place-based community), I relates to phenomena of interest (resilience and/or vulnerability factors as applied to the community as a whole) and C relates to Context (mass-casualty incidents).

1.4   Search Strategy

A systematic search of eligible studies was conducted between October 2018 and December 2018 and the following databases were searched; SCOPUS, Web of Science

(including Medline), PILOTS, ScienceDirect, PsycInfo, ProQuest Central, PubMed and Sociological Abstracts. Additional searches were conducted using Google Scholar, I-Rep and ProQuest Theses and Dissertations, as well as hand-searching the reference lists of reviews and articles and contacting authors. Keywords: Community OR Neighbourhood AND Resilience AND Disaster OR Terroris* OR Extremis* OR Bomb OR Riot OR Shoot* OR Explosion OR Hooligan. These terms were used to capture all natural disasters and any other collective disasters that would fall outside of this definition. Searches excluded terms on the basis of the following keywords; NOT "Humanitarian Relief" NOT Climate NOT Animal.

1.5   Study Eligibility

Only studies written in English and published between 1998 – 2018 were considered. Inclusion and exclusion criteria were as follows;

I.   Study design: All studies using recognised research methodology stating clear aims with primary participants were included.   General commentaries, reviews, conference presentations, papers using secondary data, personal reflections without analysis were excluded.

II.   Population: General civilian adult community members must have been the primary participants of the studies following a specific place-based acute disaster which resulted in mass human casualties/fatalities. Studies focussing on sub-groups of a given population (e.g. elderly, children, emergency services) were excluded because different psychosocial demographic factors could result in a wide variation of responses that were

not the focus of this review. Disasters that did not result in mass human casualties were excluded because the community impact of mass human casualty incidents is greater than incidents with no human casualties, and community impact was of relevance to the review.

III.   Outcomes: Research focussing on collective community resilience and vulnerability outcomes overall were included. If the outcomes of the research focussed on individual psychological factors, organisational factors, economic growth, policy, disaster preparedness etc these were excluded as research indicated that different literature bases were of relevance to these areas which were not the focus of the current review.

The PRISMA flow diagram can be found in Figure 1:

Figure 1: PRISMA Flow Diagram
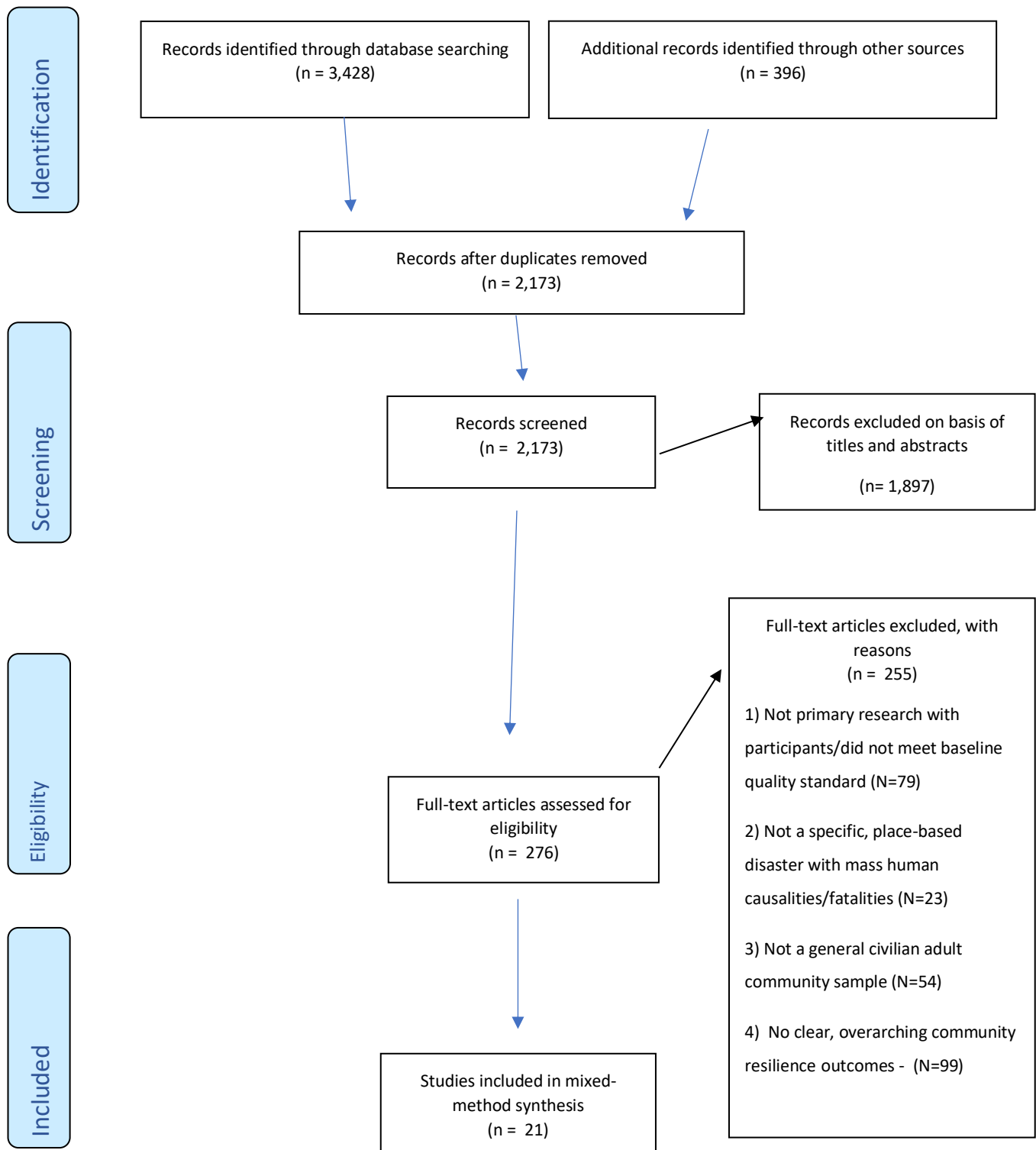
1.6   Data Extraction and Procedure

The methodology of the review followed that outlined by Petticrew and Roberts (2006). The specific findings as they were reported by the authors were extracted and discussed with the supervision team to resolve any discrepancies. It was not possible to conduct a meta-analysis on the data due to the diversity of methods used so a narrative synthesis was considered to be appropriate.

1.7   Quality Assessment

At the point of assessing full-text articles for study eligibility, the first two questions of the Critical Appraisal Skills Programme checklist (CASP) were used to screen each article for validity. These two questions identified whether an article provided 1) a clear statement of the aims of the research and 2) whether the methodology was appropriate to the aims and sample. These questions were answered with either a 'yes' or 'no' response and any article which received a 'no' at this stage for either question was excluded from the review. This was viewed as a baseline quality assessment check and only research which met this baseline standard was considered further for eligibility. This process was undertaken as a primary quality check because many of the studies used vague, case-study approaches with a journalistic quality to them and these were not deemed to have scientific vigour.

The final 21 articles that met all of the inclusion criteria and were selected to form part of this review were then critically appraised using the method of systematically reviewing research quality developed by Hawker et al., (2002). This method was

selected because it provided a way of assessing the quality of research that is drawn from different disciplines and which used a variety of different methods. Each of the 21 studies was given a quality label of very poor, poor, fair or good based on the specific criteria outlined by Hawker et al., (2002). This was following a points-based system of assessing nine categories (each scoring 1-4 giving a maximum score of 36). The Quality Appraisal Table of the 21 retained studies can be found in Appendix 1. It can be seen that 16 out of the 21 studies were rated good, 4 were rated fair and one was rated poor. It is likely that the majority of the retained studies were rated as good quality due to the initial CASP screen successfully deselecting those of poor quality.

The specific criteria outlined by Hawker et al., (2002) used in this review can be found in Appendix 2.   In order to reduce bias, a sample of the papers were also critically appraised by a second reviewer, with the third reviewer being consulted if a consensus could not be reached.

Results

The database searches identified 3,428 records and a further 396 were identified through the grey literature. After duplicates were removed, 2,173 articles were then screened on the basis of their titles and abstracts. 1,997 articles were excluded and 276 articles were then read in full. 255 articles were excluded with full reasons that could be categorised into the following areas, (some articles would have met the exclusion criteria of more than one category and there was no specific reason why they were excluded on the basis of one category instead of another);

1) Study not primary research with participants/missed baseline quality standard (N=79)

2) Study not focussed on a specific, place-based disaster with mass human casualties/fatalities (N=23)

3) Study not using a general civilian adult community sample (N=54)

4) Study had no clear, overarching community resilience outcomes (N=99)

This resulted in 21 studies remaining which were eligible for the review. These 21 studies are summarised in Appendix 3.

Overall, the 21 papers focussed on communities that had experienced 19 natural disasters, 1 bacterial infection (Lisnyj & Dickson-Anderson, 2018) and 1 terrorist-related incident (Paez et al., 2007). In total, papers covered disasters in 11 countries (USA, China, Turkey, Sri Lanka, Japan, Italy, Taiwan, Canada, Australia, New Zealand, Spain) across four continents (North America, Europe, Australasia, Asia). The disasters included hurricanes, earthquakes, tsunamis, tornadoes, an E-coli outbreak, floods, bombings and wildfires. The total number of fatalities overall was at least 125,297 with at least 19,845 casualties. The studies were published between 2007 and 2018.

Studies were drawn from various disciplines including psychology, sociology, psychiatry, public health, business management, geography, built environment, social work and information/communications.

Study characteristics

Sample characteristics

The studies that specifically indicated their sample sizes ranged from 20 (Dogulu et al., 2016) to over 4,000 (Wickes et al., 2015). Imperiale and Vanclay (2016) did not state their sample size. The total sample size was N=8,552. Participants were male and female residents of the specified communities who were over the age of 16, although most were over the age of 18 (only Madsen & O'Mullan 2016 specified their youngest participants as being 16).   Not all studies indicated the specific gender ratios of their participants. The community residents had either directly survived the mass casualty incident, and/or were resident in the specific community at the time of the incident. Some participants were community leaders although the majority of participants were not community leaders (only Goulding et al., 2018 and Imperiale & Vanclay 2016 specified that community leaders were included).

Methodology

Seven of the studies used quantitative methods [2, 4, 8, 9, 16, 18, 20], twelve used qualitative methods [3, 5, 6, 7, 10, 11, 13, 14, 15, 17, 19, 21] and two used mixed methods designs [1, 12]. All of the quantitative studies used surveys to collect data. Both of the mixed methods studies used surveys as well as semi-structured interviews to collect data. The qualitative studies used mainly semi-structured interviews to collect data although they also used case studies, focus groups, participant observation, arts-based methods and Community-Based Participatory Research (CBPR). The methods of data analysis were not always clearly specified.

Study Quality

Overall, the quality of the retained studies was assessed as 'good' (16/21). On average, the abstracts and background to the studies was generally good, as was the methodology and explanation of results. However, consideration of ethics and bias was generally poor as ethical considerations were not routinely mentioned and nor were the ways that the researchers monitored and reduced potential for bias. The overall implications and usefulness of the studies was assessed as fair.

Descriptive data synthesis: process

The reviewer listed all of the individual findings of each study into an excel database and the N-Vivo software package was used to support the thematic synthesis of the findings from each of the studies. Individual findings were ordered into broader themes, which appeared to capture the essence of the individual findings as explained by each of the studies' authors. The process of narrative synthesis as outlined by Popay et al., (2006) was used. This process consisted of preliminary groupings to organise findings into similar and different categories, to explore the relationships within and between each of the categories and finally, to ensure that the synthesis was robust. Thematic analysis (Braun & Clarke, 2006) was chosen as the method of synthesis because of the diverse nature of the included studies. An inductive approach was taken to identify overall descriptive themes across findings from each of the studies. The process of narrative synthesis considered the quality of each study, as referenced previously in Table 1, i.e. the good quality studies (N=16) were considered to be more robust than the fair quality studies (N=4) and poor quality study (N=1) so greater consideration to those findings was given. The process entailed examination of each of the papers with manual

extraction of overall findings for each. Findings were then copied into Appendix 3 to allow for initial appraisal of similarities and differences using an interpretative approach to consider whether the meaning of certain information was related to similar issues in other papers. This process was repeated on multiple occasions to ensure that the concepts were clear and distinct, using guidance from Petticrew and Roberts (2015) in relation to within study analysis and cross-study synthesis. Finally, N-Vivo software was used to assist with ordering the concepts into final themes which were then labelled with an illustrative quotation from a study relevant to each theme.

Findings

Factors that facilitate or hinder community resilience following a mass casualty incident

Overall, seven themes across the 21 studies were found to facilitate or hinder resilience in communities following disasters. The themes are presented in Table 1.

Table 1: Factors that facilitate or hinder community resilience following a mass casualty incident

Theme No	Superordinate theme	Subordinate theme
1	'You need to have a sense of community before the disaster'	

	(Thornley et al., 2015:26)	
2	'People showed their loving care for each other' (Jang & Wang, 2009:62)	2a 'There is no room for the pain to become entrenched' (Ekanayake et al., 2013:72) 2b 'The instinct to help others was strong' (Imperiale & Vanclay, 2016:209) 2c 'They didn't join to make things better' (Lisnyj & Dickson-Anderson, 2018:200) 2d 'Please somebody other than my family speak to me!' (Yates & Partridge, 2015)
3	'I'm here forever, I've got sand in my shoes' (Brokopp Binder et al., 2015:191)	
4	'This is where I'll spend the rest of my days' (Proudley, 2013:13)	
5	'We should be ready all nation as a team' (Dogulu et al., 2016:111)	

6	They're the people who haven't got the influence' (Thornley et al., 2015:28)	
7	'It just wiped us off the planet' (Proudley, 2013:13)	7a 'We made a hut from scrap' (Dogulu et al., 2016:111) 7b 'I had to bury 86. . . . and I cried every time' (Proudley, 2013:14)

Theme 1: 'You need to have a sense of community before the disaster'

The extent to which people felt their community was cohesive, that people were well connected with each other and that their community had an existing solid infrastructure was found to be clearly linked to community resilience following a disaster. Twelve of the studies identified pre-existing community characteristics as being relevant to community resilience [2, 5, 6, 7, 10, 11, 13, 14, 15, 16, 19, 21]. Throughout these twelve studies, various terms were used which fit within this overall theme, and these are presented in italics. Different terminology across the studies meant that identifying distinct subthemes within this overall theme was not possible.

The ways in which community members appraised their community, either from within their communities or from how they thought others viewed them (e.g. seeing themselves through the eyes of others) was of relevance. Papers which generally used terms related to 'Social Cohesion' appeared to fit well within this theme. For the

purpose of this review, social cohesion is defined as "*a state of affairs concerning both the vertical and the horizontal interactions among members of society as characterized by a set of attitudes and norms that includes trust, a sense of belonging and the willingness to participate and help, as well as their behavioural manifestations*" (Chan et al., 2006: 290). This definition relies on three principles (Chan et al., 2006); 1) individuals feel they can trust, help and cooperate with co-members of their society 2) they feel they share a common identity or sense of belonging to their society and 3) these feelings lead to behavioural outcomes. Importantly for this review, this definition clarifies the clear distinction between social cohesion and social capital. The former is the general state of being of a society (an existing state of affairs, not a process), whereas the latter focusses on the networks between individuals in the community and direct action (doing) which exists through these networks within the communities.

A cohesive community was identified as aiding recovery [6, 10, 16] and social connectedness (which was measured in terms of social cohesion, informal social control and social exchange) was more relevant to low socio-economic status (SES) communities following a superstorm than high SES communities [2]. Social connectedness was also associated with community resilience following severe floods [14, 21] and earthquakes [15, 19]. An existing positive social climate/community spirit helped overcome the impact of collective trauma following bombings [16], an earthquake [19] and following floods and a cyclone [21]. Research on recovery after earthquakes in New Zealand identified that those communities with a pre-existing solid infrastructure found it easier to adapt following the disaster and that existing hardship was exacerbated by the disaster [19]. Pre-existing channels of effective communication was also found to be

protective. Being connected and engaged in the community strengthened community bonds and aided recovery following a tornado [12] and togetherness and solidarity as a community aided recovery following earthquakes [5] and tsunamis [6, 7]. Social support facilitated resilience following earthquakes [5] an E-coli outbreak [13] and bombings [16]. A community's perception of how it is viewed by others was also relevant to ongoing resilience [13]. When the community was viewed positively from those outside the community, a more optimistic approach to recovery was identified and the opposite applied when the community was viewed negatively from those outside the community, in terms of feeling a sense of alienation and "otherness."

A sense of responsibility for the need to help other people (as opposed to actual helping behaviour) and feelings of empathy towards others was identified as relevant to resilience [10] although this study was of poor quality. Vulnerability in communities following disasters was found to relate to a lack of social solidarity in communities that experienced earthquakes [5] detachment from the community following a hurricane [1] not seeking support following wildfires [17] and staying at home due to fear/social isolation following earthquakes [19].

This theme also highlighted the role of existing religious faith within the communities and belief in a higher power held by community members. The specific cultures within the communities where these three studies [5, 6, 11] were undertaken are noted to have a religious shared identity and all of the communities had experienced natural disasters (earthquakes and tsunami). Religious faith was noted to have a soothing, comforting effect which assisted with coping [5, 11], led to acceptance of the disaster, and helped

them to view the event with positivity [5, 6, 11]. Their faith helped them to make sense of what happened which was important to the process of resilience, as was trying to learn lessons from what happened. Self-motivation and self-reliance to be able to move on without dwelling on loss, and support from traditional healers was also identified as useful [6, 11]. Conversely, community members who blamed God for their losses experienced hopelessness and anger [5, 6] and a loss of faith or anger was common amongst survivors who experienced long-term mental health problems which was suggested could be linked to a loss of ability to make sense of what happened [6].

Summary: The extent that a community has effective, supportive pre-existing characteristics in place before a disaster are well evidenced as helping them to process disasters and move beyond these. Feeling a sense of togetherness, connection and solidarity with the community predicted a resilient response. Existing spirituality was found to be of relevance to a community's ability to process the effects of disaster and to feel they could move on from this. These findings were robustly supported by research from qualitative, quantitative and mixed methods designs from a variety of disciplines including social sciences/public health, business/information sectors and the built environment. Research quality was largely good, with only two studies being assessed as fair [19, 12] and one as poor [10].

Theme 2: 'People showed their loving care for each other'

This theme refers to the ways in which communities collectively behaved in response to the disaster and the extent to which people appeared to be invested in their

communities. This also related to the networks of relationships that were established after the disaster for the benefit of their community. Papers which highlighted 'Social Capital' as defined by Putnam et al., (1994) fit well within this theme. Putnam et al., (1994: 167) defined social capital as the *"features of social organizations such as trust, norms, and networks that can improve the efficiency of society facilitating coordinated actions."* Such 'coordinated actions' are of relevance to this theme. This focus on behaviour after the disasters distinguishes this theme from pre-existing community characteristics which are assessed as already existing in the community as an actual state of affairs before the disasters.

Fifteen studies highlighted community action/response as being relevant to community resilience following disaster [4, 5, 6, 7, 9, 10, 11, 12, 13, 14, 16, 18, 19, 20, 21]. Some of these papers also highlighted pre-existing community characteristics as presented in Theme 1, but these were able to be clearly distinguished from one another through the ways these were presented. Factors in this theme can be grouped into four sub-themes; Community engagement and participation, Volunteering and Helping, Response of Officials and Communication.

2a: 'There is no room for the pain to become entrenched'

This sub-theme focusses on the ways in which community members were actively engaged in community activities and participated in associated demonstrations, gatherings and ceremonies. This is distinct from the subtheme 2b 'Volunteering and Helping' which is specifically focussed on assisting other people. For survivors of a

tsunami, 'sharing pain' both within their families and within the wider communities via religious and non-religious meetings was beneficial to recovery [6]. Additionally, 'becoming engaged' in their community through sport, religion and other activities provided both individual comfort and opportunities for community regeneration. Similarly, 'private grief, public mourning' was related to family members paying respect to their dead through outward displays of their grief to the wider community [6]. 'Connecting and sharing' and 'collective grieving' were also identified as relevant to recovery following a tsunami [7]. 'Social sharing' and participating in demonstrations, ceremonies and rituals following bombings helped to overcome collective trauma [16] and sharing and collective tasks were identified as relevant to recovery following an earthquake [10]. Finally, community engagement and connection helped with resilience following a tornado [12] and earthquakes [19].

Although there were some limitations to the quality of these latter three papers, (assessed only as 'poor' and 'fair' quality), the results were consistent with a range of other findings, as evidenced in the rest of this theme so are viewed as having a valid contribution to make. Communities that had a concentration of vulnerable groups (identified to be socio-economically disadvantaged, very young/elderly residents, larger and ethnically diverse communities) were more likely to experience community problems post-flood compared with non-flooded communities [20]. The researchers suggested that this was related to the structural conditions that existed within the community pre-flood which were exacerbated by the disaster. In conclusion, engagement and participation in community activities aided community resilience

following disasters and pre-existing community vulnerabilities hindered a resilient response.

2b: 'The instinct to help others was strong'

This sub-theme differs from the previous one by focussing on the actual helping behaviour of community members, rather than them simply coming together as a community after a disaster. Volunteering with disaster reduction activities following an earthquake (such as identifying vulnerable residents and designing evacuation routes) was found to be helpful [4] and a high level of volunteerism and helping behaviour assisted with community recovery following floods [14, 20] and earthquakes [10, 11, 15]. Mutual collaboration to deal with the crisis following a tsunami in Japan was important to community members although this was not perceived as 'volunteering' as it was from within the community; 'volunteers' are perceived as external to the local community in Japan [7]. Finally, the use of social media as a way of eliciting and offering help by community members following floods assisted with an overall resilient response [21].

2c: 'They didn't join to make things better'

This sub-theme focusses on how government and humanitarian agencies and other official groups assisted in community recovery following disaster. Rather than the support coming from within the community from its members, this sub-theme highlights how official groups assisted recovery, either from within the community (e.g. local government) or external to the community (humanitarian agencies). The majority of studies highlighting this theme focussed on communities that had experienced

earthquakes. It was identified that participating in the recovery process, being involved in official decision making, having external support from outside agencies and the provision of practical aid and resources assisted with recovery [5, 11, 19]. Conversely, problems with the distribution of aid and provisions from official sources was found to clearly hinder a resilient response, especially when there was a high demand for aid from survivors and the provision was not felt to be sufficient or there was bureaucratic inflexibility and poor agency mobilisation [5,19]. Similarly, survivors of a tsunami had mixed views about the usefulness of official responses, citing the supportive environment provided by agencies as helpful for a return to normalcy, yet disorganisation of aid and unfair compensation as being something that compounded suffering [6]. It was also identified that support from within the community was more effective than official support following an earthquake, although this study was of poor quality [10]. Finally, the local community was found to have had changing views about the usefulness of local government following an E-Coli outbreak, citing a lack of transparency during the outbreak which shifted to a positive view at the time of the study [13].

2d: 'Please somebody other than my family speak to me!'

This sub-theme focusses on the ways in which community members communicated amongst themselves and with outside groups following a disaster. Although there are similarities with Theme 3 (Shared Narrative), this sub-theme focusses on the more practical, information-giving forms of communication and sharing of information, rather than the abstract, creative forms of story-telling that are relevant to narratives. Communication networks amongst community members in the absence of official aid

were vital for a resilient response in order to facilitate the rescue operation following earthquakes and poor communication from authorities hindered resilience [10, 19]. The use of social media and texting was found to be connected to community resilience through strategies such as communicating information about wellbeing, perceiving their community as caring, enhancing togetherness, assisting practical information and support and reporting on what had occurred in communities that experienced an earthquake, a tornado and floods [18, 19, 21]. The opportunity to talk about the disaster was important for community members who experienced a tornado and talking about the tornado with mental health providers and religious leaders was a significant predictor of residents feeling that their community could grow and learn from the disaster [18]. Similarly, the active efforts of town officials to share information with the community via a variety of forums, meetings and networks was important to remaining sensitive and responsive to resident's needs following a tornado [12] whereas in contrast, ineffective communication was identified as hindering a resilient response following an earthquake [5]. Overall, channels of communication following disasters can either be useful and lead to a resilient response or hinder community resilience.

Summary: A community's response following a disaster and the action that communities take is strongly identified through the literature as relevant to community resilience following disasters. This finding is of crucial significance to community resilience and features in most of the papers within this review. With reference to theme 1, when a community was cohesive, community members took action after disasters to enhance resilience in a number of ways. On the contrary, in a community that experienced floods [20] the social/structural conditions of the neighbourhood

before the disaster were found to be of relevance. Existing community problems were evident before the flood, so social capital investment had a limited effect on reducing community problems in the post-disaster environment. That research was of good quality and from the social sciences field. The body of research in this theme was multidisciplinary, used a range of methodology and was largely of good quality.

Theme 3: 'I'm here forever, I've got sand in my shoes'

This theme encompasses the use of metaphorical and cultural stories that people tell themselves and each other, as well as the use of creative resources that impact upon resilience. The key features of this theme are the processes of verbalising elements of the collective local culture and creating something that linked with this. These features are derived from the social memory of a community and included a community's previous experience of disaster. Seven of the studies highlighted this theme [1, 3, 7, 10, 11, 14, 15].

A strong, shared narrative about the essence of local culture was important for residents of two communities affected by Hurricane Sandy in USA, highlighting the link between place and shared narrative. The ways in which local residents described themselves as collectively sharing local culture, knowing local history, previously experiencing a disaster and feeling part of their place of residence impacted upon their perception of their community. This then influenced their decisions to either remain living in their community or to move following the disaster; both decisions were features of a resilient response that allowed the community to be active participants in their own recovery

(the decision to leave a community which was no longer viewed as habitable was seen as a form of adaptation). On the contrary, when their shared narrative highlighted negative changes within the local communities, this appeared associated with a sense of detachment from the community [1]. Similarly, the shared narratives that a local community used to describe themselves both before and after a hurricane impacted positively on resilience. The shared identity of a close-knit, hard-working, family-orientated community was collectively held and viewed as directly relating to the community's social capital and recovery strategy. This community viewed themselves as self-sufficient, able to rely on each other and able to rebuild their community [3].

The research which identified this theme was mainly qualitative and two studies [7, 14] used arts based and community based participatory methodology which added to the field in this area, as such a creative methodology allowed rich information to be collected. Community-based operations methodology [7] was used to explore a community's response to a tsunami in Japan and identified that the process of making objects and writing stories helped them to make sense of the past, present and future. The use of the octopus symbol linked with resilience, hope and fortune. This paper was of good quality and used arts-based methods to research how the creation of an object as an intervention aided resilience. Similar community-based methods (community based participatory research) were used to explore how an Australian community processed the meaning of a series of floods through the use of photographs of the flood events taken by members of the community [14]. The stories that participants told about the floods included views that everyone would recover, and the community was strong and resilient which was reflected within an optimistic acceptance of the situation.

