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## Epistemologies of Trauma: Cognitive Insights for Narrative Construction as Ritual Performance

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doi: 10.1558/bsor.32590

The study of trauma, memory, and affect has seen significant growth across many academic disciplines in recent decades, as can be witnessed by a flurry of recent publications. Rebecca Wittmann (2012) examines the role of public trials and how they shape collective memory and cultural history, for example, as Jane Goodall and Christopher Lee (2015) consider the way key traumatic events (e.g., floods, wars, mass migration, and so forth) are memorialized by those outside of communities affected by these issues. Following the path opened up by Danièle Hervieu-Léger (2000), the field of religious studies has also seen its share of enthusiasm for memorial, affect, and trauma. Oren Baruch Stier and J. Shawn Landres (2006), investigate the religious formation of community sites that memorialize traumatic events, while Jan Assman and Rodney Livingstone (2006) argue that memory, as a social construct, has cultural, social, and individual dimensions. A recent anthology edited by Maria Atkinson and Michael Richardson (2013) investigates the confluence of trauma and affect, while Donovan O. Schaefer's latest book (2015) brings affect theory to the larger field of Religious Studies by investigating the possibility of embodied, transcorporeal "animal religion."

The origins of trauma theory begin with the pioneering work of Cathy Caruth (1993), whose influence disseminated through layers of academia (Kanstainer and Weilnböck 2010, 29). Michael Rothberg's postcolonial perspective, however, criticized Caruth's theory for its inability to situate trauma as a collective, historical, and material experience (Rothberg 2008). Inspired by Rothberg's analysis, Irene Visser identified three foundational defects in Caruth's approach. Trauma theory's first flaw stemmed from its post-structuralist roots, where investigations into the meaning behind traumatic experiences ultimately arrive at a destination of aporia. Traumatic events were simply too horrible to be understood or spoken aloud, such that attempts to narrate the

events were themselves viewed as an act of betrayal to the original traumatic memory (Visser 2015, 256). If traumatic experiences are unspeakable, then it follows that they are also unknowable or at least unrelatable. The "unspeakability" school's second flaw involved its temporal paradigm of event-based trauma. By focusing on individually experienced one-time events, Caruth and company occluded a web of intersecting realities (e.g., gender, class, race, colonization, and so on) that contributed to and complexified meta-experiences of micro-trauma. The third flaw, according to Visser, involved trauma theory's focus on the individual and their symptoms rather than their recovery and potential for collective agency. By focusing on victim melancholia, Visser argued that Caruth's "unspeakability" school disempowered survivors from making meaning of and collectively organizing against injustices related to their embodied trauma.

Caruth's theory has also been criticized for diminishing personal and collective responses to trauma that are mediated through non-Western modes of spirituality, including ritual performance and the embodied transmission of knowledge (Rothberg 2008, 224–34). While some foundational trauma theorists regarded trauma as unspeakable, indeterminate, and irresolute, Judith Herman's clinically based trauma theory (Herman 1997) foregrounded patient agency and involved the construction of a "trauma narrative" as an empowering therapeutic method of treatment for survivors.

This article considers the rapidly expanding field of trauma studies, including current neuroscientific and biological approaches, to clarify the