Similarly, the use of stories that people told via aftershock communication was relevant in a Turkish community following an earthquake, particularly how these stories allowed them to link themselves to their community and their geographic place [10]. However, this study was of poor overall quality. A fair quality study [11] found that the Hakka community in Taiwan identified the essence of their culture and 'Hakka spirit' as something that enabled them to accept disasters as part of their life experience and live harmoniously with nature in future. The importance of creativity is significant to this theme and craft was used as a way of connecting with others and aiding recovery following an earthquake [15].

Summary: The ways that people use imagery, stories/talk about their community and symbolism to bond together and to create a sense of 'us' is of relevance. Discussion of shared positive characteristics assisted community members to feel connected to one another. The research which identified this theme was mainly qualitative except for one study which used mixed-methods [1]. Most of the studies were of good quality except one which was fair [11] and one which was poor [10]. These latter studies were considered to still offer a contribution to the area as their findings were consistent with other, higher quality research.

Theme 4: 'This is where I'll spend the rest of my days'

The ways in which people feel attached to a specific place and can identify with that place provides a safe context for them to move on from adversity. Place refers to how community members perceive, respond to and interact with the physical characteristics

of the geographical place where they live. Four studies highlighted the significance of place as being important to resilience [1, 8, 12, 17].

Feeling a connection to place and an attachment to place was relevant to two communities affected by a hurricane in USA, and this was linked this to the residents' narratives when they discussed their communities. The importance of the areas was linked to a sense of geographical uniqueness, what it meant (to have achieved the American dream) and the role of a specific gathering place/location within the communities which was highlighted as relevant to the community's ability to process what happened. A sense of detachment from their community was linked with perceived negative demographic and social changes [1]. The significance of a specific gathering place (the square) was important to a Canadian community's resilience following a tornado. This place was an important part of the town, and its improvements were seen as a clear sign of rebuilding success [12]. In research following an earthquake, it was found that residents who had a strong place attachment to their communities had greater resilience. Place identity and place dependence also had a positive effect on perceived resilience, with place dependence having a stronger influence on resilience due to the place being a source of livelihood in tourism destinations [8]. Place was central to community members following wildfires [17], and this led to a sense of feeling unsettled following the loss of property and lifestyle experienced by the residents. Residents referred to a conflict between wanting to move back to a place that was familiar to them, even if it meant leaving behind family members. The connection to landscape was also highlighted as relevant and valuable to community members, with

the loss of wildlife and animals being linked to feeling a loss of connection to the resident's landscapes.

Summary: Place appears to be of significance to community members ability to cope following a disaster, given how it links to a person's sense of identity and belonging to that area and community following a disaster.   However, connection to place can be a double-edged sword, if residents feel drawn to remain in a place despite risks of further disasters associated with it.   Research which identified this theme was from varied disciplines (psychology, geography, built environment and social work) and used quantitative, qualitative and mixed methods designs. The research was mainly good quality apart from one study which was fair [12].

Theme 5: 'We should be ready all nation as a team'

This theme identified that communities with prior experience of disaster may have prepared for another disaster in particular active, practical ways, such as providing specific education to community members and practice drills for future disasters. This practical preparation differed from findings that prior experience of disasters (with no associated practical preparation) was relevant, because that was captured within the theme of Social Narrative and Symbolism as something that was relevant to the cultural context of that community and verbalised within the community by its members. Also, papers that focussed only on perceptions of preparedness, with no associated practical strategies identified within the community were not included in this theme (i.e. Cagney

et al., 2016). Four studies identified Disaster Preparedness as something that assisted community members to process a disaster in their community [4, 5, 11, 13].

Residents who were given disaster education and participated in evacuation drills following natural disasters, as well as having access to emergency supplies such as food and medicines felt that their communities were more resilient [4, 5, 11]. The use of earthquake-resistant buildings was a relevant infrastructural outcome that was found to be related to preparedness and thus aid resilience [5]. In research focussing on an E-Coli outbreak [13], preparedness was found to be both a facilitator and a barrier to community resilience. In this community, resilience within this theme was associated with policy change at a provincial level, improvements to medical capacities and experience gained from the disaster. Although this latter factor of prior experience would not normally be included within this theme, in this study, prior experience was clearly framed in practical terms such as being better equipped to respond and having knowledge of what to do and how to be involved, rather than having just abstract prior knowledge. Participants identified that some residents would still not be equipped to know what to do in a similar disaster and this doubt threatened the preparedness of the community and reduced confidence that their neighbours could be relied upon.

Summary: There is evidence to indicate that disaster preparedness impacted positively upon community resilience following disasters, but if residents doubted their neighbours' abilities to be prepared, this could hinder resilience. The research studies were all from a public health/social sciences field and were largely qualitative (study number 4 was quantitative) and mainly good quality (study number 11 was fair quality).

Theme 6: 'They're the people who haven't got the influence'

This theme encompasses any specific personal socio-demographic characteristics that were found to be relevant to resilience, either directly or as influencing factors. Eight studies identified such relevant factors [4, 5, 7, 11, 12, 13, 17, 19].

Within this sub-theme, financial factors were found to be of most relevance, with residents who had higher finances being associated with increased community resilience [4, 5] but conversely, being used to hardship, especially poverty increased 'survival skills' leading to better adaptation [19]. However, the same study [19] identified that for some groups, existing financial hardship was a significant barrier to resilience due to limited resources and multiple stressors. Therefore, financial factors were linked to an ability to access community resources and an ability to draw upon previous experiences to cope with the disaster. Higher education was associated with community connection and community engagement in the immediate aftermath of the disaster and post-disaster [12] thus aiding a resilient response and assuming a leadership role during the disaster fed into the overall resilient strategy of 'Building Back Better' in the community [7:896]. Gender was cited as relevant to vulnerability within one study [17] as being male was identified as hindering a resilient response. This was related to the men's lack of ability to work and their poor mental health as they were less likely to seek support. Post-disaster life events such as deceased loved one's birthdays and marriage had both negative and positive impacts on community resilience [11] and ongoing ill health of community members (resulting from the disaster) affected a resilient response following an E-Coli outbreak [13].

Summary: Individual sociodemographic differences were relevant to community resilience following disaster with studies being from a variety of disciplines covering social sciences/public health, business and the built environment. Methodology used in these studies was largely qualitative apart from one which was quantitative [4] and one which was mixed methods [12] and the study quality was fair/good.

Theme 7: 'It just wiped us off the planet'

A range of factors related to impact of the disaster were highlighted within six studies as things that hindered post-disaster recovery [2, 5, 10, 13, 17, 19].   These factors can be loosely grouped into the sub-themes Impact of the Disaster and Environmental Conditions and Material and Economic Loss.

7a: 'We made a hut from scrap'

The extent of damage associated with the seriousness of the disaster was found to be of relevance to community resilience following disaster. Researchers found that very cold weather conditions which led to further deaths following earthquakes hindered community resilience [5] and community recovery through social connectedness was more likely if communities that experienced superstorms were not seriously affected by the storms [2]. The authors reflected that this could be due to perceptions that beyond a certain point, the severity of the storm requires infrastructure support of a nature that is beyond the benefits of social support.

7b: 'I had to bury 86. . . . and I cried every time'

This sub-theme focusses on the loss of belongings and economic difficulties that affected communities due to disasters. The economic impact of the disaster was felt to hinder resilience if it was perceived to be only surviving and in the same community, it was seen to drive resilience if it was seen to be thriving in some sectors of the community [13]. Similarly, the rural characteristics of that community were felt to both promote resilience (if this related to social capital) and hinder resilience as it linked to a declining population, when people left the community for larger cities. The loss of homes (and ongoing homelessness), community facilities, wildlife, livestock and pets made it more difficult for residents to recover from disaster [10, 17,19} whereas less significant damage to homes facilitated recovery following an earthquake (5). Research following earthquakes highlighted how the loss led to personal trauma and chronic stress that affected mental wellbeing which resulted in a lack of ability to contribute to the community [19].

Summary: Research indicates that the severity of damage from the disaster and resulting material and economic loss has a detrimental impact upon community resilience. The research is multidisciplinary, of mainly good quality and uses mainly qualitative methodology.

Discussion

Summary of findings

This review has aimed to form an understanding of the factors which support or undermine place-based communities in their attempts to cope with a large-scale traumatic event that has caused mass-casualties.

The most significant finding from this review is that regardless of the type of place-based community or the type of disaster, resilience is most clearly harnessed through group-level factors relating to community cohesion and a sense of togetherness. More importantly, rather than collective coping which developed as a result of the disaster, the communities in this review had features of existing shared identity that could be drawn upon to aid resilience. Briefly, if a community had a strong shared identity before it experienced the disaster, it was more likely to adopt a resilient response following the disaster. On the contrary, communities with a weak sense of shared identity were more vulnerable to the negative effects of the disaster.

This review has provided robust evidence within and across studies for the argument that place-based, shared identity characteristics promote resilience following disasters. When a community has pre-existing characteristics such as a sense of cohesiveness and a positive shared identity, resilience and recovery following a disaster is more likely. In those communities that were able to foster a sense of inclusion and attachment with the geographical place, a resulting sense of belonging helped foster community identity and a sense of "us" which assisted in recovery. This adds to previous research (e.g.

Ntontis et al, 2017, Ntontis et al, 2020) which referred to the emergence of shared identity as a result of a disaster, rather than shared identity features being relevant in advance of the disaster as found through this review.

The current review has highlighted that in communities with a strong sense of shared identity, clear systems of support are already in place and are perceived as useful. Findings in relation to this theme have supported the definition of social cohesion identified by Chan et al (2006) across the first two of the principles previously highlighted; feelings of trust and cooperation with co-members and feelings of common identity. The third principle (these feelings lead to behavioural outcomes) applies to the separate theme of community action/response as discussed later. In some communities, support and belonging was harnessed through spirituality, and belief in a higher power assisted recovery.

This analysis has clearly revealed that when a community has pre-existing characteristics that promote its shared identity, the resulting community action / response from within the communities is powerful and linked to resilience in several ways. When community members perceive themselves to be part of a well-functioning, cohesive community, they are more inclined to engage and participate in community events (or "coordinated actions" as termed by Putnam et al, 1994) aimed at further uniting the community following the disaster. Helping behaviour within the community is also more likely to occur, although this did not feature in as many of the papers as expected. This could be because community members did not explicitly identify helping behaviours within all of the studies, potentially due to helping being normalised as expected behaviour which

they undertook in their own communities (similar to perceptions of mutual collaboration by Goulding et al, 2018 in Japan following a tsunami) rather than something they officially signed up to do. Support from community officials and feeling a part of the wider decision-making regarding aid was also found to lead to resilience. Finally, clear channels of communication are also required for a resilient outcome and the ways in which this revealed and promoted a sense of shared identity was apparent through social media usage (Yates & Partridge, 2015).

Inherent to the perception that their communities were cohesive and supportive was also the belief that the community would know what to do and how to act in a disaster. Disaster preparedness referred to the practical preparations required for community recovery and revealed perceptions of collective efficacy and trust that neighbours would and should know how to respond. If this was in doubt, recovery was undermined which hindered a resilient response as the shared identity of the community as being able to cope was weakened.

Some communities came together after the disasters to use imagery, craft and other creative activities to bond together and verbalise their knowledge of their existing collective culture. Such shared narrative and symbolism aided community recovery in powerful ways, akin to techniques used in therapeutic approaches, albeit the community activities were not framed in those terms. These collective activities can be seen as enhancing shared identity and in similar ways, community members' use of language as a way to tie themselves to their community can also be seen to promote shared identity. The ways in which community members felt part of their communities

on the basis of geographical attributes helped develop a deeper sense of shared identity and attachment to their place of residence.

Various personal demographics have also been identified that promote or hinder a resilient response although analysis of these factors indicates that they can be linked to the socio-economic and structural conditions of the community. For instance, greater financial stability of community members is more likely to lead to resilience. Similarly, being male was discussed as something that led to vulnerability following wildfires which appeared to link with social identity elements of what it meant to be 'male' e.g. to be working, to be mentally well. In this way, social identity features of 'maleness' can be seen to relate to vulnerability following disasters. This adds to the literature regarding other shared identity-related vulnerabilities, previously researched through the social cure/social curse paradigm (Jetten et al., 2012, Haslam et al., 2018). Similar findings exist in relation to male gender roles in the context of war (Kellezi & Reicher, 2014).

Finally, the extent to which a community experienced severe damage and material and economic loss as a result of the disaster affected a resilient response, as did the environmental conditions at the time of the disaster. Such vulnerability factors are likely to be relevant to systemic conditions within the communities which were not the focus of this review. Support for this theme has been found in previous research amongst crowd members who experienced extreme environmental conditions due to a strong sense of shared identity (Pandey et al, 2013).

Overall, the findings of this review reveal the ways in which shared identity characteristics work to promote resilience following disasters. On the contrary, when a sense of shared identity is not apparent within geographical communities, a resilient outcome is less likely. The social identity approach has provided a coherent way of exploring identity related features in the context of disasters in place-based communities.

Strengths and Limitations of the review

The main strength of this review was the multi-disciplinary nature that the research encompassed, as well as the international breadth of the countries examined. These factors add confidence to the strength of the overall findings, as the results cannot be attributed to any specific domain of research or be viewed as a cultural anomaly. However, the fact that a key element of the search criteria was that the papers must have been published in English meant that good research from other countries could have been missed.

Whilst the overall quality of the papers was good, the varied research sometimes lacked in specifying key information such as the methodology used, or the accurate number of participants included in the research, as well as not always considering ethical issues in relation to such sensitive topics involving human tragedy.

Overall, 19 out of the 21 papers covered natural disasters; it was surprising that terrorist incidents were not more significantly represented in these studies, given that the

timeframe of the review spanned the so-called 'War on Terror' which resulted after the 9/11 bombings (The National Commission on Terrorist Attacks Upon the United States, 2004) . The only terrorism-related study that was included in this review was by Páez et al., (2007) who focussed on a series of bombs in Madrid in 2004.

Finally, this review has highlighted the different definitions used in this area and the potential for conceptual bias or misinterpretation when considering the different terminology used in relation to relevant themes. The author has attempted to minimise such difficulties by indicating the different concepts/terminology used for areas which appear similar.

Implications for policy, practice and future research

This review has highlighted that there is a lack of robust research within the field of community resilience following disasters outside the context of natural disasters, specifically in the area of terrorism. International focus is likely to shift according to the nature of current disasters faced by communities, and in accordance with the definition of disaster used at the time (e.g. responses to war are likely to be relevant at different times and responses to a global pandemic are not to be ignored but are not the focus of this review). Similarly, much of the research in this field has been crisis-led and not of the required quality to be included in this review.

Norris et al., (2002) highlight that disaster research can be flawed in quality due to the sense of urgency that drives articles. They highlight that time constraints can impede

the 'scientific rigour' of studies and that more research is unnecessary if it only focusses on the fact that severely exposed disaster victims develop psychological disorders (and vice versa), as this is already widely accepted in the literature. They instead call for theory-driven, and/or longer term or longitudinal studies that address the needs of diverse populations including family and community level processes.

It has been important in this process to understand what is 'missing' from the overall body of research which focusses on the component parts of community resilience. For example, Chang (2010) in their paper looking at community cohesion following a flood identified that the essence of group cohesion involved processes of group affect, group cognition and group behaviour, missing the relevance of place and the ability to bounce back from disaster which are crucial to community resilience. Also, as previously mentioned, the focus has been on groups or communities that emerge as a consequence of the disasters, rather than exploring how existing communities cope with disasters. The relevance of the existing place to community resilience is often overlooked. Similarly, papers that look at social capital again can sometimes miss the ways in which factors such as culture and economic stability combine and interact with social support/helping behaviour and so on.

Overall, there is a clear lack of strategic focus on researching elements that relate to community resilience and this appears to be compounded by the lack of a cohesive theory to underpin and draw together the relevant elements. The social identity approach has been shown through this review to provide a robust psychological framework from which to consider relevant factors relating to community resilience

after disasters and could capture all of these diverse areas. To date, there is a lack of research which attempts to explore community resilience following a terrorist incident from a social identity perspective.

Norris et al., (2002) call for learning to address how to foster resilience in the population at large and more collaboration between researchers and practitioners in order to fill the existing gaps in the knowledge base. This is a significant paper which helped to hone the direction of this systematic review in its focus on community resilience following a mass casualty incident. Additionally, research has also identified gaps in considering the values and behaviours that bond communities and cultures with their environments and how this relates to cross-cultural resilience (Berkes & Ross, 2013) which is consistent with the findings of this review and suggests that those who have experienced disaster will be more likely to identify with their community if they feel they belong and are an important part of that community, thus leading to a resilient response. Further research into this area with a specific focus on how communities cope with terrorism would be beneficial.

It is from such research that local and national policy decisions are likely to be developed, with the aims of assisting communities to develop robust strategies for thriving after such a disaster. Based on the findings of this review, there is a need for the process of resilience building to begin in communities before they experience disasters, as part of their preparation strategies. It can be argued that this process of resilience-building will have beneficial outcomes to the wellbeing of the community in general, not just if/when the community experiences disasters which has associated

socioeconomic benefits. Furthermore, this review has indicated that the support required for communities faced with disasters does not rest within a particular discipline, as demonstrated by the varied nature of the research in this review. Hence, responsibility for providing support, training and development to assist in this area will be strengthened by a truly multi-disciplinary approach which should appeal to policy-makers and community groups alike.

Conclusion

This review has provided robust evidence that shared identity processes are central to a community's ability to be resilient following a disaster, and that the social/psychological features of the geographical community matter to a considerable extent. Whilst research findings are clear regarding these processes from a natural disaster perspective, there is a dearth of research considering such community elements in relation to terrorist activities. It is argued that this area warrants further research given the political, psychological and sociological ramifications of terrorist activities and the wide-spread impact upon the communities they effect.

The next chapter intends to explore this area further and add to the existing literature through novel research with local community members after the 2017 Manchester Arena bomb.

Chapter Three

Community resilience following a terrorist attack: The experiences of community members following the Manchester Arena bomb

Introduction

Over the last few decades there has been a considerable body of research covering disasters from around the globe. When the field is narrowed to look at the effects on human casualties of disasters, the fields of sociology, medicine and psychology predominate. Perhaps understandably, much of the focus of such research has been on the psychological effects of disasters upon individuals and communities, such as post-traumatic stress and related mental health symptoms (e.g. Neria et al., 2008). Norris et al., (2002) highlight that more research within this area is unnecessary if it only focusses on the fact that severely exposed disaster victims develop psychological disorders (and vice versa), as this is already widely accepted in the literature. Instead, they say that the needs of diverse populations and community-level processes should be explored.

In Chapter Two, a systematic review identified that there are key factors which can reasonably be expected to enhance a community's ability to thrive following disasters. For example, the importance of place identity (Binder et al., 2015), social capital (Guo et al., 2018b) and positive appraisal (Ekanayake et al., 2013) to community resilience has been explored. However, it is notable that the wider research lacks a theoretical basis. Perusal of the social psychological literature base on resilience following disasters highlighted that consideration of the area from a social identity perspective (Tajfel,

1978; Tajfel & Turner, 1986) allows for a clearer understanding of how groups of people appraise and cope with various extreme events.

Briefly, the social identity approach explores how being a part of specific groups and identifying with them, leads to the shift in a person's individual identity, from "me" and "you" to "we" and "them". Social identity processes have been studied regarding their application to extreme near-freezing conditions at a religious festival in India (Pandey et al., 2014), crowd reactions following bombings in London (Drury et al., 2009), following a football stadium disaster leading to mass casualties (Cocking & Drury, 2014), an outdoor music event where mass casualties were averted (Drury et al., 2015) and following an earthquake in Chile (Drury et al., 2016). Despite social identity research covering varied culturally rich communities, the ways in which existing place-identity dynamics assisted in community recovery were not overtly explored and place has been identified as relevant to recovery (Binder et al., 2015, Patel et al., 2017). To the author's knowledge, there are no papers which bring together each of these important elements within the context of a community's ability to cope after a bomb.

Aims

The overall objective of the current research is to explore whether such social identity level processes assisted a place-based community to cope with a bomb in their community. The aims of the research are;

- To explore how community members **made sense** of what happened following the bomb in the context of their community

- To understand how their view of what happened **affected wellbeing** following the bomb

- To explore how community members **responded** to the events surrounding the bomb

- To identify any **collective strategies** that were used and could be harnessed to promote wider, ongoing community resilience

- To identify whether **different identity-related perceptions** affected the collective responses to the bomb for specific groups within the community

As there has been little research combining place-based community resilience, bombings and the social identity approach, qualitative methodology was chosen as this allows for greater exploration of issues and the provision of rich data from participants.

The research context

Manchester is a city in the North-West of England, United Kingdom. The metropolitan county of Greater Manchester is made up of ten boroughs (see Appendix 4) with a current population of approximately 2.7 million and has an ethnically diverse community. UK Population Data for 2022 cited the population as White (66.7%), Asian (17.1%), Black (8.6%), Mixed Race (4.7%), Arab (1.9%), Other (1.2%).

Bullen (2015) states that historically, Manchester has attracted immigrants on a large scale since the Industrial Revolution. Bullen's report identifies that immigrants from Pakistan are the most populous group and Pakistan-born residents are the second largest population in Manchester ('born in England' is the highest). As a consequence of its diversity, Manchester has a clearly observable multi-cultural social landscape, such

as the 'Curry Mile' in South Manchester, with its many South-Asian restaurants and shops, and one of the largest Chinatowns in Europe.

Historically, Manchester has had its share of adversity: from the Peterloo Massacre in 1819 when 18 people were killed as cavalry charged into a crowd of protesters to the Manchester Blitz during the Second World War. More recently the city has fallen victim to repeated terrorist attacks. On 15th June 1996, members of the Irish Republican Army (IRA) left a truck containing a bomb in Manchester city centre outside a large shopping centre. The bomb caused significant structural damage and although many people were injured, there were no fatalities. A Royal Mail post-box survived the blast and has local cultural significance as a symbol of strength.

It is within this context that the current research is placed. On 22nd May 2017, around 10pm, a lone Mancunian male of Libyan ethnicity detonated a bomb in the foyer of Manchester Arena at the end of an Ariana Grande concert, as people were leaving the event. Ariana Grande is a popular musician with a fan base of largely pre-teen/early teenage females, so the Arena was attended by this age group and their parents at the time of the bomb. Twenty-two people were killed as a result of the blast and over a thousand people were injured.

Method

Participants

Eighteen participants were recruited and interviewed by the researcher between February and July 2019 and participation in the research was entirely voluntary. Participants had to have met the criteria of being over the age of 20, resident in Greater Manchester currently (and since 2014) and they must not have been at the Manchester arena at the time of the bomb or know anybody who was seriously harmed as a result of the bomb. These criteria were to ensure that all participants would have been over the age of 18 at the time of the bomb, had been living in Manchester for long enough prior to the bomb to be considered local residents and could be considered general community members, rather than direct survivors of the bomb.

Participant demographics are presented in Appendix 5. Participants were residents of 7 out of the 10 regions of Greater Manchester Combined Authority (GMCA), with only Tameside, Oldham and Rochdale unrepresented. Five were from Bolton, four from Manchester, three from Stockport, two from Bury, two from Salford, one from Trafford and one from Wigan. Twelve participants were female, six were male. Twelve participants were white British, one was white Eastern European, one was Chinese, one was Asian (Libyan) and three were Asian (Pakistani). Participants ranged in age from 21 to 73 and the average age of participants was 40.7. Participants generally had a high level of education with all of them having obtained at least a post-16 college level of education. Most were university graduates, one to PhD level. Participants were all in employment or students. Three of the participants identified as having a disability.

This number of participants was sufficient to reflect many different communities within Manchester. It also became apparent through the interviews that participants were identifying similar experiences, so the 'saturation' of information was felt to have been reached at this number. However, Braun and Clarke (2019) identified that saturation can be an arbitrary and poorly explained criteria in qualitative research which requires critical analysis. For this research (which is from a reflexive thematic analysis position where codes are organic and never expected to be concretely 'fixed'), saturation is tied to the meaningfulness of the data provided and the interpretation of that data. Such interpretation and development of 'meaning' can be reworked and redeveloped in multiple ways.   For this research, the story formed through interpreting the 18 interviews was felt to be coherent and sufficient at that stage to cease further data collection.

Sampling

Interest in the research was initially gained via posts on LinkedIn and from word-of-mouth. People were told that the researcher was interested in how people felt they fit into their community and what their experiences were following the bomb.   Personal and professional contacts were asked to tell people about the research in order to gain participants as widely as possible.   Through this process, people across Greater Manchester in various contexts such as schools, colleges, universities, courts, offices, sports centres and places of worship were verbally notified about the research and given the researcher's contact details.

Notices were also placed in libraries, GP practices, community cafes, community centres, places of worship and local shops asking for research participants. This notice briefly introduced the researcher and explained that the research was looking at how local communities in Manchester were affected by the Manchester Arena bomb. It was also explained that interest was in how people felt they fitted into their communities and what their own experiences were. It was made clear that members of the emergency services were not sought but that people from different ethnicities, ages and genders were required.

Specific efforts were made to recruit members of the BAME community as this represents a large proportion of Greater Manchester's residents. The researcher attended different interfaith community meetings (at libraries, Mosques, churches and community groups) where the notices had been placed and directly spoke with members of those meetings about the research, asking for them to think about participating. Interested participants were asked to contact the researcher via email for further information or to set up an interview.

When it became apparent that interest was limited from BAME groups, faith leaders were emailed via local mosques and synagogues and leaders from Manchester City Council were also emailed and asked to provide details of any BAME contacts who might be interested in finding out more about the research. This was effective as participants from those BAME groups then came forward.

Stratified sampling was used in order to find participants from BAME communities within Greater Manchester. Patton (2002) suggests that this approach captures major variations rather than identifies a common core. A figure of around 20 participants was initially sought, with a cross-section of the Greater Manchester community ideally represented. However, it was not possible to recruit additional participants from predominantly white, working-class communities within the timeframe of the study which resulted in a final sample size of 18 participants. Efforts taken to recruit additional white, working-class participants were largely the same as the strategies used to attract BAME participants in relevant communities, with the addition of attendance at local pubs and social clubs. In addition, the researcher used personal and professional connections to try to recruit white, working-class participants but none of these strategies were effective within the time-frame.

Materials

An interview guide was developed to ensure that key information pertaining to the study was explored. The interview guide covered seven broad areas; personal information, social identity, the bomb, passage of time, now, future and wrap-up and can be found in Appendix 6. The interview guide was initially piloted with two individuals. Changes to the interview guide were made following the first pilot. The second pilot interviewee provided data that was used within the final study as it was subsequently felt that the interview had been focussed well enough on the aims. The research questions explored perceptions from a community perspective and subsequent collective actions from community members so extra emphasis was placed upon those areas during analysis

and particular focus on eliciting the meaning behind participants views in these areas was taken.

Procedure

Participants who were interested in taking part in the research made contact via email and were then emailed back and asked to confirm that they met the sampling requirements. When these initial criteria were confirmed, they were then sent copies of the Participant Information and Consent Form (Appendix 7) to ensure they were happy to participate at that stage, clarifying that they were under no obligation to continue to the full interview stage if they did not wish to do so. Some people who had expressed initial interest did not reply to the researcher following receipt of this information.

Interviews were then arranged and conducted in a mutually agreed location and efforts were made to ensure that the interviews could not be overheard. All participants consented to their interviews being audio-recorded. Participants were informed in advance that interviews would last around one hour. Time was taken both before and during the interview recording to develop rapport and ensure an open interview dialogue. Participants were encouraged to discuss what they wanted to, within the broad areas covered in the interview guide. Participants were asked to expand upon relevant points and to further reflect upon their answers at times. Given the nature of the research, the researcher ensured that the wellbeing of the participants was monitored for the duration of the interviews. The researcher is an experienced trauma-

focussed therapist so clinical skill was used to monitor the welfare of participants throughout.

Participants were interviewed in community locations, mainly in private rooms or in a quieter section of a community location, namely a library and a community centre café. Full informed consent was obtained, and participants were advised of the withdrawal procedure. All participants were debriefed after their interviews. They were provided with information regarding how to contact the researcher and their supervisor and how to seek support from helplines if necessary (see Appendix 8). The limits of confidentiality were discussed, and participants were advised that once the data was transcribed (approximately one month after the date of the interview), consent could not be withdrawn. None of the participants withdrew their consent. Sixteen participants were interviewed individually and two (a married couple) were interviewed together at their request. Steps were taken to ensure that both members of this couple had the opportunity to engage equally in the interview and the ways in which they questioned and probed each other's perspective during the interview was of use.

Ethics

Ethical approval for this research was given by Nottingham Trent University in November 2018. All aspects of this research were conducted in line with the Health and Care Professions Council's Standards of conduct, performance and ethics (2012) and the British Psychological Society's code of human research ethics (2014).

Reflexivity

I have approached this research as a white British, middle class, heterosexual, Christian, able-bodied woman in my 40s, originally from a white working-class suburb of south Manchester. By virtue of my education, profession, current place of residence and socio-cultural status, I now identify as middle-class although my background and extended family remain staunchly working-class. I am most comfortable within a white, middle-class environment as I feel I know the social rules of engagement, although I do not feel too out-of-place in a white, working-class environment, given my background and current links with family members. However, I do feel somewhat out-of-place in a mostly BAME environment, which probably relates to a lack of familiarity with such environments, as I attended largely white schools and have lived in largely white areas, both within Manchester and in other parts of Northern England. I am conscious of how this might affect my practice and approach to research, so I have attended training events regarding BAME issues and I discuss this in professional supervision. It was important for me to be aware of my own different social identities throughout this research in order to manage any bias and objectivity.

I am an experienced forensic psychologist whose career requires the ability to quickly establish and maintain rapport with highly complex individuals in a variety of situations, so this was an existing strength which assisted the interview dyad. My dual position prior to the start of the research was as a therapist who had noticed particular reactions in clients following the bomb, as well as a community member witnessing certain behaviours following the bomb which were felt to be worthy of study. It is accepted that this position could have led to bias as my observations were from a subjective

viewpoint which would have influenced the design and direction of the research. I ensured that this personal and professional position was owned from the outset and monitored throughout the duration of the research. The initial assumption that something was going on that was worthy of researching would have been apparent from the questions within the semi-structured interviews so this was accepted as something that could have led to a certain response from the participants. In addition, the literature review and the context of the social identity theory assisted with focussing on the social identity mechanisms of interest.

My position as a local resident of Manchester gave me an advantage when interviewing, as I was aware of the social history of the city and the ways in which community regeneration, immigration and current diversity within the city was of relevance to community members when this was raised. I was also aware of the cultural nuances when these were raised during interviews, and these may not have been clear or able to be drawn upon as readily by researchers who were not Mancunian. I ensured that participants could discuss their own experiences in their own words, despite my own position of existing knowledge.

Data analysis

Data was collected using a semi-structured style of interview in order to understand themes of the lived daily world from the participants own perspective (Kvale, 2008). the duration of the interviews ranged from 20 minutes to 1 hour 10 minutes. The average interview duration was 64 minutes. McGrath et al., (2018) discuss how interviews are

useful to understand the participant's subjective perspective of a phenomena, rather than them producing information that can be generalised to a large population. They also remind the interviewer of their responsibility as a 'co-creator' of data, so the need to be reflexive and aware of the role they play during the interview is paramount, and they emphasise the importance of the interviewer using their own background and personal knowledge during the interviews.

Transcripts were anonymised and third-party identifiers were removed, although reference to geographical areas within Greater Manchester were kept as these were relevant to the interview questions, for example when discussing socio-economic variations between areas of Manchester. Each participant was allocated a pseudonym that was generally reflective of their gender and ethnicity. Having pseudonyms assigned to participants also helped with the analysis stages, as pen-pictures of each participant could more easily be held in mind. Patterns in relation to the research questions across the entire data set were of primary interest. Therefore, reflexive thematic analysis, as described by Braun and Clarke (2019) was the chosen method of analysis, through the theoretical lens of the social identity approach. The researcher was interested in the experiences of participants and the meaning they attached to their experiences, but it was also important to the research questions that the social context of such experiences was considered. Therefore, the researcher was positioned from a contextualist position. Madill et al., (2000, p. 10) state that this approach *'is concerned with the relationship between accounts and the situations in which they were produced.'* This assumes that experiences are embedded in the context of the social culture and time-frame with implications for rules of conduct (Jaeger & Rosnow, 1988).

A six-stage process of analysis was conducted, as suggested by Braun and Clarke (2006) and Braun et al (2016). The first stage, *familiarisation with the data* was started by the researcher transcribing all interviews herself verbatim in the order they were conducted. At this stage, ideas about the meaning assigned to participants' experiences were general and wide, which enabled the researcher to start to 'test out' what made sense about their experiences and what they appeared to find important.

Stage two involved *coding* the data and N-Vivo 12 Pro software was used to assist with the coding process. Notes were made throughout and information was organised in line with existing theory (deductive approach pertaining to social identity) as well as novel patterns from the participants themselves (inductive approach, for example the relevance of children being targeted in the bomb). Through this process, it became apparent that some codes were repetitive or redundant, so these could be collapsed. Other codes were too wide, so these were separated out.

When the codes at that stage appeared to make sense in accordance with the research questions, the third stage of *theme development* could start. Initial themes were identified which were then re-organised to ensure they contained clearly defined concepts with sufficient data to illustrate each developing theme. Theme tables were used to assist with this process, and codes that fit for each theme were included. Three clear themes were identified at this point, in the areas of Identity, Coping and Transforming.

There was one deviant case in this research (participant pseudonym: Priti). Henwood and Pidgeon (1992) say it is important to explore cases which are dissimilar from the rest of the data set in order to challenge any initial assumptions and modify or elaborate on one's initial theory. Therefore, Priti's case was specifically examined to see how her perspective set her apart from the other participants and to ensure that any researcher bias was challenged. Mauceri (2013) stated that through specific focus on anomalous cases, complexities can be identified which serve to refine empirical regularities. Such focus on deviant cases ensures that interpretations made are not predictable. Mauceri (2013) discusses examples of looking for characteristics that deviant cases have in common with the rest of the sample and accounting for those similarities in ways which supported or enhanced theory. Such processes of analysis were carried out in detail regarding Priti's case.

At this stage, sub-themes were becoming noticeable, but the fourth stage of *reviewing themes* was necessary to clearly assist with this process. The process of theme development was laborious and involved a constant state of refinement and cross-referencing of data against each theme in order to ensure that themes and sub-themes were clear, distinct and well evidenced, yet could be linked diagrammatically.

The fifth stage of *defining and naming themes* was able to start when themes were clearly ordered and could fit into a diagrammatic model which helped to tell the overall story of the research. A table of themes, subthemes and exemplar quotes can be found in Appendix 9. Theme names were taken from lines in the poem 'This is The Place' by

Mancunian poet Tony Walsh[2] (originally written in 2013 but performed publicly in 2017 by the poet following the bomb and included in Appendix 12) because they appeared closely related to the essence of what the participants discussed during their interviews.

Stage six, *writing up the report*, involved clear selection of data extracts for each theme and thorough analysis in order to tell the interpretive story about the data.

Results

In this Chapter, three identified superordinate themes are presented and analysed. A table of themes can be found in Appendix 9.

Theme 1 - We make you at home relates to the identity of *Manchester as a place* (subtheme 1) and of *Mancunians as a people* (subtheme 2) which combine to set the scene that Manchester has a clear, cohesive identity that promotes a sense of belonging to the city. This first theme relates to a sense that Mancunians want to feel part of the city which is of crucial importance in driving the second theme.

Theme 2 - That Mancunian way to survive and to thrive presents the findings that Manchester is a resilient city which coped with the Manchester Arena bomb collectively. This theme consists of three subthemes. Subtheme 1 relates to how the community *took stock of happened* regarding the bomb. Subtheme 2 explores how the community acted in ways to *help* each other and Subtheme 3 explores how the community coped through *collective grieving and tributes*.

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[2] Permission was sought and given by Tony Walsh for his poem to be referred to within this thesis

Theme 3 - We make summat happen relates to Manchester's ability to craft something positive out of something negative. This sense of building back better consists of two subthemes relating to notions of *restoration and hopefulness* (subtheme 1) which is the forward-facing, cognitive precursor to driving action in the form of *active belonging* (subtheme 2) such as attendance at community meetings and peace rallies.

<div align="center">

Theme 1 – We make you at home

"Manchester does have a special spirit"

(Quote from Adam, participant 18)

</div>

The participants identified that Manchester as a place, and 'being Mancunian' are clearly defined as two separate, positive entities which are rooted in the social history of the city and combine to provide a distinctive identity of the city. Manchester is placed as being part of Northern England, especially with reference to the North/South divide, yet it is also seen as having something unique of its own which sets it apart as a city. This theme evidences the importance of the identity of *Manchester as a place* and *Mancunians as a people*. Being Mancunian is not tied to place of birth or race but is tied to the city. The sense is that Mancunians are strong and resilient and Manchester itself is a cohesive place which seeks to move forward through adversity. The participants discussed how the community of Manchester is experienced as united, cohesive and connected. A collective sense of 'us' is felt amongst the residents of Manchester which transcends race and ethnicity. A sense of belonging to the fabric and culture of the city is evident, alongside an understanding of the nature and context of the city.

1a: Manchester as a Place

The overall context of Manchester as a place was referred to in positive terms that covered various domains from its industrial past, historical significance and creative heritage, to its current ethnic diversity and technological advances. Participants overwhelmingly appeared to know the city in depth and to take pride in it, despite being acutely aware of its socio-economic problems. The distinction between the place and the people was made by participants through the ways in which they described how they came to be in Manchester, either through birth or through moving to the area and how they felt a part of the fabric of the city. This is clearly evidenced by participants who moved to Manchester as students and then stayed to raise their families;

Extract 1: *Mary, white British woman, 30s*

> *I had a really stable upbringing […] where I was brought up but I don't feel connected to there, I definitely feel Mancunian, however I have to apologise for that cos Mancunians are like 'you're not even from here' […] but that's part of the thing, is Manchester lets people be adopted so people do allow that, but you also do need to say 'I'm not really from here' it's part of what people do but then once you've voiced that as long as you don't pretend its fine I think*

Mary discussed how she was from a stable place of origin, yet she did not feel a sense of connection to that place, as opposed to Manchester, despite not originally being from Manchester. She makes reference to the expectation that as long as she made it clear that she was not originally from Manchester, she was still **accepted as a Mancunian** by the city that let her feel "adopted." The use of this word alludes to a sense that there is

a distinction between people who were 'born and bred' in Manchester and those who come to the city, however, if this is acknowledged appropriately ("voiced") then this leads to acceptance as being part of the city. Mary's reference to not pretending to be from the city, speaks to the need for **authenticity** within the community, something that was referenced by some participants when discussing the nature of being 'Northern' and 'getting on with it.' A sense of knowing the 'unspoken rules' in the city was also discussed by Fliss;

Extract 2: *Fliss, white British woman, 40s*

> *Salford was very much like where I've come from […] I could have the same banter you know, in the fruit and veg shop with all of the old people and get all of the old war stories […] I kind of understood that language and having been brought up in a fairly deprived community, I could go into a market and I could barter with the rest of them. I kinda knew all the rules when I was in Salford […] I could tell if things were gonna kick off in a pub*

Fliss referred to the abstract 'rules' of engagement in the city, which related to enabling her to feel **safe and a part of the community**. This feeling of **security** is crucial to a sense of wellbeing and is likely to have positively impacted on Fliss' ability to feel welcomed by the city. Her account is similar to Mary's in the sense that knowledge of the social 'rules' is necessary, which she could draw upon from her experience of her home-town and its similarities to Manchester, although it differs as Mary appeared more dismissive of her place of origin. This may have been reflective of Mary's perceived differences between Manchester and her place of origin which was a small village in the Midlands. A perception of Manchester as a place is likely to be contextual, and dependent on the

participants' experiences of other places such as their place of origin and how this relates to the development of their wider identities. Both Fliss and Mary discuss this later in their interviews, with Mary embracing Manchester as a place which fits her values and ethics, and Fliss seeing Manchester as place which nurtures hope and creativity. The sense is that it is possible to be Mancunian as a status that is afforded not just by being born in Manchester, but by wanting to be associated with Manchester. The identity of Manchester was discussed as having a sense of cohesion and welcoming familiarity, yet also a distinctiveness that participants felt set it apart from other cities.

The sense that Manchester is welcoming and diverse was seen as positive, but also referred to by some participants as something which was value-laden and tied to the ethos of the city. There was felt to be an implied sense of responsibility that Manchester has to live up to its diverse identity. Manchester has clearly identifiable **values of inclusivity** and there appeared to be an implicit expectation of fairness for which the community must be held to account which is of relevance to the other themes and therefore discussed elsewhere.

Any discussion about the identity of Manchester should arguably make reference to the symbol of the Manchester Worker Bee [Appendix 11]. The bee has been an historic symbol of Manchester since the Victorian era and is used across the city in a variety of creative ways, for example to decorate lampposts and planters. It is depicted on Manchester's coat of arms and on many historic buildings across the city. This symbol has been embraced by the city as part of the recovery following the Manchester Arena bomb. Participants overwhelmingly felt that this was a valuable, inclusive and valid

symbol which was used in myriad ways to enhance the identity of the city and its people as illustrated below;

Extract 3: *Nadia, Pakistani woman, 50s*

> *[the bee] represents Manchester and the North really. I mean for me, I knew it was a symbol of our industrial past really so I've kind of known about the bee because I walk the town hall and have known all of that, so that to me was just lifted really to use as a brand for what represents this region and our past*

Nadia discussed how the symbol of the bee related to Manchester's industrial past and for her, this was a fitting symbol to promote Manchester's 'brand'. The importance of having something identifiable and solidly linked to Manchester was also raised by other participants. The use of the bee as a way of unifying the community and symbolising Manchester, without necessarily being aware of the origins of the symbol were also discussed, especially the importance of the symbol being commonly visible. Many different, creative facets of the worker bee, as they relate to Mancunian identity were discussed and include references to bees leaving one hive and joining another 'as long as they do their work', the 'hive of industry', bees flock together, they give more than they take, industrious and hard-working, stoic, busy and keeping to its own business.

One participant had a very different perception of Manchester and her place in the city. Priti, is a female student in her 20s of Pakistani heritage who has lived in a predominantly Asian area of north Manchester for most of her life, apart from a period of three years during which she lived in Pakistan with her family. Priti was unusual amongst participants in that she did not know the general geographic location of her community

within Greater Manchester, nor the history and/or demographics of the wider city. Priti presented as somebody who was vastly unaware of her geographical community to a significant extent, and this stretched beyond Manchester to the UK as a whole. She was vocal about not knowing much about Manchester, as evidenced below;

Extract 4: *Priti, Pakistani woman, 20s*

>*I barely go out so […] I haven't seen lots of places. It's more of home, shopping, takeaways, town maybe or just like park basically or uni that's it that's all I do. I mean people say that Manchester's really nice and it's beautiful […] but I haven't actually been so […] I can't exactly say how I like it if I don't know everything about it*

Priti is from a traditional Muslim household and had only ever ventured to two other parts of the U.K. (both in northern England) in order to visit the houses of family members. Her interview overwhelmingly highlighted how she felt she was **separate** from the geographical Manchester community. This 'separateness' appeared to link with her lack of awareness of her locality. She felt she was part of her local Muslim community, although for Priti this was **set apart** from the wider Manchester Muslim community and could therefore be contrasted with other participants from a Pakistani background who referred to their place in the city in very cohesive terms. The ways in which she spoke about her 'community' clearly indicated that her primary identity was as a daughter in a Muslim family, as opposed to a Mancunian. Those two identities did not co-exist for Priti, in the same way that they co-existed for other participants of BAME origins. Priti did not identify with the positive aspects of Manchester that the other participants identified and she did not personally refer to feeling part of the community

of Manchester in any way. Crucially to this research, Priti did not share the general sense that Manchester was a welcoming and safe city, despite her being very aware of diversity in the area where she lived saying *"it's mostly Asians […] they're like, all Asians"* as well as clearly acknowledging in her interview that different cultures co-existed in Manchester.

1b: Mancunians as a people

Many participants discussed the residents of Manchester (Mancunians) as having specific qualities as a **set of people**. Features of the Mancunian collective identity are seen as being strong, friendly, resilient and driven which were strongly related to the community's ability to stick together and move on after adversity through collective action (links with themes 2 and 3). The ways in which Mancunians perceived themselves **collectively** was positive and tied to strength and resilience. Feelings of strength and a sense of 'getting on with it' in a stoical manner was presented as something which assisted the community to recover from adversity.

In some cases, the resilience of the people was tied to references to the IRA bomb in Manchester in 1996.   The undamaged Royal Mail post-box[3] located near to the bomb was viewed in symbolic ways by some participants, relating to strength as indicated in the extract below;

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[3] The significance of this post-box is mentioned in the context section of this chapter

It was like that was the symbol of Manchester and it was like yeah you can do what you want to us, we're still gonna stand like this post-box, just you know the van had been right next to it hadn't it and that went off and still the post-box stood and it was like yeah that's Manchester that's us yeah throw what you want at us and we're still there so yeah

Participants who referred to the post-box drew parallels between the strength of the post-box in surviving the destruction, with the strength of the Mancunian residents who continued to function despite adversity. Fliss viewed this post-box as a symbol that had such significant meaning for her in terms of strength that she said she had to physically touch it when she walked past.

Manchester is discussed by participants as a city that is known historically for different communities to migrate to which is relevant to the perception amongst the majority of participants that it is welcoming of all races and cultures. Mo discussed Manchester's migrant community from across the world for generations;

Extract 6: *Mo, Pakistani man, 40s*

I just think historically, we've always as Mancunians […] been here for the migrant communities. Whether it's war-torn countries, we had Bosnians come here in big numbers you know […] we do a lot of memorials for Srebrenica in Manchester, huge Irish community, one of the oldest Irish dynasties are based

half a mile from here […] We have Asian festivals, we have Jewish community

here. It works very well

Mo demonstrated his specific knowledge of the diversity of the area, both historically and in the present day and gave his opinion about the effectiveness of this community. Mo, as an ethnic minority community member, described how his own perception of Manchester is inclusive, and he later referred to his first-generation immigrant mother as experiencing the same sense of positivity. For Mo, his personal sense of achievement is tied to Manchester which is likely reflective of his own status as a professional in the city.

However, some sections of the community were unable to benefit from the positive Mancunian identity that has been discussed throughout this theme, as their primary identities were related to their ethnicity, not the city.   The ethnic diversity of the city, whilst seen as a clear strength in relation to identity, was also something that made residents vulnerable if they were not connected to the wider community. Manchester is multicultural and certain parts of the city are known to have a largely homogenous population, e.g. Jewish, Muslim. These sub-communities are seen as being close *within* their own communities but *separate* from the wider Mancunian community. This was not generally seen as a good thing by the participants, but instead viewed as **isolating and disenfranchising**. This is further discussed in Theme 3, as it relates to community disengagement.

As mentioned previously, one participant, Priti, positioned her identity as relevant to her Muslim status, rather than her status as a Mancunian. Priti's view can be contrasted

with the comment below, from Mo, which illustrates how much a part of the wider Manchester community he feels and how despite being an active member of the Muslim community, his identity is clearly rooted in the city of Manchester;

Extract 7: *Mo, Pakistani man, 40s*

> *with Manchester I think we're proud, we're really, really proud of this city and I think there's a sense of pride of being Mancunian, of being Northern, I suppose a bit territorial to some extent, but we're just proud Mancunian, proud of what this city has given to us and I think we all like to give back for that reason, yeah just proud of our roots*

Overall, this theme highlights that there is a strong community identity in Manchester which is experienced collectively by its members *if* they feel a part of Manchester. On the contrary, being isolated from the Manchester community is experienced as socially disempowering. This is presented in the next sections as something that is psychologically risky for community members, leading to fear and feelings of vulnerability which in turn prohibits access to the benefits of the protective elements highlighted within the next two themes.

Theme 2 – That Mancunian way to survive and to thrive

"you've got a hug of people around you"

(Quote from Mary, participant 14)

Theme 2 relates to how the community of Manchester took stock of what happened following the Manchester Arena bomb and how they **coped collectively** with the event. This process included a purposeful **'coming together'** in some way following the bomb which strengthened **feelings of belonging**. This theme consists of three subthemes. The first relates to *taking stock of the event* which is the cognitive precursor to driving action. The second relates to purposeful action in the form of *helping behaviour* following the bomb and the third relates to participation in *collective grieving and tributes*.

2a Taking stock of the event

Participants discussed how the existing identity of Manchester was so strong that it was inevitable that the attack would be experienced collectively. Mancunians experienced fear and uncertainty as a community after the bomb through a **shared sense of shock and disbelief**. It was apparent that members of the community were directly affected by the bomb, and they perceived that '**everyone' was affected**. The following exert indicates how this participant perceived that many community members were affected;

Anna, white British woman, 20s

> *it was a little bit surreal because where I live everything was normal and then*
>
> *we'd go into town and especially around St Ann's Square, […] it was so different*
>
> *and it was really eerie and it really hit home that it had happened so close to*
>
> *home and it had affected so many Mancunians […] it was surreal really*

Anna describes a sense that life was carrying on as normal in some ways but closer to the bomb, the realisation of what happened and how it had affected the **wider community as a collective** experience brought a sense of unreality.

The perception that the bomb affected the wider city of Manchester and Mancunians as a whole was evident through talk about feeling very familiar with Manchester Arena, knowing people who were there on the night of the attack and frequent references to 'it could've been us'. This highlights a sense of shared identity within the wider community who felt affected by the bomb, rather than a view that only those who were at the concert should be affected. Familiarity with the targeted building and identification with those who attended the building created a sense of vulnerability in participants, as highlighted by Bella, a white, Eastern European woman in her 20s who said *'I realised that that hit me harder now because […] it's just round the corner really, it's not that far from our house'*. Through identifying with the victims of the bomb and feeling that '**it could've been us'** this potentially increased vulnerability felt by participants following the bomb.

Participants observed a sense of the community 'coming together' in response to the bomb, as highlighted below;

Extract 9: *Ken, white British male, 20s*

>*I think it has definitely added to this kind of togetherness that I experienced in Manchester when I came here this sort of tight-knittedness […]. It definitely affected people the attack you know. I remember speaking to people in the days after and a lot of people were in shock, so I think when you're in that kinda state your response is just to do what you know, most people on your side are doing you know. We're all going to this, we'll all do that, so there's a kind of solidarity there I suppose*

Ken identified that community members were affected **as a whole** and **experienced negative reactions together**. Ken's use of the phrase *'most people on your side'* makes it evident that he perceived that the community as a collective responded to the bomb, and he felt this was beneficial in uniting people from within the Manchester community (a sense of *'solidarity'*), when Manchester itself was the unifying context. However, when the bomb was considered from the perspective of a smaller, Libyan community, instead of the wider Manchester community, a sense of unity within the Libyan community was problematic because the bomber was from their community. The quotation below highlights the complex interaction of different identities at play for this community, regarding being 'Libyan' and being 'mothers';

> *I think people just felt guilty about not knowing, not noticing something that was*
>
> *wrong or approaching the issues before. There was a lot of guilt around, … what*
>
> *could we have done which is something I try and never to take part because at*
>
> *the end of the day it's not our fault, it's not our problem but yeah most of them*
>
> *were women. Most of them had children so I think there was a feeling that they*
>
> *should be noticing these things and doing something about them and so on […] I*
>
> *think partly some people just feel ashamed*

Amira's extract is in contrast to the previous extract as she reflected upon how the Libyan community experienced a sense of collective guilt that they did not take action that could have prevented the bomb, and this was tied to their role as mothers. It can therefore be seen that the specific targeting of children in the attack was directly related to the experience of guilt and shame for some members of that community.

Similarly, Priti (mentioned in Theme 1) who felt separate from the cohesiveness of Manchester, viewed the bomb as something that increased her sense of victimisation, vulnerability and fear within the wider Manchester community. Priti made reference to her and her family feeling scared in the city both prior to and after the Manchester Arena bomb on multiple occasions and as a consequence of her fear-related perception of the city, her response was to withdraw further from the Mancunian community into the safe realm of her nuclear family within her home. A sense of unity with the wider Manchester community was not experienced by some community members which hindered recovery. This is discussed further in Chapter Four.

2b Helping behaviour

The essence of this subtheme is a sense of community members displaying purposeful action through *helping behaviour* following the bomb. There was a sense that such behaviour was directly linked to **coping** with the bomb, as indicated by Anna, a white woman in her 20s who said *'they'd got their coping mechanism through helping each other.'* Most of the participants who were interviewed described myriad experiences of helping behaviour following the bomb. Participants' responses described practical, spiritual, emotional and psychological forms of helping behaviour. It was perceived by the community that they had to **do something** to help following the bomb;

Extract 11*: Julie, white British woman, 30s*

> *A lot of the local neighbours […] just went taking bags of sandwiches, toiletries and […] packs of new underwear cos you had parents that would have just been sat in the corridor for three days with nothing, and offered […] that they could come and have a shower […]. I think quite rightly […] nobody pushed for that to be publicised. In reality, I think you'd find a lot of examples of people that would acknowledge that […]*

Julie described how the neighbours offered to meet people's basic needs for food and hygiene and for Julie, it was relevant to note that people did not respond in these ways 'for publicity' in terms of how their behaviour looked to other people. Similarly, Bella, a white, Eastern European woman in her 20s described a sense of people *'going crazy to give food, to give blankets, to help […] that showed the compassion of the people at the*

time and […] it wasn't selfish.' Both Bella and Julie focussed on practical, care-giving assistance focussed on meeting basic human needs and they both also discussed a large pop concert that was put on to raise money for the survivors and family members as another way that people expressed their need to help.

The fact that the media emphasised the bomber as being from a Muslim background was relevant to some participants regarding their subsequent helping behaviour. Nadia, a Muslim woman of Pakistani heritage in her 50s said;

Extract 12: *Nadia, Pakistani woman , 50s*

> *They've [Muslims] been very visibly part of the community that's come together in the city centre and made efforts to go and say things there and be part of it, support it and some of our charities for so many days […] took water to the crowds and food to the crowds you know. That was very much coming from the Muslim community because they wanted to make a statement you know*

When asked what that statement was, Nadia said it was that the Muslim community were *'absolutely against all of this and we are not part of that, and our faith isn't part of that. We wanted people to hear.'* Nadia spoke about the need to be seen and heard as positive, active members of the community, as a way of distancing themselves from the negative act of the bomber. Whilst Nadia was not alone in her views that the Muslim, and specifically the Libyan community felt the need to be seen by others to respond positively following the bomb, Mo, also from a Muslim background felt that his own

Mosque's response was based on a more innate desire to help following an emergency, saying *'It's just human nature and it's human decency that you would open your door [...] just offering a drink or a shoulder to cry on or even a hug.'*

2c Grieving and tributes

The process of coping with the bomb was reported by participants to be assisted through the use of collective tributes and collective forms of grieving such as attendance at memorials, concerts and religious ceremonies. The process of engaging collectively in a form of remembrance was generally viewed by participants as a cathartic experience. The importance of residents engaging with their communities through tributes and the need for residents to come together to collectively grieve for those affected by the bomb was frequently raised;

Extract 13: *Fliss, white British woman, 40s*

> *I think the whole of that week I didn't really get any work done and even on visits no one really wanted to do it [work]. Everyone, <u>everyone</u> [emphasises this word] was in shock. Everyone was mourning and not able to focus on mundane stuff [...] There were little shrines just in local communities and it was like the community wanted to mark it in their own way, rather than be part of the city [...] There was no one in my school that was affected, it wasn't our small community but it was like someone had attacked our larger area and it was other people that were hurting rather than us and that wasn't OK*

Fliss explained that she had no desire to visit the city following the bomb and wondered if this was the case for other people. She distinguished between a sense of local grief in her particular suburb of Manchester as opposed to feeling the need to attend the central Manchester tributes. Whilst on the face of it, this could be perceived as evidence against a wider collective response to the grieving process, her use of the phrase *'someone had attacked our larger area'* indicates that despite it not impacting on her smaller sub-community, she felt aggrieved about the impact on the larger Manchester community which she had previously discussed as feeling very well connected to.

One of the most significant tributes discussed by participants related to the use of the symbol of the Manchester worker bee (Appendix 11). Following the bomb, the symbol of the bee was used across social media and in various ways to denote solidarity with the city and pay tribute to the victims of the bomb. Participants were vocal in their views that the bee was used as a fitting tribute for the 22 people who lost their lives in the bomb. Remembrance through the process of this symbol via tattoos, badges etc was highlighted and some participants discussed how the bee symbol was helpful to enhance a feeling of unity, as highlighted by Dave;

Extract 14: *Dave , white British man, 50s*

> *It does create a degree of unity so if you look like any tribe, if you have got a badge and you see lots of other people with the same badge there is a sense of unity there even with people you have never met that does create some sense of community there. There did seem a sense of appropriateness that works as a*

symbol for Manchester […] yeah happy to be associated with that, happy to be associated with Manchester

Dave discussed how he felt that the purpose of the symbol was to be able to identify people of the same 'tribe' in the absence of actually knowing them. For Dave, and other participants, a sense of cohesion was brought about through the use of the symbol, and it was embraced as a positive emblem for the city. This latter aspect is important because the community must feel a sense of attachment to any symbol associated with them if it is to function to unite them. Furthermore, it would be expected that any symbol of unity would only be effective if it was perceived to be inclusive and relevant to all groups.

Participants' responses to questions about collective grieving and tributes were nuanced and needed to be carefully examined in order to understand the function of the collective grief process at this stage.

Extract 15: *Ken, white British male, 20s*

> *I didn't go to any of that myself, but I do remember people from my course on Facebook posting videos there and posting pictures and you know that sort of thing. […] I'm maybe a bit cynical but I think it's just sort of the fashionable thing to do on some level really […] although obviously there was some emotion there but that's definitely the impression I got from a lot of it*

It can be seen that although Ken has a somewhat sceptical view of the reasons for attending collective tributes, his use of the phrase *'fashionable thing to do'* in itself suggests a collective focus, as does his perception of people connecting through the use of social media. Ken's position highlights the importance of personal choice regarding collective memorials and it is possible that choosing not to engage in such collective events could in itself be something that leads to feelings of social isolation.

Memorials in Manchester following the bomb were varied and contained religious and non-religious elements, as would be expected within a city as diverse as Manchester. Some participants were practicing members of their religion and some were not. It was raised by the Christian, Muslim and Jewish participants that the impact of the religious faiths being seen to come together in response to the bomb and to reach out to the community from the position of their religion was highly positive. It was perceived as a necessary response, given that the bomber was from a Muslim background, and this was something that was being presented as a significant feature through the media, so it could not be ignored. The comment below indicates how this 'coming together' of religions was manifest;

Extract 16: *Dave, white British Christian male, 50s*

> *[the] vicar at XXX Church in XXX went down to his local Mosque and just stood there and chatted to people to show that there was a solidarity […] He wanted to make a stand that that didn't mean that the Christian community blamed the Muslim community […] Clearly, he was responding to a fear within the Muslim*

community, and he thought that was an important stand to make, to show love,

concern, neighbourliness and did so quite publicly

Dave highlighted how the Christian vicar wanted to be seen to support the Muslim community from a collective Christian perspective, not only as something he did individually. It is clear that Dave perceived it to be important that a Christian leader made this public demonstration of solidarity at the time. Mo, a Muslim participant in his 40s, and Adam, a Jewish participant in his 50s highlighted the same shared tributes within the city.

When asked how non-religious community members were included as part of this spirit of 'coming together', other participants identified very clear collective examples such as a poem about Manchester being read out by the poet, Tony Walsh as well as the spontaneous singing of 'Don't look back in anger', a song by Mancunian band Oasis. No participants identified feeling that they were not included in such a sense of belonging if they were not from a religious background.

Whilst it can be seen that the interfaith links were perceived as being strong in Manchester after the bomb, Priti, the female in her 20s from a Pakistani background, did not share this positive sense of unity. She did not take part in any communal tributes as she felt the need to stay away for her own safety. In addition, she did not perceive that different faiths united following the bomb and she felt that racism increased following the bomb, saying *'someone be racist only once since I've been here, so for the*

rest of time was totally fine, but since the bombing it's more . . . people give you weird looks or they'll look at you weird or they'll try and stay away from you so it's [racism] basically increased since then.' This is discussed further in Chapter Four.

Overall, this subtheme has highlighted that the collective experience of 'coming together' to grieve as a community assisted the city and the local residents to move on from the bomb over time. Theme 2 demonstrates that the community took stock of what happened following the bomb in a collective sense and coped with their experience through their collective action.

Theme 3 – We make summat happen

"it takes the crap and makes it beautiful"

(Quote from Fliss, participant 8)

Theme 3 follows from Mancunian identity as being strong and resilient (Theme 1) and coping collectively with the bomb as a result (Theme 2) to the need to move beyond the event to look towards the future. This theme consists of two subthemes; *Restoration and hopefulness* and *Active belonging.* Restoration and hopefulness builds on the social and historical context of Manchester, whether related to economic or political factors and makes references to Manchester's place in social history (i.e. industrial revolution, 1996 IRA bomb, Commonwealth Games). A sense of hopefulness and a vision to rebuild Manchester so that it is better than before is salient and this approach assisted the community to see beyond the bomb with a sense of purpose.   *Active belonging* is the

action-orientated, purposeful collective activity taken by community members to rebuild following the bomb in a practical sense and involves engaging at a policy level to assist change. This included attendance at community meetings and participation in organised community events aimed at rebuilding relationships between community members and it differs from Theme 2, Subtheme 3 (collective grieving and tributes) as it focusses on collective action aimed at strengthening the community for the future, rather than coping with the current disaster at the time.

3a Restoration and hopefulness

As Manchester grieved together and used the symbol of the worker bee to assist with feelings of unity, a palpable sense that **recovery was not only possible but probable** emerged, as the city had recovered from adversity before. Recovery was felt to be well within the city's capabilities and the feeling that the city would be regenerated was significant. Elements of hopefulness and restoration were clearly identified, and participants made reference to visual symbols of hope which appeared of relevance to ideas of regeneration. Specifically, the 1996 IRA bombing of Manchester was raised as something that carried with it a thread of hopefulness and regeneration as it is a commonly held view in Manchester that the IRA bomb initiated a massive rebuilding of the city centre for the better. A sense of seeing the positive aspects of a bad situation was raised by participants and a starkly visual symbol of hopefulness amidst destruction (the post-box) was highlighted regarding the IRA bomb;

I think that post-box just was like yeah, get lost you know. We're still gonna be here yeah. I just think it was ace and it was so […] there was no verifiable reason for it to be wholly intact. So that was just like a really happy, hopeful thing

Julie made a point of relating the post-box to defiance against the terrorist act of destruction and any aims it had to destroy the city. She indicated in her wider quotation that she had thought rationally about how the post-box had survived the destruction, yet could not find a reason, which helped her to elicit positive feelings of hopefulness. The perception that Manchester took the destruction from the IRA bomb as an opportunity to rebuild has distinct parallels with general views from some participants that Manchester is a city of opportunities, as highlighted in the comment below;

Extract 18: *Ken, white British male, 20s*

I think it's just the amount of opportunity in this city. I think it's really coming up as a city. I think all the opportunity that was in London, people are now seeing London as this kinda place where you know you're never gonna be able to afford a house, getting a job, you're never gonna be able to afford going out, you're not gonna be able to afford your Oyster card or whatever it is, so Manchester seems like it's got a similar amount of opportunity but it's almost like all the costs are reduced

This perception that Manchester is a place of opportunities appeared to ensure participants felt tied to the city (in Ken's case, as opposed to London, or Edinburgh which was his city of birth) which is of relevance to ensuring its regeneration as it links to the city's identity. It seemed that for the participants, a sense of opportunity and pride in the city linked with hope that it would recover from the bomb, as illustrated by Crystal, a white British woman in her 20s; '*I remember the first time I went to Manchester, my nan was telling me about how Manchester's looking well after it [the IRA bomb]*'. The IRA bomb was seen as an opportunity to improve the outdated city centre as soon as possible and for the participants, the speed at which the city was able to rebuild and carry on as normal was reflective of the hopefulness of the community.

The ways in which some participants discussed the symbol of the Manchester worker bee reflected how they linked together aspects of **hopefulness, transformation and creativity**. Some participants used their imagination to foster hope in similar ways to Julie, who previously mentioned the hopefulness of the post-box following the IRA bomb. An example of how this related to the worker bee symbol is below from Fliss, a white British woman in her 40s;

Extract 19: *Fliss, white British woman, 40s*

> *I actually found it interesting that you know, a worker bee is actually in reality, it's quite a dull, unattractive thing. But Manchester has reinvented it and transformed it into something glorious and fat and yellow and brightly coloured*

and beautiful and yeah, that's what Manchester does. It takes the crap and
makes it beautiful

Fliss contrasted an earlier, personal view of the worker bee as it relates to her occupation working in an old cotton mill and its historic usage in relation to the mill workers with the way she perceived it had been reinvented for use since the bomb. Her use of visual description regarding the symbol reflects how she perceived the city to be able to transform something negative into something positive. For Fliss, the post-box and the bee symbol were linked with a sense of hopefulness about the future and a need to look towards the future instead of feeling sad about the past. Fliss was able to identify that regeneration in Manchester was possible and provided hope to the community.

3b Active belonging

The importance of attending meetings and rallies to promote community change was identified as something that assisted the community to move on from the bomb with a positive sense of purpose. Participants presented views related to the desire to harness purposeful activity for the recovery of the city. It was felt that this related to a need to do something, as previously discussed in Theme 2, yet went beyond practical helping behaviour at the time of the bomb which assisted with coping, to a deeper need to promote peace and inclusion for the future.

Amira, a woman of Libyan ethnicity in her 30s, expanded upon the context of this subtheme in the following extract;

: Amira, Libyan woman, 30s

> *So there was loads of meetings for that first week. It was a bit of a haze to be honest. There was a lot of meetings. I had to take time off work because there was so many different things going on during the week that it was hard to be working and be also responding to the things that were going on*

Amira said in her wider interview; *'because any time an incident happens […] whether it's a white supremacist or Muslim person doing something […], hate crime rises across the country'* that a perceived usual response of hate crime against Muslims rising following attacks was relevant to her desire to engage in such community events. Her aim was to assist the community to feel safe going forward, rather than practical helping behaviour as mentioned in Theme 2. Amira later identified that the bomb resulted in some people engaging in community activities who had never previously engaged.

The participants also discussed how the ethnicity of the bomber, and the media emphasis on him being Muslim was relevant to the need for a strategic, community-level response following the bomb, as a way of sending messages of unity. This overlaps with Theme 2, Subtheme 3 but is focussed on future community development, rather than an interfaith show of solidarity as a way of coping with the bomb when it happened. Reponses from participants centred around an abstract sense of 'coming together', 'engaging key community members' 'looking at issues' and 'understanding different agendas' which, although clearly perceived as valuable to some extent, did not always reflect tangible outcomes that would have been useful to the community.

Whilst participants perceived many positive examples of community engagement following the bomb, community disengagement was also discussed in relation to the political climate and other socio-economic disadvantages in the area. There was a view that those with less power in the community felt that there was no point in engaging, as it was not something that could elicit change. Mary, a white British woman in her 30s discussed this below;

Extract 21: *Mary, white British woman, 30s*

> *you do need to have somebody with some power deeply engage with those communities get to know them and the reason I say with some power is they also have money which enables opportunities […] The problem isn't with the community, the problem is [long pause] Manchester's structure isn't connecting and empowering some of the most vulnerable communities*

Mary felt that reduced engagement from some communities was an intrinsic problem at the heart of Manchester's local government. She later went on to say that whilst this culture may be acceptable for some cities, this went against the values of Manchester, and such power imbalances in communities were perceived as directly tied to notions of safety, fear and danger. For Mary, the sense of 'otherness' that exists between sub-communities is not conducive to a healthy society. The media were also perceived as attributing blame for the attack on a foreign 'other' and it was felt that this was an easy, unthinking thing to do that avoided examination of deeper social issues.

Overall, this theme has explored how the recovery of the city was seen as something inevitable and necessary, and related to the existing identity of the community. Hopefulness and active belonging were felt to be clearly beneficial for community members to be able to recover following the bomb. On the contrary, consistent with the issues of disconnection discussed in Theme 2, Theme 3 demonstrates how disengagement from the community was positioned as a risk to recovery following the bomb. The nature of community disengagement was positioned as being due to a range of intertwining social factors that can be seen to relate to existing social disadvantage within the community.

Discussion

Summary of Findings

This research had the overall objective of exploring whether social identity-level processes assisted a place-based community to cope with a bomb in their community. The findings are that an existing positive place-based community identity helped with promoting resilience in communities following adversity. On the contrary, a negative perception of community identity served to isolate community members and hindered a resilient response.

With reference to the aims of the research, community members **made sense** of what happened collectively, from the position of their existing shared identity as members of the Manchester community. This **affected wellbeing** positively (if they felt part of the community) or negatively (if they did not feel part of the community). Community members **responded** to the bomb through **collective strategies** such as helping

behaviour, attendance at collective tributes and use of the bee symbol which strengthened feelings of belonging and set the context for a hopeful future outlook. This further assisted the community to move beyond the bomb with a sense of purpose through mobilisation at various community meetings which further strengthened community perceptions of Manchester's shared identity. In essence, a positive shared place identity existed in the community of Manchester prior to the Arena bomb, and this led to a resilient response following the bomb. In terms of the aim to identify whether **different identity-related perceptions** affected the collective responses to the bomb for specific groups within the community, it was revealed that a sense of belonging and hopefulness was not accessible for community members if they did not identify with the community. This then impeded a resilient response which is explored further in Chapter Four.

The three main themes from this research are theorised to be cyclical with each following on from the previous one in a virtuous forward cycle of increasing resilience. This is explored more fully and represented in diagrammatic form in Chapter Five. In the present chapter, we consider the contribution of each theme to the background literature on community resilience to disasters.

Theme 1 identified that the community perceived itself and by extension its members to have a range of positive attributes such as strength, resilience and friendliness and this allowed community members to feel unique from other cities and for a sense of attachment to the city to further develop. For Mancunians, the history of the city has its roots in diversity and of welcoming people from different countries. The shared

narrative that Mancunians had regarding their city based on historical and cultural stories assisted with their positive identity, as did their use of the Manchester worker bee symbol as a way of uniting the community.

This is consistent with findings from existing literature regarding the power of shared narratives and story-telling as ways of strengthening community identity (Binder et al., 2011, Goulding et al., 2018, Maidment et al., 2015). It is clear from participants in this current research that shared identity processes were relevant to how the community of Manchester perceived itself. Vulnerability as a result of this shared identity was also a factor to consider, as previously highlighted by Wayment (2004) who found that strongly identifying with the victims of a disaster and perceiving them to be similar to 'us' was associated with disaster-focused distress.

Theme 2 identified that for Mancunians, their inherent sense of shared identity was protective against ongoing vulnerability that could have arisen following the bomb. In accordance with Haslam et al., (2018) participants discussed how identification with the community helped them to cope with the trauma from the bomb. This led to them mobilising their responses to help those affected and come together to collectively grieve and pay tribute to the victims.

The existing literature has clearly identified how helping behaviour is crucial to a resilient response (Laycock et al., 2014, Wickes et al., 2015) as is collectively paying tribute and attending community events following disasters (Ekanayake et al., 2013, Goulding et al.,

2018) so the current findings are consistent with this, specifically in relation to a bomb. The current research identifies the role of existing place-based identity as underpinning these elements in ways which strengthen community resilience.

When community members appraised what happened following the bomb from the perspective of them being Mancunian, their resulting actions had a sense of purpose which set them apart from those who did not experience the shared identity of their wider community, as in the case of Priti. As a result, she was unable to draw on the sense of solidarity and belonging experienced by other community members following the bomb and instead experienced isolation and fear. Similarly, for the Libyan community in Manchester, a sense of shame was relevant as the bomber was from a Libyan background. Lickel et al., (2005) identified that people felt ashamed about a person's negative actions if they felt that the person's behaviour was related to a common shared identity and viewed the wrongdoing as a negative reflection on themselves.

In a comparable context, Johns et al., (2005) in their research after the 9-11 terrorist attacks found that participants who strongly identified as American reported feeling more ashamed of negative examples of anti-Arab prejudice. Piff et al., (2012) discussed how people derived their self-concepts from their in-group, and when members of this in-group transgress, self-image can be threatened which can lead to a sense of collective shame. Collective shame has also been found to relate to survivors of war if it was perceived that social norms within their community were violated (Kellezi & Reicher 2014). To summarise theme 2, a sense of belonging to the city and its positive attributes

facilitated an action-orientated response which enhanced resilience, so shared identity processes were relevant to theme 2 as well as theme 1.

Theme 3 is future focussed regarding the community's ability to move on from the bomb through a process of hopefulness and resulting practical community engagement. The existing literature has highlighted that when community members had a positive, hopeful outlook and an expectation of recovery following disasters (sometimes linked with spirituality), they were more likely to be resilient (Ekanayake et al., 2013, Dogulu et al., 2016, Jang & Wang, 2009, Lisnyj & Dickson-Anderson, 2018, Madsen & O'Mullan, 2016). An optimistic acceptance of what happened was related to the need to move on from the disaster. Specifically in relation to bombings, Páez et al., (2007) identified that the perception of a positive social climate (perceived hope, solidarity, trust) helped to overcome the effects of collective trauma in Spanish communities affected by bombings.

Theme 3 identified how such hopefulness and acceptance drove collective action which was focussed on rebuilding the community and is again consistent with the existing literature (Madsen & Mullen, 2016, Imperiale & Vanclay, 2016) and also highlighted how such collective action further strengthened community members sense of place identity. The current research findings lend support to the importance of strong, collective social identity processes within the community (perceived as strong, capable, resourceful etc) which links back to theme 1 as it further strengthens the sense of positive shared identity within the community. These findings contribute to the literature base as they

demonstrate that an existing strong shared place identity is necessary for a resilient, hopeful outlook that is future-focussed after disaster.

The findings add to the existing literature base by bringing together the key elements of community resilience in relation to a bomb, as this disaster context has been lacking in previous research. Also, the findings can be seen to fit within the shared identity approach which purports that a sense of "us" and "we" is protective against adversity. The current findings support the relevance of the social identity approach in the context of how an existing community copes with the aftermath of a bomb. This research fills the gap in the literature identified earlier in this chapter (Pandey et al., 2014, Drury et al., 2009, Cocking & Drury, 2014, Drury et al., 2015, Drury et al., 2016) through presenting that when people identify themselves as being part of an existing place-based community, and of sharing important identity-related characteristics related to their place of residence, they are more likely to recover from disasters in their community. Thus, existing place identity is of significant importance to community resilience.

In conclusion, the existence of positive shared identity characteristics within existing geographic communities are crucial factors which promote a resilient response and an ability to thrive following disaster. The current research is the first of its kind to reveal the processes through which shared identity cuts across coping mechanisms prior to and after a bomb in an existing geographic community.

Limitations and further research

This research has shed light on the community dynamics relevant to Manchester, in the North-West of England. It can be argued that the findings of this research can be transferred to similar industrialised communities through careful consideration of the context of the present research as well as the details provided of the participants, as described earlier in this chapter. The ways in which the findings of this chapter could be applied to different communities is recommended through further research.

A limitation within this research was regarding access to participants. It was notable that those participants who may have felt marginalised within the community did not come forward to participate until efforts were made to work with gatekeepers within those particular communities. This may have led to distorted views although efforts were made to ensure this was not the case. Despite contacting relevant gatekeepers, it was still not possible to include all elements of the community that were highlighted as having potentially useful and relevant contributions to make, and as such the voice of participants who had not accessed further education was under-represented. Specifically, white British community members from relatively deprived areas of Manchester were not included in this research. Anecdotal evidence from those communities at the time indicated that feelings of powerlessness, concerns about saying the 'wrong things' regarding members of ethnic communities and being perceived as racist were of relevance which would appear to run counter to the findings that there is a unified, cohesive Mancunian identity. Therefore, this requires further exploration to see what social identity processes are relevant to these unrepresented sub-communities following a bomb.

The researcher conducted all of the interviews and as a white British female psychologist, it is possible that the personal characteristics of the interviewer affected the level of openness of the interviewees. However, this was not felt to be a significant limitation as rapport was clearly established with all interviewees. Additionally, the interviewer is a Mancunian but did not make this explicit to the interviewees unless they asked, which might also have impacted upon their disclosures. Further research using community-based qualitative methodology in which the researcher is actively positioned as a member of the community would add to this area, as would the use of creative arts-based qualitative methodology which the researcher could openly engage with alongside participants.

Conclusion

This research has indicated that the existing shared identity of the community can be harnessed to promote resilience following terrorism and can promote recovery and wellbeing in a collective sense. The social identity processes involved and the barriers to resilience will be explored more fully in Chapter Four in relation to two contrasting case studies. Finally, the ways in which these findings can be applied to policy and practice will be presented in Chapter Five.

Chapter Four

Contrasting experiences following the Manchester Arena Bomb: Implications for Psychotherapists

Introduction

The objective of this chapter is to explore how the findings from my original research can be applied to two contrasting case studies; Mimi and Priti.   The overall aim will be to apply any relevant findings to future psychotherapy practice.   This chapter was developed as a result of two different but linked observations 1) something interesting and unexpected happened with therapy clients in my psychotherapy practice following the Manchester Arena bomb 2) one of the participants from my research (Priti) was significantly different to the rest of the participants, so it was felt that her experiences should be explored separately.

This chapter briefly presents one of the psychotherapeutic frameworks that I use (Human Givens - HG) to give context to the chapter. Then it presents a case study of a fictional client based on an amalgamation of different clients (Mimi) to inform the reader of my clinical observations following the bomb.   As a contrast, information regarding Priti is then presented and both Mimi and Priti are discussed with reference to the psychotherapeutic framework I use. Both individuals are discussed in relation to their appraisal of the bomb and their ability to cope with this event.   Finally, the individuals are discussed in relation to the HG approach and the Social Identity Approach (SIA) in order to establish whether these two approaches can be mapped onto one

another in a way that could usefully be applied to enhance existing therapy approaches. An exploration of both participants' experiences in line with findings from my research are then discussed, with an acceptance of how intra- and inter-group dynamics interact. A wider exploration of systemic inequalities is not the aim of this chapter, as the individual experiences of two individuals is focussed upon. This is reflective of psychotherapeutic practice. A set of emerging guidelines for use by therapists are thus presented. Finally, the limitations and ongoing areas of development and research are discussed.

The Human Givens Approach

The Human Givens (HG) approach to psychotherapy was developed during the 1990s by psychologists Ivan Tyrrell and Joe Griffin in response to their frustration about the hundreds of existing different therapeutic approaches and related psychological terminology in use to address a range of mental health difficulties. Okhai, in Griffin and Tyrrell (2013, p.vi) stated that with over 400 models of psychotherapy in use in the West, which all compete with each other *"one can be certain that all of them are wrong, though each may have certain facts right"*. Griffin and Tyrrell (2013) felt this was confusing to service-users and the general public and indicated a lack of harmony and consensus in the field. As a response, they identified a core set of principals necessary for human beings to function effectively throughout their lives with a sense of wellbeing and purpose. These principals were called the 'Human Givens'. The core aims of the Human Givens Approach, as it applies to psychotherapy, is the alleviation of symptoms of distress and unhelpful psychological patterns through the development of clients' Human Givens (so-called as these are accepted 'givens' for human beings).

The Human Givens Approach which originated through the work of Griffin and Tyrrell was primarily to provide an *'organizing idea'* (Okhai, in Griffin and Tyrrell, 2013, p.vi) which is necessary for psychotherapy, but is also of relevance to wider systemic fields such as education, social work, politics and the workplace. The HG approach focusses upon striving for positive and fulfilled lives, not just on addressing clinical symptoms. Through researching the field and collaboration with international colleagues, Griffin and Tyrrell developed a core set of interrelated human emotional needs that are seen as universal, regardless of culture and other demographics and must be met in order for people to be mentally well (Griffin & Tyrrell, 2013).   These are presented in Table 2:

Table 2: Emotional Needs

Emotional Need	Description
Security	Having a safe environment in order to develop. A sense of emotional security developed through receiving attentive care-giving in childhood, as well as physical security within our wider geographical environments.
Attention (to give and receive it)	The attempt to be noticed for what we do or who we are is seen as a form of psychological 'nutrition' developed from infancy. Attention is transactional, so it is experienced through the giving of attention to others and receiving it back.
Sense of autonomy and control	The ability to make responsible choices through our own will in order to influence our own lives. A sense of interest in the direction one's life can take through our own volition.
Emotional intimacy	To know that at least one other person accepts us for who we are, despite any undesirable qualities. A sense

	of care and connection found in close personal relationships.
Feeling part of a wider community	The search for social support that drives us to connect with groups of like-minded people beyond our immediate families. A sense of connection and belonging developed from engaging with a wider network of other people.
Privacy	The ability to be able to have time alone to reflect upon and consolidate experience. The ability to be able to control the amount of social contact one has when necessary and to escape from overcrowding.
Sense of status within social groups	The desire for recognition and confirmation within our groups so we feel of value regarding the contribution we make. A sense of importance regarding the roles people have within their groups.
Sense of competence and achievement	A feeling of usefulness and self-worth which comes from the practice and mastery of skills and competences in our chosen areas. This links to the process of learning and creates a positive cycle of feeling stretched.
Meaning and purpose	A search for a higher order level of purpose to one's life which is beyond the pursuit of pleasure. Being deeply moved by our experiences which come from being stretched in what we do and think

(Griffin & Tyrrell, 2003)

In addition to these emotional needs, Griffin & Tyrrell (2003) assert that in most cases, humans are born with the capability to develop a set of 'innate resources' that enable them to be able to get their emotional needs met. This is as long as the resources are being used effectively and the environment in which we live is conducive to optimal functioning. These innate resources are described in Table 3:

Table 3: Innate Resources

Innate Resource	Description
The ability to develop long-term memory, which enables knowledge and learning	An ability to store and retrieve memories from the past enables humans to learn from experience. The ability to see patterns in the ways in which we have functioned previously, or made sense of experiences enables us to use a trial and error approach to solving similar problems in future.
The ability to develop rapport, empathy and connection with others	Healthy babies are born with the ability to seek out human faces, mimic facial expressions and to connect with their primary care-giver in order to ensure their needs are met. This continues through the development of social skills across the life-span so that we can work well together and care for those in our groups.
The ability to use imagination	this allows us to focus our attention away from emotions, use metaphorical language and to problem solve more creatively and objectively. Scenarios can be imagined, practiced in the abstract and thus difficulties with a chosen solution can be dealt with and different strategies implemented through imagination, before being implemented in real-life.
Emotions and instincts	emotions provide an early warning system regarding our appraisal of any given situation and are vital to our survival (the fight-or-flight response). Strong emotions precede conscious understanding and reasoning and lead to an instinctive reaction which can work to keep the individual safe (e.g. jumping out of the way of a moving vehicle), or hinder their lives (e.g. PTSD reactions). An ability to swiftly note our own emotions,

	label them and assess their usefulness in a given situation is a strength that can be developed.
A conscious, rational mind that can check out our emotions, question, analyse and plan	Emotions do not have to be acted upon, and when humans can acknowledge this and appraise their emotional reactions effectively, it will lead to a calmer and more rational approach to their lives. The act of thinking about emotions can help to make sense of unusual reactions and then work towards changing them if necessary.
The ability to 'know' — that is, understand the world intuitively through metaphorical pattern matching	Humans have a personal and cultural awareness of things that make sense in their own realities, e.g. whilst many of us know what a chair is, and what to do with it, a person who has never seen one might think it is something to be used to build a shelter. Once we have a large store of 'patterns' in our brains, whether of physical objects or natural reactions to events, the brain is then wired to be able to quickly appraise, store and react to similar patterns in the future. This is not something which requires conscious effort as long as we are in familiar surroundings. Difficulties arise if we are expected to 'know' how to act and react in unfamiliar circumstances.
An observing self	Self-reflection is a higher-order skill which can be developed over time. The ability to step back, be more objective and aware of oneself as a unique centre of awareness is key to being able to appraise the world and our position in it. It allows the ability to consider our inner 'being' and one can detach and attach from the world at will in order to see things from different viewpoints.
A dreaming brain	Dreams are seen as a way of managing instincts and defusing emotional arousals that were not resolved or

| | fulfilled during the day in order to create mental space for the next day. They allow us to metaphorically process emotions and experiences from that day in a safe context. |

(Paraphrased from Griffin & Tyrrell 2003)

One of the aims of HG therapy is to work with the individual to help them to appraise and develop their own innate resources in order to overcome obstacles to their wellbeing. It is understood that individual differences and developmental or other disorders can impinge on an individual's ability to use their innate resources, or they may be absent in some cases, as with some people on the autism spectrum who can have difficulties using imagination. Also, the environment in which some people find themselves in, through social, personal or political reasons, can also impact upon their ability to use or develop their resources. For example, for people who have only ever known abusive relationships or war, their ability to imagine a safer space, observe what this looks like and plan strategies to improve their wellbeing will potentially be impacted upon.

The HG approach to psychotherapy is not a therapy model in itself, but a flexible and creative way of guiding therapists to use a variety of evidence-based, effective techniques from different therapy models in order to meet the emotional needs of distressed clients by helping them to develop or access their unique innate resources. Research has suggested that three quarters of clients whose therapists adopted an HG

approach in order to assist with depression and anxiety reported a significant reduction in their symptoms within one to six sessions (Andrews et al., 2011, Minami et al., 2013). However, some researchers have been critical about the usefulness of the approach by citing the limited evidence base for Human Givens therapy (Corp et al., 2008). In their systematic review of 95 articles / books relating to the Human Givens approach in its application to mental health, Corp et al., (2008) identified that the majority of research was from Human Givens publications (rather than independent publications) and they referred to anecdotal stories of therapeutic successes, rather than robust evidence-based outcomes. They raised concerns about the limited evidence regarding the effectiveness of Human Givens therapy and said that further research was warranted due to the unanimous indications regarding its effectiveness based on expert opinion.

The Human Givens Institute supports a need for further research. Yet despite that, the positive results in clients' lives are apparent and in recent years, standards and regulation of those who have completed post-graduate level training in order to become accredited HG psychotherapists has further developed in its robustness. HG qualified psychotherapists are now regulated by the Professionals Standards Authority (PSA) register and must therefore adhere to ethical regulations and strict monitoring procedures. This brings HG psychotherapists on par with the more well-established therapeutic paradigms of cognitive-behavioural, psychoanalytic and humanistic approaches, all of which are also regulated by the Professionals Standards Authority (PSA) or similar in the case of cognitive-behavioural therapists (accreditation with the British Association for Behavioural and Cognitive Psychotherapies).

As previously mentioned, the HG approach is not only available for psychotherapists to use, but is encouraged as an approach across a wide variety of social domains such as teaching, the military and social work as way of ensuring that organisations can foster strengths in those they work with and support. HG founders are strident in their views that a focus on meeting the emotional needs of people in various sectors will result in benefits across all communities, not just symptom reduction for psychotherapy clients. To this end, they encourage the use of the HG approach wherever possible and for existing therapists, HG principles are a useful addition to clinical practice, as research findings so far are promising (Burdett & Greenberg, 2019, Tsaroucha et al., 2012, Adams & Allan, 2019, Yates & Atkinson, 2011, Minami et al., 2013, Attwood & Atkinson, 2020).

Context of the current research

As a chartered psychologist and a registered practitioner psychologist, I have been offering individual sessions of psychotherapy to clients using an HG approach for seven years, in my role as a Senior Practitioner on the British Psychological Society's Register of Psychologists Specialising in Psychotherapy. As such, I have experience of the benefits of this approach for clients and can attest to the impact of a practical, solution-focussed approach that specifically addresses deficits in emotional needs.

Prior to the Manchester Arena bomb in May 2017, I was delivering therapy sessions with a variety of clients, some of whom had symptoms of trauma, depression and anxiety disorders in various contexts, and met the diagnostic criteria for Post-Traumatic Stress Disorder (assessed using the Trauma Symptom Inventory-2 by Briere, 2011 or via their

GP referral notes). It is of note that the application of HG principles to understanding

such clients has great value and clinical impact. These clients are similar in the ways

they appraise their lives and the circumstances they find themselves in, despite having

often very different experiences of trauma ranging from ex-military clients suffering

with the effects of conflict to victims of domestic and sexual assault to those in

emotionally abusive relationships with personality disordered individuals. Consistently,

these clients report various concerns that fit with feeling on the periphery of life, feeling

a deep sense of insecurity and feeling unimportant. Therapy aims to test the accuracy

of such feelings and to harness the individual's ability to use their existing resources or

to develop these in order to get their emotional needs met. Sometimes, there is a need

to undertake a specific exercise to directly address the client's experience of trauma

(called the Rewind Technique).

It is usually the case that through the application of HG principles, my clients report a

significant improvement in their symptoms within 3-4 sessions which is maintained in

the longer-term and is consistent with other research exploring the HG approach

(Tsaroucha et al., 2012). However, it is sometimes the case that complexities in relation

to the individual client (e.g. personality difficulties which need to be explored and

managed) means more sessions are required and clients can appear "stuck" in their

difficulties. I have experienced various difficulties with such clients in relation to this

over the years, and my clinical caseload prior to the Manchester Arena bomb was no

exception. Yet, following the bomb, unexpected improvements in the wellbeing of some

clients was observed which occurred with various clients in the aftermath of the bomb.

This was of clinical interest and will be explored within this chapter. Rather than

focussing on specific clients from my clinical practice, I will now refer to commonalities amongst such clients through an amalgamation of information to formulate a pen picture of a fictional client whom I will refer to as "Mimi."[4]

Mimi

Mimi shares similar demographic characteristics of my usual and most frequent client-base, in that she is a white British female, between the ages of 30-50 years. She would not identify as having a disability and she would identify as heterosexual (such questions are not specifically asked but naturally become clear as sessions progress). She would be considered to be educated to a post-secondary/graduate level and fall within a typical middle-class socio-economic group, which is entirely consistent with her ability to afford private sessions of therapy.

Mimi first came for therapy in January 2017 complaining of symptoms of depression and anxiety in the form of social anxiety. She had experienced these symptoms for a number of years, and they were pervasive across a number of different domains in her life. In particular, she felt that her symptoms were affecting her work (office-related) and her relationship with her long-term partner. She had finally decided to seek private therapy after experiences with NHS counsellors which she did not think were effective in the

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[4] I have never yet had a client called Mimi, nor does this fictional client in her entirety relate to any particular client I have had. Any resemblance to a specific person is unintended and all personally identifiable information has been removed. No specific quotes from any actual clients are used in this chapter, instead I use the generic 'gist' of issues discussed from my own recollection of sessions and case notes in the form of quotations for ease of the reader. From this point on, I will refer to Mimi as if she was an individual client, again for ease of the reader despite a number of contributing cases being relevant to this case.

long-term, despite offering some short-term symptom relief. Mimi was prescribed a

commonly used antidepressant by her GP and was taking a moderate dose of this. As a

result of her previous experience of counselling, she had a range of strategies that she

could use from a cognitive-behavioural approach to assist her with managing her

symptoms. However, it soon became apparent that Mimi's presenting symptoms rested

upon some fairly complex personality dynamics which we spent a large proportion of

our early sessions exploring. She had a number of Adverse Childhood Experiences

(Felitti et al., 1998) such as an abuse history and parental mental illness and these were

relevant to the development of her trauma symptoms (which became apparent as

sessions progressed) and her personality characteristics.

She reflected that she had faced difficulties in her ability to get along with other people

in various domains since childhood and often felt misunderstood and poorly treated.

Her sessions progressed from her developing insight regarding her personality

development and trauma to being able to challenge and disrupt self-defeating cycles

regarding her relationships that underpinned her depression and anxiety.   She

participated in trauma therapy to address a couple of specific incidents and to help

unpick elements of complex trauma[5] patterns which was clinically effective as evidenced

by a reduction in self-reported trauma-related symptoms. Overall, Mimi was highly

motivated to "get better" and clearly strived to understand her experiences and to live

a happier life, free from the constraints of her symptoms. She worked hard to develop

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[5] Complex trauma may be diagnosed in those who have experienced repeated traumatic events, such as violence, neglect and abuse, rather than a one-off event such as an accident. As it may take years for the effects of trauma to become apparent, a child's development can be altered as they get older and adults with diagnoses may lose their trust in people and feel isolated (https://www.nhs.uk/mental-health/conditions/post-traumatic-stress-disorder-ptsd/complex/)

her own innate resources to ensure that her emotional needs were met as much as possible through our sessions.

However, despite this overall progress, Mimi continued to experience waves of social anxiety that affected her ability to work at times and had a negative impact on her relationship with her husband, as she would often refuse to attend family events due to feeling "unwell." In terms of her emotional needs, she reported feeling these were addressed to a good enough level. Her emotional needs as assessed on 1st May 2017 are outlined in Table 4:

Table 4:   Mimi's Emotional Needs

HG Emotional Needs	Mimi's current assessment
Security of environment	She lives in an affluent suburb of Manchester with no significant fear of crime. She and her husband own their home and it is a stable place to live.
Attention	She felt she had a number of friends she could give and receive attention to/from
Autonomy & Control	She had a sense of autonomy and control over her life through her work and hobbies
Emotional Intimacy	She had been married for a number of years and felt her husband was supportive and loving

Community membership	She had lived in her community for a number of years and was involved in various social groups such as a walking club
Privacy	She could take the time to be alone whenever this was needed
Status in social groups	She knew she was perceived to have status in her work as a supervisor and in her personal life through her various groups
Competence & achievement	She had achieved success at work and felt competent in her various groups
Meaning & purpose	She had various opportunities to enhance her role through her employment and could take on extra responsibility in her groups if required

Although Mimi identified a good level of attainment of her emotional needs and felt that these were in place with the potential for further enhancement if required, something was still not working to consistently keep her negative symptoms at bay. This was discussed in supervision and various ways forward were ready to be used in sessions and through Mimi's own practice outside of sessions. In particular, the enhancement of Mimi's circle of connection and support was to be focussed upon. This refers to the place in which Mimi found herself within her social circle, who is in her social circle and how this can be enhanced in order to help alleviate her symptoms. Group participation has been found to improve mental health and wellbeing in people with chronic mental health conditions (Williams et al., 2020, Haslam et al., 2018). Sessions with Mimi were planned accordingly, and she was booked to have a session in the week beginning 22nd May 2017. However, the Manchester Arena bomb affected my clinical practice all of that week, as discussed below.

Impact of the bomb

On the evening of Monday, 22nd May 2017, at the end of an Ariana Grande concert at the Manchester Arena, a terrorist detonated a bomb which killed 22 people, including children who had been watching the concert and parents who attended to collect their children. Many more people were injured as a result of the blast. This event caused wide-scale disruption to the lives of Mancunians in general, as local transport was cancelled, roads were closed across the city, routine medical procedures were cancelled in local hospitals and many workplaces were closed or had to change their usual patterns of work.

In the week that followed the bomb, I attempted to meet with my therapy clients as normal. This was largely successful as they did not rely on public transport. I also assess forensic clients in the community for the court system and this work was significantly disrupted due to clients not being able to attend their solicitors for their interviews and solicitors' offices being closed due to being near the locality of the bomb. One such interview initially went ahead as planned, but had to be abandoned when the solicitor's office closed following police advice as a result of a riot (in relation to the bomb) which started in the area. For that week and the next two weeks following the bomb, I was unable to undertake my usual consultancy work for various organisations, so instead supported the local community by offering voluntary support, as did many other community residents. It was also very important for me to be mindful of my own psychological wellbeing and the impact of the bomb for my family, as we had personal experience of fearing that friends had been hurt as they were at the concert (they had left early so as not to get caught in traffic).

Overall, it was a time of significant disruption and uncertainty for the community and was something that all of my clients felt necessary to discuss in their sessions. For Mimi, her session went ahead as planned that week. I aimed to offer a reflective space for my clients to simply discuss their experiences of the bomb (some clients had family members who had been hurt at the arena). I did not plan or expect to undertake any significant direct work on therapy aims at all that week or in the week that followed. As expected, my clients wished to discuss various symptoms related to shock, sleeplessness, crying and dissociation. However, it became apparent that for some clients, unexpected symptom relief occurred which was not at all anticipated. In fact, this symptom relief was so unusual and led to such unexpected outcomes that this was discussed at length in supervision, and it formed the basis for the current research and led to a change in my clinical practice.

Positive effects following the bomb

In her first session following the bomb, (the same week of the bomb) Mimi expressed sadness, disbelief, anger and upset in line with other clients. Whilst she acknowledged that this would impact upon her existing symptoms, she felt it was important to keep her understanding and experience of the bomb separate to her existing symptoms of depression. In effect, she wanted to acknowledge *"it's normal to feel sad and angry about what's happened."* That first session was primarily for her to discuss her feelings in a safe space and to feel validated in her responses to such an extreme event. She had another session booked the following week, and again, I did not envisage that any particular depth of clinical work would be undertaken.

She attended that second session looking healthier than I had seen her in any previous sessions during the five months we had worked together. She looked like she had slept well and had taken extra time over her appearance (she was wearing very carefully applied cosmetics). She joked that she was wearing bright colours as she felt a lot brighter. The fact that she was able to initiate jokes and appeared more at ease in her manner was noted. I did not immediately offer my observations about these changes and instead allowed her to tell me what had happened. She reflected that she felt *"so much better, I can't believe it."* When asked why she felt this was she told me various pieces of information which she felt was relevant to the HG approach. She was able to freely use the terminology in relation to this approach as it is taught to clients early in their sessions as part of their therapy. I will present what Mimi said in its entirety in the first instance without analysis.

Mimi informed me that since the bomb, she had realised that she is part of a large community in Manchester that *"looks out for each other. It's special and feels so much safer than I thought it was. It's not like people are strangers, even though they are. It made me cry when I went to the memorial and a lady rubbed my shoulder and said she felt the same. I couldn't believe it."* I asked her what she meant about going to the memorial and she clarified that she had attended the city centre flower memorial on her own, saying *"I felt like I wanted to see if for myself when I saw it on TV. I'm so glad I did. It was so lovely to see."* I asked her about her attendance, as she had previously discussed difficulty with attending crowded places and going to new places. She said she did not find it difficult as she expected it to be quiet and reflective, which was

confirmed when she attended. She said she had the skills in place from previous sessions to *"push myself to try something new."*

I joked that I might have expected her to attend local shops to do this, rather than the city centre following a terrorist attack and she agreed saying *"I know, but I just knew it would be fine and I would be fine too."* She said she stayed at the memorial, reading the cards and adding her own bunch of flowers for a while before watching the media reporters at the scene and talking to other people who were there about the flowers. She described seeing *"a lot of smiling people as well as sadness and a lot of people from different ethnic groups all together. It didn't feel dangerous at all."* Mimi spoke about Manchester as a welcoming and friendly place which is something that she had not previously mentioned.

She said she then headed home to her suburb within Greater Manchester. When she got home, she rang a few people she knew to *"ask them if they were OK"* as a result of the bomb and they had discussions about its impact too. She said a couple of days later, she went on an organised walk with her group and comforted a lady who became upset when talking about the bomb. She said *"I felt really useful, like I could make a difference in people's lives."* This is indicative of the fact that mental health symptoms can make people feel isolated from others, yet in times of community suffering, they can feel better able to relate to others and more included as a result of feeling more similar to the wider community.

In Mimi's third session, over two weeks after the bomb, she continued to present in an optimistic manner and seemed very relaxed. She said she wanted to help people to deal with some of the things she had gone through when she was younger (related to her own trauma) and this was because she enjoyed how it made her feel to be able to listen to others and help them when they had been affected by the bomb. This process is indicative of the ways in which some people with mental-health symptoms find it more socially acceptable to talk about their symptoms if they are attributed to outside events. She had emailed a relevant organisation and was waiting to hear back from them regarding the process of voluntary work. She said she had also helped at a local school which held a cake sale to raise money for the local hospital that helped victims during the bomb, and she had accompanied a friend who attended the hospital to donate blood although this was not required in the end. She informed me that she no longer experienced any symptoms of depression or anxiety as she felt safer than she had felt in a long time and had realised that *"life's too short to be miserable about things when you can try and make the changes."* She said her husband and friends had noticed how she had changed and had been very complimentary about it which also helped reduce her symptoms. She reported a reduction in all symptoms that had previously bothered her and did not feel she needed to see me again.

I asked to see her in a month, explaining that I wanted to ensure her progress was maintained and she attended, reporting continued improvements in all areas. I used that session to refer to her emotional needs and explore with her the reasons she felt she had improved so significantly following the bomb. She found this process useful, and her insights are presented in Table 5:

Table 5: Mimi's emotional needs following the bomb

HG Emotional Needs	Mimi's assessment following the bomb
Security of environment	She reflected that she now feels part of Manchester as whole, rather than only her immediate locality which made her feel safer ("it's like a bigger gang"). She perceived Manchester to be safe as she had witnessed strangers being kind and supportive to one another so did not feel they were a threat.
Attention	She felt she was able to give extra attention to friends who had struggled more than she did with fears about the bomb.
Autonomy & Control	She had improved this through feeling she could help other people through volunteer work and supporting her friends.
Emotional Intimacy	She had identified that her relationship had improved as she felt more able to leave the house.
Community membership	She was now wanting to attend more community events outside of her immediate locality, and had ventured into the centre of Manchester more often.
Privacy	No change
Status in social groups	She felt this was improving as she had started the process of DBS checks for volunteering which she felt would give extra status.
Competence & achievement	She felt this was improving as she had started the process of DBS checks for volunteering which she felt would give an additional sense of competence.

Meaning & purpose	She felt this was improving as she had started the process of DBS checks for volunteering which she felt would give extra purpose to her life as it was something she felt strongly about.

Overall, Mimi felt she had made swift and significant improvements to her symptoms of low mood and anxiety *"due to feeling a part of something bigger than I did before. The bomb made me feel we're all in it together."* She described feelings of acceptance, belonging and feeling understood by others due to their shared experience of sadness as a result of the bomb. This was the most significant thing that had changed for her and as a result, her motivation to become involved in volunteering grew from that and led to further improvements across other emotional needs in her life. She reflected that she had been largely unaware that she felt unsafe in her community before the bomb, as she said she had no negative experiences where she lived and would always have said she felt safe. However, she said she now realised that she had a very constricted outlook regarding the place she lived and did not experience this as being a part of something bigger (Greater Manchester). She felt this was a significant change for her and she felt it was important to join in with activities that maintained her sense of inclusion, such as attendance at the memorials and community events, as well as embracing the symbol of the Manchester worker bee by wearing a bee badge and getting a bumper sticker (she joked that she would not get a tattoo but may change in her mind about that in future).

We discussed Mimi's awareness of her innate resources and she felt these had been improved following the bomb. She felt she had vastly improved her ability to empathise and connect with other people and allowed herself to experience this in return. She

reflected upon her memory systems of feeling safe in the community and challenged herself to broaden the way she thought about 'community' to venture further afield. Through watching the media reports and reading the accounts of journalists about people's helping behaviour, she was able to tell herself that she would be safe on the streets, despite feeling unsafe historically as a child. Rationally, she knew she could now put her experiences into perspective in a way she struggled with before the bomb. Finally, she consciously focussed on looking at the kindness of strangers and their ability to connect with each other, rather than thinking about the actions of the bomber which she knew were *"extremely unusual."* In contrast, her perception of the wider community was that kindness, support and helping behaviour was the natural, usual response.

Mimi had already reduced the dosage of her antidepressant medication through discussion with her GP, and soon wanted to stop taking this completely although she would keep her mood under review and knew she could continue to access sessions with me when necessary. Mimi did not see me again for regular sessions but kept in touch sporadically via texts as is usual for some clients as a way of 'checking-in' and reassuring themselves that I am still accessible if required. She arranged two ad-hoc sessions with me again in 2019 for assistance regarding practical decision-making about family events which were unrelated to her experience of depression and anxiety. She confirmed that her mood remained stable, she had not been using antidepressants for over a year and she felt much better than she had in years. She had one online session in 2020 to discuss the impact of the Covid-19 pandemic on her job role, and another in 2022 regarding a family bereavement and her improvements to her mental health were still maintained.

Therefore, for Mimi, her symptom relief following the bomb was dramatic and maintained in the long-term, with clear links to HG and SI principles which will now be discussed. In summary, Mimi's case indicated that she experienced a change in her outlook following the bomb, as she saw herself as part of the community of Manchester which was perceived as resilient and supportive. Given that her sense of belonging and perception of being part of Manchester was so strong for her, this affected her perceptions of herself and others. It provided a sense of security due to belonging to a well-established and well-regarded community which she perceived to care and protect its members. All of these elements combined for Mimi to create a strong sense of safety which was the foundation of the development of her wider emotional needs that seemed more accessible to her now that she perceived herself as part of a powerful collective, rather than as a weaker individual.

Interpretation of Mimi's progress

From a social identity perspective, the community events that occurred following the bomb provided Mimi and other community members with various outlets for the development of a resilient response following trauma through the identification of themselves as belonging to the wider community. For example, the opportunities for collective mourning and tributes provided people with the opportunity to unite with others who had shared the same experience. The crowd of mourners provided a 'psychological resource' and a sense of shared understanding which was important to perceiving a sense of mutual helping and concern. This had previously been found following the 2005 London Bombings (Drury et al., 2009). Similarly, the opportunity for community members to support one another through attending craft-based community

workshops provided an opportunity for a sense of belonging, support, self-efficacy, purpose and positive emotions to develop which is consistent with the findings of Williams et al., (2020) through their research on arts-based groups with participants who had chronic mental health conditions. Further identity-enhancement and awareness of collective culture was developed through the use of Manchester bee-making craft workshops which provided the opportunity for collaboration and mutual help which is also consistent with research following natural disasters (Goulding et al., 2017, Maidment et al., 2015). For Mimi, her experience of the bee symbol was that *"this is my place [Manchester] and the badge tells the world I'm proud."*

Overall, Mimi's case is indicative of a post-traumatic growth (PTG) response. Tedeschi and Calhoun (1996) identified that following negative events, people can experience positive personal changes, as well as negative and that these positive impacts fall within three broad categories; perceived changes in self, changes in interpersonal relationships and a changed philosophy in life. Whilst it is not the aim of this chapter to address PTG in any depth, it could be argued that for Mimi, her experience following the Manchester Arena bomb highlighted positive effects across all three of these areas. Similar findings have been reported following the 911 terrorist attacks (Butler et al., 2005) and the 2011 Oslo terrorist attacks (Blix et al., 2015). Person-centred theories of PTG such as Organismic Valuing Process (OVP) theory (Rogers 1959, 1964) have focused on the individual factors related to personal development, in this case the drive towards self-actualization. The role of social factors regarding OVP is underdeveloped as it is explained in relation to its humanistic and highly individualistic approach. That said, Maurer and Daukantaite (2020, p. 12) state that their belief is that the *"fully functioning*

person is a more collectivist state in which the individual is particularly concerned with the welfare of other beings and in harmony with the world." Mimi's example has provided an argument for the strong community environment (presented in relation to the HG and SI approaches) as being central to Tedeschi and Calhoun's (1996) findings. Her sense of alienation experienced as a result of the original trauma was effectively addressed through developing a sense of belonging through shared understanding and acceptance following the Arena bomb.

In brief, the three areas of perceived changes in self, changes in interpersonal relationships and a changed philosophy in life can be mapped onto HG principles in the areas of competence, achievement, intimacy and meaning. Furthermore, such overlaps speak to a greater understanding of how OVP and similar approaches to PTG can be enhanced by a wider social approach, namely the social cure (discussed elsewhere in this thesis).

A contrasting case to Mimi, from the participants of the original research presented in Chapter Three will now be presented.

Priti

Priti was interviewed as part of the original research for this thesis which explored community members' experiences following the 2017 Manchester Arena Bomb (see Chapter Three). It became apparent when analysing Priti's transcript that her experiences were markedly different to those described by other participants of similar

demographics; Priti is a woman in her 20s of Pakistani ethnicity. Priti's experiences are reflective of wider systemic issues faced by marginalised communities which will be referred to throughout this chapter, albeit such issues are not the focus of this chapter.

As Priti consented to her transcript being recorded and used for this research, I have been able to use actual quotes from her interview to form the basis of my observations regarding her emotional needs. However, it is important to note that Priti was interviewed in the context of being a research participant and was not a psychotherapy client, as in the case of Mimi. Therefore, my clinical observations were not shared with Priti as this was not the intention of her interview. Also, the interaction between Priti (as a research participant) and the interviewer (as a researcher) is significantly different to the interaction experienced by Mimi (as a client) with her psychotherapist. This was something that I was mindful of during the interviews with all research participants, and especially mindful of managing during the process of Priti's interview when it became apparent that aspects of her experience were notably different from the experiences of other participants.

It was important for me to consciously reflect upon the processes involved during Priti's interview and to remind myself of the purpose of our interaction as being for research purposes only. Therefore, I was mindful only to gather information presented by Priti and to encourage her to elaborate where necessary without encouraging her to critically reflect upon her experiences nor challenge any aspects of her self-report as would be the case in a therapeutic encounter. This was a finely balanced interaction as it was important to ensure that depth of meaning was encouraged from Priti to aid later

analysis of her transcript, without 'over-stepping' my role as a research interviewer by crossing the line into therapeutic observations. Seidman (2013) reminds the research interviewer not to see themselves as therapists as this is not the role that the participant consented to and urges the interviewer to be mindful of discussing the private lives and 'personal complexities' of participants. Kvale (1987) further highlights that any face-to-face encounter is a jointly produced interaction and that different conceptions of an interview and of an interviewee will impact upon the perceptions and methods of interpreting transcripts. I ensured this sensitive balance was managed during all interviews to the best of my ability.

Priti described her family in traditional terms regarding their religion (Muslim) and her parent's country of origin, as the first generation of her family who had moved to the UK from Pakistan. She informed me that amongst her wider circle of extended family members and friends, she was aware that her immediate nuclear family was *"more traditional"* than other Muslims from Pakistan. She described this as being less inclined to adopt the Westernised culture and more *"religious."* She lived with her parents and siblings who were mainly of a similar age to her.

In order to provide a structure to this section, Priti's responses from her interview are now presented below in the context of her relevant emotional needs. Although there is information of relevance to all emotional needs from Priti's interview, for the sake of this chapter and to sensitively manage Priti's privacy, only those needs significantly relevant to the Manchester Arena bomb and the community of Manchester will be focussed upon which are Security, Meaning and Purpose and Community Membership.

Emotional Needs

Security

A primary emotional need is for security, so individuals can feel they have a safe place in order to grow and thrive. Akin to Maslow's Hierarchy of Needs (Maslow, 1943), safety and security are placed only secondary to physical needs, such as food, water and sleep in their level of importance for the individual. Without a clear sense of safety in the environment, a person is unable to meet their higher order needs in relation to community, belonging, status and the development of self-esteem. The overriding information from Priti's interview was her sense of feeling extremely unsafe in her community, with a heightened sense of being under threat from extreme events such as knife crime and kidnappings, as well as racist attacks, accidents and road rage. She said her parents disliked the idea of her and her siblings leaving the house as they wanted to *"keep us safe."* As a result, she rarely went out and had strategies in place to reassure her mother of her safety when she did, such as ringing her to report her whereabouts;

> *when I go I literally have to ring my mum friend text her be like 'I'm here I'm about to leave now' I mean I understand she's scared and she wants me to be safe so I just like phone but I just ring her to make sure she knows that she's OK with it and everything so now she lets me go out a bit but other than that I don't see the point of going out that much I like reading and staying at home*

Priti's perception of being unsafe was not just something unique to her life in Manchester, but to the wider country and *"the whole world"* and related to her status as a Muslim. She felt that the community was unsafe prior to the bomb but had become more unsafe following the bomb as she referred to stabbings and other violence due to perceiving *"people are like, getting away with violence."* She did not report any direct personal experiences, yet referred to anecdotal things that had happened to other people in her community, such as hearing about women having their head-scarves *"ripped off."* This is consistent with police reports of the 500% increase in Islamophobic incidents reported in Manchester in the month following the bomb, although this was a temporary spike which reduced to similar levels as before the attack (BBC News, 2017).

Meaning and Purpose

This emotional need relates to the importance of having a sense of meaning in one's life in order to feel valued and stretched so life feels purposeful and of significance. Some people meet this need through religion, whilst others focus on voluntary work and supporting a cause higher than themselves to achieve this. Following the bomb, Priti experienced a sense of wanting to do something to help from her home, as she did not go out. She said;

> *so many of us were actually posting saying like OK post the pictures of those who haven't been found so say can everyone please forward it that's what we were doing*

She demonstrated the importance of doing something to help following the bomb which was commonly experienced. However, she was limited in the extent she could help which likely affected her ability to find meaning and purpose at this time. It was apparent from her interview that she was deeply hurt about her perceived blame of Muslims following the bomb and from this she experienced a sense that people should be educated about Islam, as indicated below;

I think before actually blaming it on a religion they should actually look at what the religion stands for and what it actually represents and that way they'll actually understand more especially when they talk to I don't know psychologists and other people they should actually get some Islamic professors. They should get them so they can talk about them so you've got like both sides. That way you understand instead of just blaming it on religion

Although Priti expressed this in a way that indicated she felt strongly about a cause and purpose, she did not have any particular strategies in place to fulfil this purpose for herself.

Community Membership

A sense of being part of a wider community in order to have social support when it is needed is a crucial emotional need and a sense of belonging is an important component of the SI approach. Community membership relates to being a part of a wider established group beyond our immediate family. Priti has lived in the same region of Manchester for most of her life, apart from a few years when she lived in Pakistan with

her family. Despite this, she did not know the physical locality of her sub-community in Greater Manchester. When asked which part of Manchester her area fell within, eg North, South etc she replied *"I actually have no idea".* She did not visit Manchester city centre and she had only ever visited two other places in the UK that were in Northern England in order to visit family members. She reported a vague sense of awareness about the attributes of Manchester;

I mean people say that Manchester really nice and its beautiful you go this place this place but I haven't actually been so I don't exactly I can't exactly say how I like it if I don't know everything about it

She described a sense of Muslims being outside of the community of Manchester which is reflected below in visual terms;

so you have like, a circle [gestures circle] and all the community basically inside and we were basically outside of the circle, basically just doing things but like no one actually knows, to helping to just try and stay away from all the public basically

She described how she and her immediate Muslim community carried on with their lives after the bomb (only talking to each other) whilst avoiding the wider Mancunian community. When asked who she felt was inside the circle, she said;

I think everyone else, those that weren't classed as terrorists were inside the circle [...] I don't know if it was a multicultural thing, like I mean if it was only Muslims that they thought terrorists and the rest were inside the circle. I know that it was a joint community but that there were Muslims who were separated but I don't know about the rest of them so all I know is that the community, [...] those people who were [inaudible] they were all like inside circle and everything but those that felt like they could be blamed, that they were being blamed and they that they were at risk were outside trying to keep themselves safe

Priti explained that following the bomb, her father did not allow the family to go out so she was unable to join in with social events that she would usually attend, nor did she visit the memorials which were held in the city. It is of note that in relation to the HG needs of autonomy and control, Priti reported that her parents had ultimate authority over her and that she was used to her position in her family. Despite reporting a sense of boredom, she did not discuss ways of being able to change this state of affairs. In relation to the emotional need of sense of status, Priti had no role of importance within any social group. Therefore, many emotional needs were unmet for Priti.

Innate resources

Similar to the discussion with Mimi about her innate resources, it has been possible to glean information from Priti's interview which related to her own innate resources. In terms of having a complex, long-term memory of times spent in the wider community, there were reduced opportunities for Priti to develop this as she did not have many experiences to draw upon as she rarely left her home. Therefore, she could not bring to

mind occasions when she had felt safe and embraced within her wider community. Priti appeared particularly hypervigilant and fearful which reflects similar experiences observed by Muslim women in the U.K. (Zempi, 2017). She had a tendency to imagine the worst-case scenario that could occur, and her recollection of existing memories appeared to be focused on fearful perceptions and stories of harm from other people and the media, as evidenced below;

> *I went to my aunty's and I remember her telling me that there was a few women, they went to the Mosque and they came back and on the way their head scarf was ripped off them . . . [inaudible] they tried running away and it was like [pause] obviously we were shocked cos it was right near our house as well but we knew that it was gonna happen.*

As well as focussing on such negative and fear-inducing events, Priti also described a worry that the police are unwilling to do anything to assist which would deepen her sense of fear;

> *I mean most of us don't trust the police any more I mean we barely do because all [inaudible] mainly cos of what's been happening the fact that they could be blamed right back at us for something we haven't done [inaudible]*

Priti discussed fears about Muslims being blamed for the attack without evidence of wider critical thinking. This can hinder an ability to explore such fears, leading to consequences for an individual's mental health.   She perceived New Zealand to be

governed in a much better way by their Prime Minister following the 2019 Christchurch Mosque shootings and as a result imagined this to be safer, expressing a wish to live there. It is possible that negative experiences led to a lack of trust in authorities and this impacted upon her ability to question and analyse her experiences further. Furthermore, when information was conversationally presented to Priti about the ways in which different faiths united following the bomb, she appeared incredulous as she had not seen this portrayed in the media. She felt that this should have been publicised better;

> *It should've been publicised more and then if the people who weren't like Muslims and Christians actually mentioned it online, maybe the interviews saying what they thought and what their opinions were on Muslim and what people thought was wrong or actually the type they are, but thing is it wasn't publicised enough.*

Although it is acknowledged that wider societal changes are necessary in order to mitigate the fears expressed by Priti, it has been presented here that she was not using her innate resources to ensure her emotional needs were met following the bomb which is in contrast to Mimi's use of her innate resources. However, for Priti, societal barriers that mitigate the use and development of her resources is acknowledged and can be defined as secondary stressors (Williams et al., 2021). Williams et al., (2021) argue that secondary stressors are related to social factors and people's personal circumstances that exist prior to disasters and impact them during the incident, as well as societal and organisational responses to the incident.

Given that both Mimi's and Priti's experiences relate to their perception of events in their wider community following the bomb, the social identity approach will now be discussed in relation to the ways in which it can relate to the HG approach and be used to enhance understanding of their experiences.

The HG and SI approaches

As a practitioner who uses the HG approach with clients and as a researcher who has explored the SIA in relation to the Manchester Arena bomb, it was apparent to me that these approaches shared similarities which required further exploration. As part of my clinical practice, I have already started to use the language of the SIA within sessions as part of psychoeducation (a core principle of the HG approach) with clients and to enhance their understanding of the ways in which both of these approaches will assist them to overcome their difficulties. Psychoeducation is crucial as Haslam et al., (2018) suggest, as people may overlook the benefits of social factors regarding their health if they have not been told about this link.

It can be demonstrated that the HG and SI approaches map onto one another very clearly. For example, the HG emotional need for a safe and secure environment can be met through an understanding of the SI approach regarding the importance of identification with one's social group for deriving a sense of security through feeling part of a wider, empowering collective. Similarly, HG innate resources can be enhanced through an appreciation of how the SI approach can be operationalised and practice-based. For example, the development of the HG innate resource of complex, long-term

memory is something which can be developed through increased participation in groups to provide a plethora of different experiences and a sense of collective identity when similar historical events are linked (e.g. different bomb events in Manchester). Priti's example has indicated how her experiences are affected by intra-group processes, as well as inter-group.

I have presented information showing the overlaps between these two approaches in relation to emotional needs and innate resources in Tables 6 and 7:

Table 6: Similarities between HG and SI approaches

HG Emotional Needs	Basic Principles of SIA
Security of environment	Identification with one's social group provides a sense of security and safety
Attention	Membership of and identification with one's social group provides a context for giving and receiving attention
Autonomy & Control	Being part of and identifying with a social group is empowering
Emotional Intimacy	Connection to others who are perceived to have shared identity leads to interpersonal intimacy and deeper care and affection
Community membership	Identification with one's community provides a sense of 'us' and 'we'

Privacy	Groups can provide a safe space to permit/protect the individual freedoms of people to seek solace alone when required
Status in social groups	Being recognised as a valuable member of one's social group is empowering
Competence & achievement	Being an active and useful part of one's social group is empowering
Meaning & purpose	Helping those within our identified social groups and taking action as part of our groups provides a sense of meaning and purpose

Table 7: HG Resources and impact of the SIA

HG Innate Resources	How SIA can assist with these
Complex, long-term memory system	Through group experiences – being a part of groups helps one gain as much different experience and a sense of collective identity when similar historical events are linked (e.g. different bomb events in Manchester)
Rapport, empathy and ability to connect	Through our different group memberships and roles
Emotions and instinct	Emotions can be developed and experienced through collective experiences, such as grieving together

Sense of imagination	Development of shared narratives from our group's experiences allows us to share and re-tell metaphorical, symbolic stories
Conscious, rational mind	Appraisal of events can be from a group perspective, not just individual (recognising how appraisal may be different from each perspective)
Ability to 'know'	Development of shared narratives from our group's experiences helps us to learn from previous experiences (recognising there may be competing narratives from different groups)
An observing self	Self-reflection and insight from the perspective of group membership, not just individual
A dreaming brain	Group membership can foster hope which can be enhanced through the dreaming brain

From this process, it is evident that both the HG and SI approaches share core elements that focus on the importance of identification with groups outside of the immediate family (as this also provides important intragroup realities for individuals) . As a result, psychotherapy practice can be enhanced through the knowledge of SIA principles and their application to difficulties experienced by clients.

The ways in which this can be operationalised will now be discussed with reference to Mimi and Priti and in line with findings from my original research in Chapter Three. It is

important to note the following caveats to this process 1) Mimi's case occurred *prior* to my research and awareness of the SIA so the information discussed relates to what could have been useful with her, which is now evident through my sessions with subsequent clients since I have developed such awareness 2) Priti was a research participant, not a therapy client so as such it would not be ethical to read her interview material from the perspective of a therapist. Therefore, any observations in this chapter regarding her psychological development are kept purposely vague and superficial and only discussed with reference to the three themes identified as a result of my original research.

Mimi and Priti -Theme 1: Identity of Manchester as a place

Findings from my research suggest that identification with Manchester as a place and feeling 'Mancunian' as a person is an important basis for community members' recovery following a traumatic event in that community. This finding makes sense in terms of the SI approach, as identification with a social group outside of one's immediate family is related to a range of protective health benefits, through enhancing a sense of belonging, purpose, meaning and support (Haslam et al., 2018). For Mimi, it is of relevance that she did not initially perceive herself to be part of the wider Mancunian community before the Manchester Arena bomb, as she felt she was only a part of her smaller suburban town in Greater Manchester. However, after visiting the city soon after the bomb, she was able to tap into a sense of belonging related to her history as a Mancunian and the perception of friendliness of fellow Mancunians. This suggests that even if one does not initially perceive themselves to be part of a place, if there are factors available as a resource which can be harnessed to emphasise a sense of belonging, this has the potential for being psychologically protective in the face of community adversity.

In Priti's case, despite living in Manchester for much of her life, she did not relate to that same sense of identification with the place. Her perception of Manchester was fear-related, so her sense of being fundamentally unsafe in her geographical community was of detriment to her welfare as she was unable to access a sense of belonging to her geographical community. Therefore, her basic emotional need for security was not met. My research has indicated that this sense of place-based belonging is the stepping-stone for future protective elements linked to community recovery following the bomb. To this end, for Priti a lack of security in her place of residence hindered her ability to benefit from the positive aspects of community identity related to the first theme. She had no sense of belonging to the wider community which then rendered her unable to move through the cycle to the second and third themes in order to benefit from the protective elements of each.

Mimi and Priti -Theme 2: Appraisal and coping following the bomb

Leading on from the first theme, my research findings suggested that taking stock of the events surrounding the bomb in a collective sense, related to one's status as a community member was the first stage in being able to cope effectively with what happened. In Mimi's case, it appears that the process of taking stock of the event linked with her sense of identification with the city because she experienced a parallel sense of feeling united with Manchester when she placed herself in the midst of wider, grieving community members. As she then experienced a sense of increased belonging, she perceived that the bomb was something the city experienced collectively and therefore would recovery from collectively. Her desire to help others in her community following the bomb was something that was also helpful for her own mental wellbeing

and recovery from anxiety and depression.   Mimi's sense of belonging seemed strongly related to a perception of the bomb as being something that happened to her place-based community.

On the contrary, for Priti, who did not feel a sense of belonging to the city, her self-appraisal as a persecuted Muslim in the city was directly linked to a sense of being 'outside the circle'. Priti, as a Muslim, felt blamed for the bomb by the wider Manchester community and under threat as a result. Priti was very much aware that the community was diverse, as indicated in her transcript, yet she still felt Muslims were separate. She referred to the perception that Muslims were viewed as terrorists which led to them being viewed as outsiders. For Priti, the fear of being blamed brought with it the threat of attack, so for her it would follow that the Muslim community felt it necessary to protect themselves. This was raised as something of relevance by another participant [Mary, a white British woman] who articulated that if community members are fearful of racism as a result of the attack, their efforts would be focussed on having to survive each day, rather than having the emotional energy to thrive in the regeneration of the city. In effect, fear could lead to a closing of ranks for some communities due to concerns about being blamed within the community. In turn, this could lead to further disengagement from the wider community, if alternative action was felt to be a hopeless cause, or even a dangerous threat to their wellbeing. The ability of the community to thrive following the bomb was discussed in relation to the third theme.

Mimi and Priti -Theme 3: Transformation: hopefulness and active belonging

The need to see beyond the attack, to a restored community with a sense of hopefulness was the nature of the third finding from the current research. In Mimi's case, a sense of hopefulness and restoration indicated active engagement with her community.   It is commonly known that a sense of hopefulness is a significant precursor to recovery following trauma in a therapeutic sense. It is of such importance that a therapist should assist their clients to foster a sense of hopefulness from the first session (Griffin & Tyrrell 2013). Whilst this had been known and attempted with Mimi from early sessions, the nature of her difficulties appeared complex and difficult to address before the bomb. It is of significance therefore that the community-level sense of hopefulness that she experienced appeared relevant to Mimi in order to experience a true sense of purpose and an outward focus on others which appeared lacking for her prior to the bomb. It appears that on her own, hopefulness and engagement was not enough to alleviate Mimi's distress, but when this developed following a deep sense of belonging to her community via participation in public memorials, she could then swiftly recover from her distress, even though this was originally unrelated to the bomb. Theme 3 uses abstract terms, such as transformation, restoration and hope, that can be harnessed creatively through the therapeutic process as fostering a client's sense of imagination is key to assisting them to see beyond their current distress.

It can be seen that for Mimi, there was a clear cycle through the findings from my original research, from theme 1 (the existing identity of Manchester) to theme 3 (transformation of the community following the bomb) and that theme 3 then continued to feed back into theme 1; Mimi felt more connected to her city through the volunteering activities

she was engaged with and a new perception of belonging to a cohesive city. On the contrary, Priti was unable to access the positive benefits of theme 3 as she did not feel she belonged to the city, nor did she appraise her status following the bomb in positive terms. Therefore, any sense of hopefulness through imagining her place in a restored, transformed city was not accessible to her. In contrast to the protective nature of a sense of hopefulness, a sense of hopelessness has been found to be strongly associated with suicidal behaviour (Beck et al., 1990, Balsamo et al., 2020) so the importance of fostering hope is crucial in therapy, as well as for recovery following disaster (Long et al., 2020). If Priti had been a therapy client, therapeutic intervention positioned from the perspective of theme 3 (transformation and hopefulness) would not have been the priority and instead, sessions relating to theme 1 (to develop her sense of shared identity with Manchester), then theme 2 (to participate in coping behaviours linked to the city) would first be necessary. However, wider systemic limitations that are relevant to Priti, rather than Mimi are barriers to wellbeing so would have to be acknowledged and carefully explored in all sessions.

Summary

It is important to acknowledge that whilst the HG approach has its applications to wider systems such as governments which could lead to systemic improvements for marginalised communities, exploration of this area was not the aim of this chapter. It is accepted that living in communities which have high levels of discrimination and intolerance will inhibit an individual's ability to thrive within that community and reduce their ability to get their emotional needs met in relation to safety and security.

Additionally, due to feelings of insecurity and stigma, marginalised individuals may not seek out such help in the first instance (Kellezi et al., 2021).

Through the process of this research, it has become apparent that whilst the SI and HG approaches are highly compatible and complementary, they diverge at the point of structural understandings of a person's positioning in the groups they inhabit. Whilst the HG approach can be applied to enhance the wellbeing of all humans, regardless of race, status, etc, the SI approach quite rightly identifies that the limitations faced by certain group memberships, as opposed to others, can be insurmountable without systemic change. A vicious circle can then develop whereby an individual becomes blocked in their ability to personally enhance their wellbeing if they live in conditions that lead to isolation, exclusion, withdrawal and further negative interactions within their environments. Whilst the HG approach strongly advocates the importance of healthy environments in which to encourage those living within them to meet their needs, it appears that the SI approach can provide the theoretical underpinning of how this can actually be operationalised through empowerment from within those environments, taking into account research from the social cure school of thought. Thus, the longer-term emphasis is on transforming unhealthy environments, rather than learning ways of coping with such environments. Both elements are necessary for the functioning of a healthy society.

Conclusion

In this chapter, I have aimed to apply the findings from my research to two contrasting case studies that have been presented as Mimi and Priti. It has been demonstrated how each of the themes from my research can apply to these cases in order to add further support to the strength of the research findings. In summary, for Mimi, feeling part of the community of Manchester assisted in her ability to appraise the community response positively following the bomb which assisted her to cope with the effects of the bomb. This then led to a sense of hopefulness about the future and Manchester's ability to recover from the bomb which in turn fed back into her sense of being part of something significant in respect of the community. In contrast, for Priti, she did not feel this sense of belonging to the community of Manchester and instead perceived she was being blamed as a Muslim for the bomb which increased fear and a sense of feeling further isolated from the Manchester community. Any sense of things being better in the future was not accessible for Priti.

Through this research and through my ongoing practice as a therapist working with clients who have experienced both individual level trauma and community level trauma, I have developed a set of emerging practice guidelines that are currently in use by myself and discussed in clinical supervision as appropriate. The guidelines can be found in Appendix 10.

The findings from this chapter reflect the five empirically supported elements of trauma intervention in mass casualty incidents as identified by Hobfoll et al., (2007). These

relate to promoting a sense of safety, encouraging calm, encouraging self and community efficacy, encouraging connectedness and encouraging hope. Through the process of developing the guidelines, awareness of these five elements have been carefully considered and each of them is included within the guidelines.

For the purpose of clarity, these guidelines are currently used in private practice psychotherapy sessions with male and female adult clients who self-refer and pay for private sessions with myself as a registered psychologist. Such clients wish to address a range of symptoms such as depression and anxiety which are usually underpinned by complex issues in relation to trauma, personality difficulties and interpersonal problems. These clients are predominantly white British and middle-class, the same as their therapist (albeit I have working-class origins) so certain similarities are implied. When working with clients from a different background, systemic problems such as stigma and discrimination are acknowledged to have wider implications beyond the control of the individual client as previously discussed in this chapter and discussed by Williams et al., (2021).

Whilst the guidelines are currently in use and are therefore deemed to be valuable in a clinical setting, their ongoing use and application to various different client groups and localities are welcomed. Ideas for further practice and research that have arisen from this chapter will be presented and discussed in Chapter Five.

Chapter Five

Discussion

Summary of Findings

The overall objective of this thesis was to explore the factors which help communities to recover following a disaster. The findings from this thesis are that social identity processes can be harnessed to assist a place-based community to cope with disasters in general and specifically in response to an attack such as a bomb. This chapter will present the findings from the systematic review and empirical chapters in relation to their aims and discuss the overall strengths and limitations of the thesis, as well as presenting implications for policy, practice and further research.

Chapter Two: Systematic Review

Chapter Two considered the international, multidisciplinary literature base covering a variety of disasters in place-based communities and the ways in which those communities cope with the disaster. The overall aim was to identify factors that promote a resilient response and factors which lead to vulnerability within those communities. The most significant finding from this review was that regardless of the type of community or the type of disaster affecting that community, resilience was most clearly harnessed through group-level factors relating to a sense of belonging to the community. The findings from this review suggest that a Social Identity Approach would be beneficial in helping to understand how place-based communities from different areas of the globe respond following disasters. The review highlighted that if communities do not respond collectively through a sense of shared identity with their

fellow community members, a resilient response is likely to be hampered. Whilst research findings are clear regarding these processes from a natural disaster perspective (e.g. Binder et al., 2015, Guo et al., 2018a, Proudley, 2013), there is a dearth of research considering such community elements in relation to bombings within existing communities. It was argued that this area warrants further research given the political, psychological and sociological ramifications of terrorist activities and the wide-spread impact upon the communities they effect.

Chapter Three: Qualitative Research Study

Chapter Three aimed to explore how a specific community appraised and coped with a bomb using an in-depth interview investigation of their experiences. The specific aims of this research were to explore how community members made sense of what happened following the bomb in the context of their community, to understand how their appraisal of what happened impacted upon their own wellbeing during the time following the bomb, to explore how community members responded to the events surrounding the bomb, to identify any collective measures that were used and could be harnessed to promote wider, ongoing community resilience and to identify whether different identity-related perceptions affected the collective responses to the bomb for specific groups within the community. The Social Identity Approach (SIA) as it applies to health (Jetten et al., 2012; Haslam et al., 2018) suggests that social identities are important to help people appraise and cope with threats to their wellbeing. This provided a way of understanding the findings from this chapter.

Three main themes were identified (Identity, Coping, Transforming) which highlight the importance of social identity in community recovery following a bomb. Having an

existing positive place-based community identity helped with promoting resilience following a terrorist attack. On the contrary, a negative perception of community identity linked with isolation and hindered a resilient response. This adds to the literature by emphasising that shared identity characteristics that are in place prior to disasters promote resilience after disasters. Previous research exploring collective responses to disasters has typically focussed on the emerging identity that arose *as a result* of the disaster (e.g. Drury, 2016, Drury et al., 2009) rather than shared identity processes that are in place in communities *prior to* disasters.

The findings also highlight that members of the Manchester community appraised and coped collectively with the Arena bomb through acts of helping behaviour (as previously found by Laycock et al., 2014, Goulding et al., 2018) and attendance at collective tributes (similar to Paez et al., 2007); these strengthened feelings of belonging which set the context for a hopeful future outlook (similar to Ekanayake et al. 2013, Jang & Wang, 2009). The ways that community members talked about their shared history enhanced shared identity which aided a resilient response and is consistent with the findings of Jang and Wang (2009) and Chamlee-Wright and Storr (2011). This further assisted the community to move beyond the bomb with a sense of purpose through mobilisation at various community meetings (consistent with Laycock et al., 2014) and this process further strengthened community members' perceptions of Manchester's shared identity. Ownership and use of the symbol of the bee across the city in creative forms provided a means for the community to further strengthen their collective identity which is consistent with previous findings (Maidment et al., 2015, Goulding et al., 2018).

In essence, a positive shared social identity existed in the community of Manchester prior to the Arena bomb, and this shared identity led to a resilient response following the bomb. An exception to this overall finding for one participant (Priti) highlighted how her contrasting viewpoint hindered a resilient response and warranted further exploration in another chapter.

In conclusion to Chapter Three, the existence of positive shared identity characteristics within existing geographic communities are crucial factors which promote a resilient response and an ability to thrive following disaster. The current research reveals the processes through which shared identity enhances coping prior to and after a bomb in an existing geographic community.

Chapter Four: Case Review of Contrasting Experiences

Chapter Four provided the opportunity to explore how the three themes from the original research could be applied to a therapeutic context and to explore how the social identity approach overlapped with the Human Givens style of psychotherapy. A pen picture client based on real clients (Mimi) was compared and contrasted with a participant from the research who had vastly different experiences to the other participants (Priti). For Mimi, her capacity to feel part of the community of Manchester assisted in her ability to appraise the community response positively following the bomb which assisted her to cope with the effects of the bomb. This then led to a sense of hopefulness about the future and Manchester's ability to recover from the bomb which in turn fed into her sense of feeling part of something significant in respect of the community. In contrast, Priti did not feel this sense of belonging to the community of Manchester and instead perceived she was being blamed as a Muslim for the bomb

which increased fear and a sense of feeling further isolated from the Manchester community. Any sense of things being better in the future was not reported by Priti.

This chapter operationalised the findings from Chapter Three. Through this process, greater understanding was developed about the systemic issues related to disengagement and isolation in the community which potentially hindered a resilient response. Through exploring how features of both the Human Givens and the Social Identity approaches converged, it became apparent how psychotherapeutic practice guidelines could look when supporting clients affected by a disaster in their community.

It is notable that the guidelines established through this process support the five essential elements of trauma intervention in mass casualty incidents, as discussed by Hobfoll et al., (2007) who reviewed the evidence in relation to coping with mass violence and disasters and elicited the views of experts in the area. It was found that although no agreed approach could be reached about how to help communities cope with such incidents, essential elements that assisted were to promote a sense of safety, encourage calm, encourage self and community efficacy, encourage connectedness and encourage hope. These five principles are empirically evidenced, and the authors recommend that any intervention to target mass trauma should contain these elements. The current research provides theoretical substance to these findings through the lens of the HG and SIA models. In addition, the finding that place-based identity can be used to enhance community resilience following disasters can be operationalised by practitioners in each of the five areas identified by Hobfoll et al. (2007).

Overall Findings

This thesis has revealed the social identity processes through which community resilience can be harnessed following disasters, and the factors that impede resilience. Overall, the findings attest to the utility of adopting a social identity approach to understand community recovery following a bomb.

As noted in Chapter Three, the themes derived from this research can be conceptualised as cyclical and self-fulfilling, with one following from the other in a virtuous cycle of enhanced identification and resilience. These are presented in diagrammatical form in Figure 2.

Figure 2   Cycle of Themes
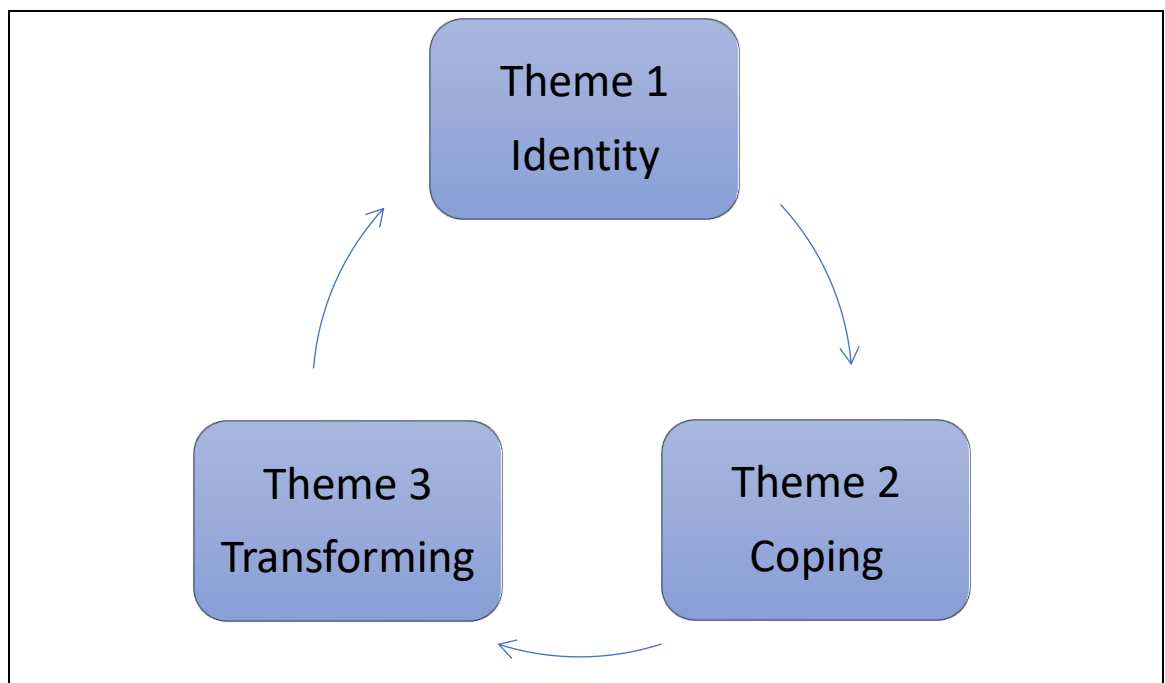
Figure 2 illustrates the findings that the community of Manchester had an existing, pre-established sense of identity as being strong and resilient (theme 1) prior to the Arena bomb. This shared identity set the scene for the collective appraisal of the bomb and collective coping (theme 2) which thus promoted a sense that the community would recover and transform itself (theme 3) as it had done previously when faced with adversity. This process of thriving and recovery in theme 3 is shown to be a consequence of the previous themes which then feeds back into theme 1 through further enhancing the shared community identity as a strong, resilient group.

Findings from Chapter Three support the findings from literature reviewed in Chapter Two that community resilience is harnessed through group-level processes and hampered if community members do not respond collectively. In addition, the analysis of clients' aggregate responses in Chapter Four provided clear evidence of how identity-related processes can take the form of this self-fulfilling cycle to promote a resilient response following the bomb. Conversely, it illustrated that in the case of Priti, wider factors could prevent an individual availing from these collective resilience processes and that this could lead to disengagement from the community, hence perpetuating and exacerbating isolation and vulnerability.

Strengths and Limitations of Thesis

The main strength of this thesis is the application of the Social Identity theory to community resilience in helping to understand the rich accounts of the research participants.

Outcomes from this thesis can be transferred to similar communities that have experienced similar human-made disasters.

Professionals in the mental health field can adapt and use the emerging guidelines with clients to enhance their practice when working with those affected by disasters. In agreement with Hobfoll et al., (2007), there is no requirement that the beneficial, practical outcomes of the current thesis must be kept within the mental health discipline. Therefore, a strength of this research is that the emerging psychotherapeutic practice guidelines presented in Appendix 10, can be adapted for use by wider community groups, schools and informed officials. I have demonstrated later in this chapter how community groups can use the findings from this research to understand issues faced in their communities in order to assist with welfare provision.

Specific limitations for each of the chapters have already been presented in their respective chapters so only significant, overall limitations are noted here. The main limitation of the overall thesis is that systemic issues in relation to social vulnerabilities linked to race, class, gender etc were touched upon but not widely explored. These areas warrant further investigation in future research regarding the ways in which these secondary stressors (Williams et al., 2021) impact upon wellbeing and hinder a resilient response following disasters.

The position of the researcher, as a white British, female psychologist is likely to have revealed a sociodemographic position that reduced access to different perspectives. Despite the researcher being from a white working-class background, and having personal connections with such communities, it was not possible to encourage people

from these communities to participate in the research. This suggests deeper systemic difficulties within those communities, such as shared perceptions of marginalisation, not being listened to nor having their perspective valued.

Implications for Policy, Practice and Future Research

This research has highlighted the importance of a clear, positive shared identity in communities that is tied to the geographic area as a way of developing resilience following mass casualty incidents. This has wide implications for communities that face natural disasters as well as human-made disasters. Given the significance of the role of shared identity for community recovery, a number of practical implications for policy and practice have been identified which can be considered from a community resilience perspective, a therapeutic perspective and a forensic psychology perspective.

Community Resilience

Geographical place identity has been shown to be important to community recovery following a mass casualty incident through this research, which is consistent with previous research findings (e.g. Binder et al., 2015, Guo et al., 2018a, Proudley, 2013). The identity features of a given community are central to determining how that community appraises and copes with a mass casualty incident. Given the importance of existing place identity for community resilience, further research looking at the scope and the limitations of this following disasters is recommended. For example, does place identity relate only to local communities/cities or can this be effective on a national level? Issues of transferability of these findings should also be considered through

similar research within different place-based communities, e.g. Eastern, non-industrialised communities.

The case of Manchester has demonstrated the importance of a place having its own unique sense of identity which is derived from its historical, cultural and socio-political contexts and is consistent with previous literature (Guo et al., 2018a, Binder et al., 2015). A sense of identification with one's community should therefore be fostered by community authorities and blocks to such identification acknowledged and sensitively explored by relevant community groups. Whilst it is recognised that not all community members will see the benefit of identification with their place-based communities, local research should be conducted with sub-communities to understand the dynamics of this and to ensure sub-community members are aware of the potential costs of geographical community isolation. Ethically, it is imperative that sub-communities want to engage with this research, so they are active participants, and not subject to ongoing power-imbalances which potentially lie at the source of any current disengagement.

Clearly, in order to benefit from the identity features in the ways described above, community members need to be aware of these aspects of their community. In this research, a lack of awareness about their community as well as disengagement from the community hindered resilience, as previously found by Binder et al. (2015). Community members are vulnerable following mass casualty incidents if they do not share the same sense of community identity as members of the community in which they live. This is regardless of whether or not they have a strong shared identity based on other features, such as their ethnicity or religion. **Communicating these findings** to relevant

communities is recommended, especially if communication can be used as a strategy for enhancing togetherness which in itself aids community resilience following disaster (e.g. Thornley et al., 2015, Spialek et al., 2016, Yates & Partridge, 2015).

Steps that can be taken to enhance the existing identity of the community would be best carried out by community groups that are **active members of the communities** themselves and know the history and social background of the communities. Such local knowledge is imperative for understanding the nuances of the particular area, and for knowing which elements of the community to draw upon in enhancing identity. For example, in the case of Manchester, people who knew the background regarding the worker bee were able to promote this as a symbol following the bomb and its ties to Manchester were already visible through its use in the city.

Creative means of enhancing community identity through such relevant symbols and other art forms are also recommended and this approach was used effectively in Japan following a tsunami through the use of community workshops and promotion of the symbol of the octopus (Goulding et al., 2018). Community-based methodology used in some studies (e.g. Goulding et al., 2018, Madsen & O'Mullan, 2016) revealed creative and novel findings which would be an addition to the field of community resilience following bombings, as it would allow greater inclusion from participants who might speak different languages. Also, given that the research in this area has benefited from a multidisciplinary approach, further psychological research could be enhanced through working with other professional colleagues or community leaders.

Local artists can be commissioned to produce and promote materials that enhance community solidarity as these efforts are identity-confirming in their own right, and can be utilised during periods of adversity, as in the case of the poem 'This is the Place' by Tony Walsh (2013) following the Manchester Arena bomb. Acts of remembrance following adversity, should draw upon such identity-confirming materials and ways of keeping key messages relating to the community visible should be encouraged. In Manchester, street art and merchandise including symbols of the bee, lines from the poem and songs from local internationally known musicians are highly visible in the city which helps to promote a sense of identity (see Appendix 11). Through community-wide, multi-agency strategies to legitimise, promote and 'own' such symbols, important messages of solidarity and cohesion become imbued in the essence of the community, which further confirms the identity of the place. However, the potentially divisive nature of certain symbols is acknowledged and should be carefully considered as certain symbols may serve to isolate, rather than unite groups (e.g. symbols of political or religious origins). The use of relevant quotes from the poem by Tony Walsh (2013), presented in Appendix 12 in relation to the themes in this thesis is an example of how such identity-affirming strategies can be used in different contexts.

Finally, the importance of giving **helping roles** to community members is consistent with findings from Williams and Drury (2009) who stated that survivors of disasters should be considered as a fourth emergency service. **Volunteering** with the recovery efforts after a disaster has been shown to aid resilience and should be encouraged (Imperiale & Vanclay, 2016, Jang & Wang, 2009, Madsen & O'Mullan, 2016, Wickes et al., 2015). Future research using community-based methodology could explore the ways in which

community members see themselves as able to contribute in the aftermath of a disaster, acknowledging that people may wish to assist in accordance with their existing social roles (Drury et al., 2009).

Therapeutic Practice

It is important to understand that due to feelings of insecurity and stigma, marginalised individuals may not seek out therapeutic support in the first instance (Kellezi et al., 2021). If they do, **genuine curiosity** about their experiences and **sincere compassion** is necessary in order to set the context for the therapeutic relationship. Individual psychotherapy cannot change the context that the individual exists within. However, it is still vitally important for therapists to work to enhance individuals' emotional needs wherever possible, regardless of limitations if they do seek psychological support. In my professional experience, this is a necessary and highly beneficial role.

For clients who may present in a similar way to Priti, initial emphasis should firstly be on developing a **sense of rapport and similarity** between them and their therapist. Whilst a therapist from a similar cultural background would be the ideal, this is unlikely to be possible in many cases. Therefore, emphasis on enhancing other similar personal factors is helpful, such as gender, before working to expand this to a wider acceptance of the human similarities between the client and therapist (similar to themes discussed by Muldoon & Lowe, 2012). The benefits of this approach have been identified by Kellezi et al., (2021) in relation to detainees inside immigration removal centres. Ideally, then therapists who are located in the same community as the clients can develop vocabulary which enhances a sense of community knowledge and rapport between them. Shared

social identity is key to encouraging **trust and reciprocity** which will enhance the therapeutic relationship, and this is a necessary component for progress within therapy. When the therapist can demonstrate (through their observation) that this has taken place, the context can be set for a shared sense of identity to develop more widely between the client and their wider local community. Barriers to this include the increase in online therapy sessions post Covid-19, as clients can be located around the country (or even internationally) so a shared sense of community between the client and therapist is not possible.

Working through the themes, it would then be useful to broaden the sense of **collective coping opportunities** available for clients in order to eventually be able to foster a sense of **hopefulness** about the future, and plant the suggestion early on that improvements to wellbeing are not only possible, but expected. A sense of **empowerment** can then be developed from a personal perspective to a wider group which helps to promote social inclusion and overcome division. Overall, by promoting social inclusion at the individual level, group dynamics can then be harnessed to help with overcoming division and isolation at a broader level.

As mentioned, findings from this thesis have the potential to straddle international and multidisciplinary boundaries, with associated policy and practice implications both of which are currently being actioned and considered. Specifically, the practice guidelines derived from this thesis are being used with clients experiencing difficulties arising from child exploitation, the Manchester bomb and the Covid-19 pandemic to enhance their sense of belonging to their local community. This is having a positive impact on

symptoms related to trauma, depression and anxiety, as well as providing scope to address unhelpful personality traits. Future service evaluation is planned, as pre/post session measures using tools such as the Beck Depression Inventory-II (Beck et al., 1996), the Beck Anxiety Inventory (Beck et al., 1988), the Trauma Symptom Inventory-2 (Briere, 2011) and the Emotional Needs Audit (Human Givens Institute, 2006) reveal positive results consistent with observation and client self-report. **Case studies** showing how the guidelines are currently in use will be developed and submitted for publication in due course.

It will be necessary to see how these guidelines can be applied therapeutically to different cultures and different community disaster contexts in future, whilst sensitively acknowledging the limitations which will be relevant to certain communities due to systemic issues.

Forensic Psychology

This research has highlighted the potential negative outcomes for community members who do not feel a part of their place-based communities, and this is of relevance to the wider study of terrorism and policy implications regarding 'home-grown' terrorists. Although this was not the focus of this research, it is likely that further studies into the area of community isolation and risk factors for terrorism can draw upon the findings of this research from a social identity perspective, so that the different identity characteristics of community members can be explored more widely and supported to co-exist. Although isolation from communities is not enough on its own to explain the

behaviour of those who commit terrorism, it is of relevance and should not be ignored as a contributing factor (e.g. Wolfowicz et al., 2020).

From a wider forensic psychology perspective, I am currently consulting with community workers to see how the guidelines can be used with community groups addressing **anti-social behaviour**, with the aim of improving community cohesion and engagement in locally targeted areas. Community officials are also interested in how these guidelines can be extended for use in ethnic communities on the fringe of the wider Manchester community.

Community members who were not able to draw upon a shared sense of communal coping, as they were not engaged in the wider community, were vulnerable to continued disengagement and ongoing fear and isolation.   The nature of **community disengagement** was positioned as being due to a range of intertwining social factors that can be seen to relate to existing social disadvantage in the community. This is consistent with other studies that have highlighted how disengagement from the community is a threat to community recovery following disasters (e.g. Binder et al., 2015, Thornley et al., 2015). Future forensic psychological research could explore these dynamics in relation to vulnerability to extremist ideology as well as other community-level problems such as antisocial behaviour. It is recommended that the emerging guidelines are used as part of **community rehabilitation** strategies following release of prisoners, to see how/whether place identification could assist with rehabilitation and reduce offence-related behaviours.

It is inevitable that there will be significant **media interest** following terrorist events, and media portrayals are likely to exist within the current socio-political agendas at the time. Such agendas potentially demonise particular sub-communities and often are seen to blame them for terrorist acts. This can be highly damaging to the existing identity of the community and thus hinder recovery in the communities and further alienate sub-community members which is a risk factor for terrorism (Wolfowicz et al., 2020). Therefore, **education for media agencies** regarding these issues and their important role in community recovery is recommended, including the use of **social media** which provides immediate coverage and can assist in community recovery (Spialek et al., 2016, Yates & Partridge, 2015). It should be considered a priority to collaborate with national and international media as soon as possible following an incident. The socio-cultural sensitivities of the specific communities should form the basis of such media reporting, so local media have a crucial role to play in this regard, with the national and international media following their lead. As such, **media briefings** could be prepared in advance through collaboration with press offices so they are readily available for use when necessary.

The nature of terrorist incidents means that **effective communication** with the community is unlikely to be prioritised by local and national government officials, as national security has to take priority. As good communication (Thornley et al., 2015) and a sense of leadership support has been found to aid community resilience following disasters (Ekanayake et al., 2013) the onus should be on community leaders across a wide arena (council, religion, arts, heritage etc) to **coordinate community action and empower community members.** A **pre-planned strategy** for communities to adhere to

following a terrorist event is recommended, which is openly shared by community leaders and is legitimised for community leaders and community groups / organisations to sign up to and utilise in the event of an incident.

Such a strategy should be developed from the social identity perspective, and as such explain potential actions (e.g. local emergency services vs anti-terrorism police) in terms of usual in/out-group behaviours so these are not unexpected. Early opportunities should be taken to enhance and emphasise place-based community values. An acknowledgement of the likelihood and reasons for a dearth of information at the time of the incident can be explained and should include a 'what to expect section' yet suggest ways to still contribute to recovery. It should include practical helping behaviour that community members can become involved with in the aftermath of the event and longer-term ongoing community-enhancing action which has tangible outcomes and is focussed on action and its resulting enhancement of community identity. The importance of tangible outcomes is highlighted, as the present research found that whilst there was clear motivation for community engagement, abstract terms such as 'mobilising' future action did not necessarily lead to effective and positive long-term community outcomes.

Final thoughts

As this research has demonstrated, victims of a terrorist incident should not only be considered to be those directly harmed and their loved ones. Insofar as the attack is understood to be upon the whole community, other residents can also feel themselves

to be victims and can potentially be traumatised by the attack. Therefore, charitable support for individual therapy needs to extend to wider community members when necessary, and the impact of the event accepted as a legitimate cause of their suffering, not only those who were directly affected. It is from within the community, if it is functioning well, that healing can start to occur.

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Appendices

Appendix 1: Quality Appraisal table using CASP criteri

Study Number	Authors	Year	Abstract (score 1-4)	Introduction (score 1-4)	Method/data (score 1-4)	Sampling (score 1-4)	Data Analysis (score 1-4)	Ethics/Bias (score 1-4)	Results (score 1-4)	Transferability/ generalisability (score 1-4)	Implications/ Usefulness (score 1-4)	Study Quality (Score out of 36)	Study Quality (Very poor=1-9, Poor=10-18, Fair=19-27, Good=28-36)
1	Dogulu, Karanci & Ikizer	2016	4	4	4	4	3	4	4	4	4	35	Good
2	Goulding, Kelemen & Kiyomiya	2018	3	4	4	4	4	4	4	4	3	34	Good
3	Brokopp Binder, Baker & Barile	2015	4	4	4	4	3	3	4	4	4	34	Good
4	Cagney, Sterrett, Benz & Tompson	2016	4	4	4	4	4	3	4	4	3	34	Good
5	Madsen & O'Mullan	2016	3	4	4	4	4	4	4	4	3	34	Good
6	Maidment, Tudor, Campbell & Whittaker	2015	4	4	4	4	4	4	3	4	3	34	Good
7	Lisnyj & Dickson-Anderson	2018	4	4	4	4	4	3	4	4	2	33	Good
8	Ekanayake, Prince, Sumathipala, Siribaddana & Morgan	2013	4	3	4	4	4	3	3	4	3	32	Good
9	Guo, Zhang, Zhang, Zheng	2018	4	4	2	4	4	1	4	4	4	31	Good
10	Guo, Zhang, Zhang, Zheng	2018	4	4	4	4	3	1	3	4	4	31	Good
11	Wickes, Zahnow, Taylor & Piquero	2015	4	4	4	4	4	1	4	3	3	31	Good
12	Spialek, Czlapinski & Houston	2016	3	4	4	4	4	1	3	3	4	30	Good
13	Paez, Basabe, Ubillos & Gonzalez-Castro	2007	4	4	4	4	4	1	4	3	2	30	Good
14	Yates & Partridge	2015	4	4	4	4	3	1	4	4	2	30	Good
15	Cui, Han & Wang	2018	3	3	4	4	4	1	3	4	3	29	Good
16	Proudley	2013	4	4	3	4	2	1	2	4	4	28	Good
17	Jang & Wang	2009	3	2	3	4	3	4	3	3	2	27	Fair
18	Chamlee-Wright & Storr	2011	4	4	4	4	2	1	3	3	2	27	Fair
19	Laycock, Mahone & Filson	2014	3	3	4	4	3	1	3	3	3	27	Fair
20	Thornley, Ball, Signal, Lawson-Te Aho & Rawson	2014	4	3	2	2	2	1	2	2	4	22	Fair
21	Imperiale & Vanclay	2016	3	2	2	2	1	2	2	2	2	18	Poor

Appendix 2: Hawker et al., (2002) Critical Appraisal Tool (CASP)

1. Abstract and title: Did they provide a clear description of the study?

Good   Structured abstract with full information and clear title.

Fair   Abstract with most of the information.

Poor   Inadequate abstract.

Very Poor   No abstract.

2. Introduction and aims: Was there a good background and clear statement of the aims

of the research?

Good   Full but concise background to discussion/study containing up-to-date literature review and highlighting gaps in knowledge. Clear statement of aim AND objectives including research questions.

Fair   Some background and literature review. Research questions outlined.

Poor   Some background but no aim/objectives/questions, OR Aims/objectives but inadequate background.

Very Poor   No mention of aims/objectives. No background or literature review.

3. Method and data: Is the method appropriate and clearly explained?

Good   Method is appropriate and described clearly (e.g., questionnaires included). Clear details of the data collection and recording.

Fair   Method appropriate, description could be better. Data described.

Poor   Questionable whether method is appropriate. Method described inadequately. Little description of data.

Very Poor   No mention of method, AND/OR Method inappropriate, AND/OR No details of
data.

4. Sampling: Was the sampling strategy appropriate to address the aims?

Good   Details (age/gender/race/context) of who was studied and how they were
recruited.

                Why this group was targeted. The sample size was justified for the study. Response rates shown and explained.

Fair   Sample size justified. Most information given, but some missing.

Poor   Sampling mentioned but few descriptive details.

Very Poor   No details of sample.

5. Data analysis: Was the description of the data analysis sufficiently rigorous?

Good   Clear description of how analysis was done. Qualitative studies: Description of how themes derived/ respondent validation or triangulation. Quantitative studies: Reasons for tests selected hypothesis driven/numbers add up/statistical significance discussed.

Fair   Qualitative: Descriptive discussion of analysis. Quantitative.

Poor   Minimal details about analysis.

Very Poor   No discussion of analysis.

6. Ethics and bias: Have ethical issues been addressed, and what has necessary ethical approval gained? Has the relationship between researchers and participants been adequately considered?

Good   Ethics: Where necessary issues of confidentiality, sensitivity, and consent were addressed. Bias: Researcher was reflexive and/or aware of own bias.

Fair   Lip service was paid to above (i.e., these issues were acknowledged).

Poor   Brief mention of issues.

Very Poor   No mention of issues.

7. Results: Is there a clear statement of the findings?

Good   Findings explicit, easy to understand, and in logical progression. Tables, if present, are explained in text. Results relate directly to aims. Sufficient data are presented to support findings.

Fair   Findings mentioned but more explanation could be given. Data presented relate directly to results.

Poor   Findings presented haphazardly, not explained, and do not progress logically from results.

Very Poor   Findings not mentioned or do not relate to aims.

8. Transferability or generalizability: Are the findings of this study transferable (generalizable) to a wider population?

Good   Context and setting of the study is described sufficiently to allow comparison with other contexts and settings, plus high score in Question 4 (sampling).

Fair   Some context and setting described, but more needed to replicate or compare the study with others, PLUS fair score or higher in Question 4.

Poor   Minimal description of context/setting.

Very Poor   No description of context/setting.

9. Implications and usefulness: How important are these findings to policy and practice?

Good	Contributes something new and/or different in terms of understanding/insight or perspective. Suggests ideas for further research. Suggests implications for policy and/or practice.
Fair	Two of the above (state what is missing in comments).
Poor	Only one of the above.
Very Poor	None of the above.

Appendix 3: Table of Studies for Inclusion in Systematic Review

	Study	Sample	Disaster Type	Design	Main Findings	Discipline	Quality Appraisal
1	Binder, S. B., Baker, C. K., & Barile, J. P (2015)	133 Adult residents from 2 working class communities (M:49 F:84) Location: USA	Hurricane	Mixed methods; survey; semi-structured interview; t-tests, chi-square, logistic regression, within-case analysis, grounded theory	Resilience associated with experience of previous disaster, connection to place, attachment to place, local culture shared narrative. Vulnerability associated with neighbourhood in transition, new residents with varied ethnic backgrounds, social problems, detachment from community, reduced place connection with varied ethnic backgrounds, social problems, detachment from community, reduced place connection	Psychology	Good
2	Cagney, K. A., Sterrett, D., Benz, J., & Tompson, T (2016)	1,009 Adult residents from 12 neighbourhoods. Location: USA	Superstorm	Quantitative; multi-mode survey; ordered logistic regression, Brant test, chi-square, generalised ordered logistic regression	Resilience associated with social connectedness- social cohesion, informal social control, social exchange = more relevant in low SES communities, preparedness. Vulnerability associated with increased severity of impact of the storm	Sociology	Good
3	Chamlee-Wright, E & Storr, VH (2011)	301 Adult community members. Location: USA	Hurricane	Qualitative; Interviews	Resilience associated with Collective narratives, social networks, social capital	Sociology	Fair

4	Cui, K., Han, Z., & Wang, D (2018)	189 Adult community members M:29.10%). Location: China	Earthquake	Quantitative; Survey; multivariable linear regression, ordinal least squares regression, Cronbach's alpha	Resilience associated with Volunteering in community disaster risk reduction activities, disaster education & drills, preparation of practical resources (overarching - active community interaction), higher income	Public Health	Good
5	Doğulu, C., Karanci, A. N., & Ikizer, G (2016)	20 Adult survivors (M:12 F:8) Location: Turkey	Earthquake	Qualitative; Case study, interviews; Consensual qualitative research method	Resilience associated with Provision of aid (basic needs), social support, perceived psych support, informed community, togetherness as community, religious faith, low devastation, quake awareness education, quake resistant buildings, preparedness, social solidarity, trust, support, good psych health, prior quake experience, wealth. Vulnerability associated with Rebellion against God, poor aid distribution, disorganisation in aid, perceived inefficiency of institutions (all levels), bureaucracy, lack of psych support, lack of social solidarity/connectedness, challenging environmental conditions, high expectations of survivors	Psychology	Good
6	Ekanayake, S., Prince, M., Sumathipala,	38 Adult survivors (M:17 F:21) Location: Sri Lanka	Tsunami	Qualitative; Field work, interviews, observation,	Resilience associated with self-motivation, positive outlook, hopefulness, faith and religion, sharing experiences with others,	Psychiatry	Good

	A., Siribaddana, S., & Morgan, C (2013)			secondary data, screening tools; Thematic analysis, elements of grounded theory	informal social resources, sense of community solidarity, strong community cohesion, becoming engaged in community activities, religious activities and public mourning, gov and humanitarian aid. Vulnerability associated with blaming God and anger to God, hopelessness about God, disorganised gov and humanitarian aid		
7	Goulding, C., Kelemen, M., & Kiyomiya, T (2018)	>200 Adult community members. Location: Japan	Earthquake / Tsunami	Qualitative; Community Based Operations Research (CBOR); Arts-based (Cultural Animation), story-telling, interviews, secondary data; Content analysis, narrative analysis	Resilience associated with collective culture, shared goals, values and attitudes, collaboration and mutual help, assuming leadership role, connection with others, sharing experiences, sharing provisions, connectedness, collective grieving, changing values, art and craft-making, story-telling, transformation, cooperation.	Business / management	Good
8	Guo, Y., Zhang, J., Zhang, Y., & Zheng, C (2018a)	655 Adult (age 24+) residents of 2 communities (F:57.3%). Location: China	Earthquake	Quantitative; Survey; multivariable linear regression, ordinal least squares regression,	Resilience associated with place identity, place dependence, place attachment, personal identification with their community	Geography	Good

				Cronbach's alpha; Structural Equation Modelling (SEM), Multigroup analysis with SEM			
9	Guo, Y., Zhang, J., Zhang, Y., & Zheng, C (2018b)	691 Adult (age 24+) residents of 2 communities (M:42.1% F:57.9%). Location: China	Earthquake	Quantitative; Survey; Structural Equation Modelling (SEM), confirmatory factor analysis (CFA)	Resilience associated with social capital, bonding among family, bridging between neighbourhoods. Inward social ties can be detrimental	Geography	Good
10	Imperiale, A. J., & Vanclay, F (2016)	Survivors, staff and officials. Location: Italy	Earthquake	Qualitative; Ethnography, participant observation, interviews, secondary data	Resilience associated with equity - sense of responsibility to help others, strong empathy for others, solidarity from sharing experiences, collective care for vulnerable groups, sharing resources, collective tasks, cooperation, togetherness, social cohesion, , social connectedness, participation, common fate, public awareness of sustainability (knowing what to do), stories and strategies via aftershock communication. Vulnerability associated with loss of home, ongoing homelessness	Geography	Poor

11	Jang, L., & Wang, J (2009)	23 Adult (age 35+) survivors and residents. Location: Taiwan	Earthquake	Qualitative; Interviews, Focus Groups; cross-case and content analyses	Resilience associated with Acceptance, Hakka spirit, post-disaster life events, preparedness, resource availability, self-reliance, serving others, social support networks, spirituality, gratitude to Gods, role of gov agencies. Vulnerability associated with Experience of natural disaster, post-disaster life experience	Sociology / Social Work	Fair
12	Laycock, K., Mahone, J. P., & Filson, G (2014)	184 Adult (age 18+) community members. Location: Canada	Tornado	Mixed methods; survey; semi-structured interview; key informant interviews; Capacity and Vulnerability Analysis, Kruskal-Wallis ANOVA	Resilience associated with helping neighbours, engaging in fundraising and relief efforts, strengthening social cohesion, sensitivity to the community, importance of the 'square', timely reduction of risks, community engagement and connection, engaging one another, motivated to move ahead without dwelling on loss, higher education. Vulnerability associated with lower education	Built Environment	Fair
13	Lisnyj, K. T., & Dickson-Anderson, S. E (2018)	29 Adult (age 20+) community members (M:17 F:12) Location: Canada	E-Coli outbreak	Qualitative; Case Study, Interviews, focus groups; Content analysis	Resilience associated with capacity building, positive, optimistic perspective, helping others, social capital, community support, economy surviving but not thriving, reputation, local government, preparedness, rural community characteristics. Vulnerability associated with Ongoing physical/mental health effects, economy surviving but not thriving,	Public Health	Good

					poor reputation, lack of transparent local government, preparedness, rural community characteristics		
14	Madsen, W., & O'Mullan, C (2016)	82 Community members (age 16+). Location: Australia	Floods	Qualitative; Community-Based Participatory Research (CBPR); Photovoice analysis, thematic analysis	Resilience associated with social connectedness, optimistic acceptance via stories, learning tolerance and patience, learning from past to the future, history of volunteering	Public Health / Sociology	Good
15	Maidment, J., Tudor, R., Campbell, A., & Whittaker, K (2015)	32 Community members (age 35+) (M:2). Location: New Zealand	Earthquake	Qualitative; Fieldwork, interviews, focus groups; Comparison analysis	Resilience associated with crafting for recovery, social connection, learning and meaning making, giving to others, caring for each other and the community, vision and hope for the future, shared narratives and symbolism, commemoration	Public Health / Social work	Good
16	Páez, D., Basabe, N., Ubillos, S., & González-Castro, J. L (2007)	661 university students & non student adults (mean age 27.43) (M:28%) Location: Spain	Bombing	Quantitative; Surveys; Bentler's EQS Structural Equations Program	Resilience associated with Participating in demonstrations, ceremonies, rituals, experiencing positive social climate (perceived hope, solidarity, trust), social sharing,	Psychology	Good

					negative emotional arousal combined with social support		
17	Proudley, M (2013)	33 Adult (age 20+) community residents (M:13 F:20) Location: Australia	Wildfires	Qualitative; Case Study, Interviews	Resilience associated with relationship with landscape, connection to natural environment, place attachment, sense of place. Vulnerability associated with Loss of control, unsettledness, place disruption, loss, family tensions, being male, altered landscape, loss of animals, lower economy, not seeking support	Social Work	Good
18	Spialek, M. L., Czlapinski, H. M., & Houston, J. B (2016)	155 Adult (age 18+) community residents (M:33, F:120, 2 did not give gender) Location: USA	Tornado	Quantitative, Surveys; hierarchical regression	Resilience associated with disaster communication, talk about tornado, social media use about tornado, mental health talk about tornado	Communications	Good
19	Thornley, L., Ball, J., Signal, L., Lawson-Te Aho, K., & Rawson, E (2015)	92 Adult community leaders and residents. Location: New Zealand	Earthquake	Qualitative; semi-structured interviews; Inductive	Resilience associated with pre-existing community infrastructure [related to social capital](e.g. community and tribal organisations, local leaders), being used to hardship especially poverty, social connectedness, pre-existing communication networks, sense of community, increased caring and generousness, marae ceremonies, concerts and memorial events,	Public Health	Fair

					Incidental opportunities to meet others in the community, good communication, community participation, community engagement in official decision-making, support of central and local gov. Vulnerability associated with existing hardship, chronic stress, trauma, loss of housing and community facilities, displacement of residents, disadvantaged communities, demographic changes, lack of community infrastructure, authorities' poor communication and bureaucratic inflexibility, lack of disaster relief, staying at home due to fear, social isolation		
20	Wickes, R., Zahnow, R., Taylor, M., & Piquero, A. R (2015)	>4,000 Community residents. Location: Australia	Floods	Quantitative; Longitudinal Survey - pre and post disaster; Factor analyses, ordinary least squares (OLS) regression analysis	Resilience associated with pre-flood social capital (bonding and bridging, reciprocal exchange, volunteering), greater residential mobility. Vulnerability associated with social disadvantage (vulnerable residents), perceived community problems, larger communities, dense community services	Social science	Good

| 21 | Yates, C., & Partridge, H (2015) | 25 Adult (age 18+) community residents (M:7 F:18) Location: Australia | Floods / Cyclone | Qualitative; Interviews; Structural and focused coding | Resilience associated with social media, connectedness, sharing experiences, providing reassurance on wellbeing, coping and distraction, emotional support, volunteering help, community spirit, brokerage of information by citizens, journalism, sharing of local information | Information | Good |

Appendix 4: Map of Greater Manchester

Appendix 5: Participant Demographics

Code	Gender	Ethnicity	Age	Occupation	Education	Area	Gtr MCR borough	Disability	pseudonym
P1	F	White (British)	23	Student/Nursing Assistant	Undergrad	Bury	Bury	n	Anna
P2	F	White (Eastern European)	26	Student/takeaway manager	Undergrad	Salford	Salford	n	Bella
P3	F	White (British)	29	Student	Postgrad	Bolton	Bolton	y	Crystal
P4	M	White (British)	56	IT company director	Graduate	Heald Green	Stockport	n	Dave
P5	F	Chinese	49	Software engineer	Graduate	Cheadle Hulme	Stockport	n	Ella
P6	F	White (British)	47	Health and Safety Exec	PhD	Cheadle Hulme	Stockport	n	Fliss
P7	F	Asian (Pakistan)	21	Student	Undergrad	Crumpsall	Manchester	n	Priti
P8	F	White (British)	73	Retired Teacher	College	Farnworth	Bolton	n	Georgia
P9	M	White (British)	68	Retired Surveyor	College	Farnworth	Bolton	y	Harry
P10	F	White (British)	23	Library Assistant	Graduate	Wigan	Wigan	n	Isla
P11	F	White (British)	33	Education Worker	Graduate	Bolton	Bolton	y	Julie
P12	M	White (British)	24	Student	Postgrad	Salford	Salford	n	Ken
P13	M	White (British)	32	Library Manager	College	Bolton	Bolton	n	Lloyd
P14	F	White (British)	37	Arts/Theatre Manager	Graduate	Flixton	Trafford	n	Mary
P15	F	Asian (Libyan)	36	Charity Worker	Graduate	Ardwick	Manchester	n	Amira
P16	M	Asian (Pakistan)	41	Solicitor	Postgrad	Cheetham Hill	Manchester	n	Mo
P17	F	Asian (Pakistan)	58	Community Consultant	Graduate	Levenshulme	Manchester	n	Nadia
P18	M	White (British)	58	Rabbi	Postgrad	Bury	Bury	n	Adam

Appendix 6:   Interview Summary Guide

1. Self in local community – connections, settled, part of MCR?

2. Identity - *Explain social identity – ways of seeing ourselves as belonging to certain groups, as being like them so feeling part of them.*   Own groups and where fit in. Why and how?

3. Bomb – at the time, affect personally, family, friends, local community, MCR, Identity groups

4. Passage of time – any changes in how processed the above over time?   MCR over time? What helped and hindered?

5. Now – personal and community strengths and vulnerabilities? Local changes?

6. Future – what can help MCR? What could other communities learn from MCR. Do better?

7. Summary wrap-up – revisit points.   Views about other interviewees perspectives

Project title: Community resilience following a terrorist attack: The experiences of community members following the Manchester Arena bomb

Informed consent to participate in psychological research

My name is Helen Hart and I am conducting research for a Doctorate in Forensic Psychology at Nottingham Trent University.   The overall purpose of this research is to explore community responses to the Manchester Arena attack in May 2017. This is so that anything we learn from this research could help communities to cope with any future terrorist attacks across the world.

This research is fully supervised and monitored by Dr Clifford Stevenson, Director of Studies. If you have any questions or concerns about this research, please contact myself or Dr Stevenson. Our contact details can be found at the end of this form.

You are being asked to take part in an interview lasting approximately 1 hour. You have been recruited for this research in a manner consistent with the General Data Protection Regulations. These Regulations will be adhered to during the course of the research. The interviewer will ask a series of questions about you, your local community, your own experience as somebody who lived in Manchester at the time of the Manchester Arena bomb and your views about things that helped people in Manchester to cope and move on in the time after the bomb or made this more difficult. You may find such discussions distressing at times so please tell the researcher if this is the case.

Your responses will be **digitally recorded with your permission**. During the interview, please let the interviewer know if you would rather not answer some of the questions asked. If you disclose anything that relates to your involvement in criminal activity, or somebody you know and their involvement in criminal activity, the researcher **must pass this information on to the police.**

You have the **right to withdraw** from the research without giving a reason to do so. If you wish to withdraw you should contact the researcher or Clifford Stevenson and ask for your data to be withdrawn from the study before the 10th July 2019, giving your unique identifier code-number. If you contact us via email, this is likely to compromise your anonymity so you may wish to ring instead.

Due to the nature of the research, extracts from the interview will be used in the final report. To **protect your anonymity** your name and any other identifying factors will be removed from the transcript and publications. Although the researcher will ask you about the geographical region in Greater Manchester where you live (e.g. Stockport, Rochdale) this will not be specified in the final research paper. Details of your gender, age and ethnicity will be identified when relevant and this will be general terms (e.g. white female, aged 20s, Asian male, aged 50s). Only the interviewer and supervisor will have access to recordings. The digital information will be securely stored on a password-protected computer and the paper transcripts will be securely stored in locked filing cabinets. All recordings will be securely destroyed after publication of the research. The anonymised research will also be used in future academic publications.

Upon completion of the interview you are free to ask any questions you may have about the interview or research in general. Support numbers are available on this form in case any of the issues raised during the interview later prove to be upsetting to you.

Participation is voluntary and greatly appreciated. If you are happy to take part in this research please sign and date below. If you have any questions or concerns before, during or after your participation in this research my contact details, and those of my supervisor, are on the bottom of this form. Thank you for agreeing to consider participating in this research project.

Agreement to consent

I have read and understand the purpose of this research and my part in it;

I am aged over 20;

I have asked questions if needed and understand that I can contact the interviewer at any time with queries or concerns.

I have the right to withdraw my data at any point during or after the interview up until the deadline date and understand that all materials will be destroyed.

I voluntarily agree to take part in this study. I have been given a copy of this form to keep.

I certify that I have presented the above information to the participant and given them a copy of this form

I consent to this interview being recorded

I consent to my anonymised quotes being used when writing this research up

_____   _____

Researcher's signature   date

Thank you very much indeed for taking the time to read this sheet, and for your interest in my research.

Code-number of participant: _____

Signature of participant: _____

Date: _____

Interviewer contact details:

Helen Hart, Doctorate in Forensic Psychology, e-mail: helen.hart2017@my.ntu.ac.uk

Supervisor: Clifford Stevenson   Tel. 0115 848 4612

School of Social Sciences

Nottingham Trent University

50 Shakespeare Street

Nottingham NG1 4FQ

Support numbers;

Victim Support (Freephone)   08 08 16 89 111 (24 hours)

Victim Support Manchester Office   **0161 200 1950 (Monday to Friday 9am – 7pm / Saturday 9am – 5pm)**

Project title: Community resilience following a terrorist attack: The experiences of community members following the Manchester Arena bomb

Thank you for participating in this interview and for agreeing for your anonymised quotes to be used in writing up this research. Please let the interviewer know if you have any questions about the interview or the research.

This research is fully supervised and monitored by Dr Clifford Stevenson, Director of Studies. If you have any questions or concerns about this research, please contact me or Dr Stevenson. Our contact details can be found at the end of this form.

You have the **right to withdraw** from the research without giving a reason to do so. If you wish to withdraw you should contact the researcher or Clifford Stevenson and ask for your data to be withdrawn from the study **before 17th May 2019**, giving your unique identifier code-number. After this date, it will not be possible to withdraw consent as your recording will have been transcribed. If you contact us via email, this is likely to compromise your anonymity so you may wish to ring instead.

Support numbers are available on this form in case any of the issues raised during the interview later prove to be upsetting to you.

Interviewer contact details:

Helen Hart, Doctorate in Forensic Psychology, e-mail: helen.hart2017@my.ntu.ac.uk
Supervisor: Clifford Stevenson   Tel. 0115 848 4612
School of Social Sciences, Nottingham Trent University
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Appendix 9: Table of Themes

Themes	Sub-themes
1. IDENTITY *Label from Tony Walsh Poem* *'We make you at home'* *Illustrative comment from participant* *"Manchester does have a special spirit"*	1a Manchester as a place 1b Mancunians as a people
2. COPING *Label from Tony Walsh Poem* *'That Mancunian way to survive and to thrive'* *Illustrative comment from participant* *"you've got a hug of people around you"*	2a Appraisal of the event 2b Helping behaviour 2c Collective grieving and tributes
3. TRANSFORMING *Label from Tony Walsh Poem* *'We make summat happen'* *Illustrative comment from participant* *"it takes the crap and makes it beautiful"*	3a Restoration and hopefulness 3b Active belonging

Appendix 10:   Emerging Guidelines for Psychotherapists based on HG/SIA principles from the current research

Link to my research	Guidelines
Theme 1 Identity	a) Foster a sense of openness and genuine curiosity about their place in their geographical community, not just their communities based on social demographics b) Work to expand clients experience of place belonging outside of their immediate locality to the larger geographic area through their own social history c) Encourage an awareness of commonality with other community members e.g. through local social media groups d) Encourage a focus on shared community activities and the development of social support from a place perspective e) Challenge and address any barriers to a sense of belonging using existing strategies e.g. black-and-white thinking, challenge of media representations and empower them to challenge systemic marginalisation within some communities

	f) Use appropriate therapist/client relationship to emphasise community similarity wherever possible e.g. using we, us language, appropriate self-disclosure g) Challenge and address barriers to community engagement based on fear using psychoeducation e.g. origins of anxiety, role of intuition etc. Ensure a sense of safety is harnessed wherever possible. h) Encourage a sense of control within the environment and help to address social barriers to this i) Encourage attendance at community events aimed at getting to know the history and culture of the area and link this to development of status wherever possible e.g. community leadership roles j) Encourage use of positive language aimed at developing a sense of cohesion with the community, using existing local notions e.g. Mancunians are friendly
Theme 2 Coping	a) Be aware of the indicators of trauma from a community-sense, rather than just an individual sense. E.g a sense of dissociation within communities is described as feelings of detachment and eeriness, or unnatural quiet in previously busy areas

	b) Use existing techniques to foster calm, both from an individual perspective and in the wider community
	c) Encourage collective appraisal of an event from a positive perspective e.g. through focussing on shared characteristics related to strengths and develop ability to reflect and analyse negative messaging
	d) Challenge any assumption of negative community behaviour as being the norm and instead look for the positive alternatives to this based on shared identity and connection
	e) Encourage attendance at community activities linked to coping after adverse community events
	f) Harness the power of the imagination e.g. through guided imagery, metaphorical stories
	g) Reinforce similarity between client and the positive appraisal group
	h) Challenge and replace negative features of collective appraisal related to shame, blame, persecution, etc using techniques such as reality testing and role-play
	i) Encourage a focus on the difference between thriving, not just surviving following trauma – an outward focus on others through volunteering assists with this

Theme 3 Transforming	a) Use existing techniques to foster hopefulness such as harnessing clients' strengths of imagination and creativity – the use of abstract terminology is recommended
	b) Encourage development of creativity in relation to the community e.g. attendance at community craft memorial workshops, drama workshops
	c) Encourage the use and adoption of existing local cultural or community symbols e.g. Manchester bee
	d) Encourage attendance at community events aimed around awareness of community symbols e.g. bee trail
	e) Encourage observation of the ways in which things have been transformed and link with wider opportunities for growth and enhancement

Appendix 11:   Photos to show how the Worker Bee Symbol is used in Manchester

(all photos licenced under Creative Commons)

This is the place in the North West of England
It's ace, it's the best and the songs that we sing
From the stands, from our bands set the whole planet shaking
Our inventions are legends! There's nowt we can't make and

So we make brilliant music. We make brilliant bands
We make goals that make souls leap from seats in the stands
And we make things from steel and we make things from cotton
And we make people laugh, take the mick summat rotten

And we make you at home and we make you feel welcome
And we make summat happen, we can't seem to help it
And if you're looking for history then yes, we've a wealth
But the Manchester way is to make it yourself

And make us a record, a new number one
And make us a brew while you're up, love. Go on!
And make us feel proud that you're winning the league
And make us sing louder and make us believe it

That this is the place that has helped shape the world
And that this the place where a Manchester girl
Name of Emmeline Pankhurst from the streets of Moss Side
Led a Suffragette City with sisterhood pride

And this is the place with appliance of science
We're on it, atomic, we strut with defiance
In the face of a challenge we always stand tall
Mancunians in union delivered it all

Such as housing and libraries, and health, education
And unions and co-ops, the first railway station
So we're sorry! Bear with us! We invented commuters!
But we hope you forgive us – we invented computers!

And this is the place Henry Royce strolled with Rolls
And we've rocked and we've rolled with our own Northern Soul
And so this is the place to do business, then dance
Where go-getters and goal setters know they've a chance

And this is the place where we first played as kids
And me Mam lived and died here, she loved it she did
And this is the place where our folks came to work
Where they struggled in puddles, they hurt in the dirt

And they built us a city. They built us these towns
And they coughed on the cobbles to the deafening sound
Of the steaming machines and the screaming of slaves
They were scheming for greatness, they dreamed to their graves

And they left us a spirit, they left us a vibe
The Mancunian Way to survive and to thrive
And to work and to build, to connect and create and
Greater Manchester's greatness is keeping it great

And so this is the place now we've kids of our own
Some are born here, some drawn here but we all call it home
And they've covered the cobbles, but they'll never defeat
All the dreamers and schemers who still teem through these streets

Because this is a place that has been through some hard times
Oppressions, recessions, depressions and dark times
But we keep fighting back with Greater Manchester spirit
Northern grit, northern wit in Greater Manchester's lyrics

And there's hard times again in these streets of our city
But we won't take defeat and we don't want your pity
Because this a place where we stand strong together
With a smile on our face, Mancunians Forever

And we've got this* as the place where a team with a dream *(*Forever Manchester)*
Can get funding and something to help with their scheme
Because this is the place that understands your grand plans
We don't do No Can Do, we just stress Yes We Can!

Forever Manchester's a charity for people round 'ere
You can fundraise, donate. You can be a volunteer
You can live local, give local. We can honestly say
We do charity differently, that Mancunian Way

And we fund local kids, and we fund local teams
We support local dreamers to work for their dreams
We support local groups and the great work they do
So can you …help us help… local people like you?

Because this is the place in our hearts, in our homes
Because this is the place that's a part of our bones
'Cos Greater Manchester gives us such strength from the fact
That this is _the_ place. We should give something back.

Always remember. Never forget. Forever Manchester.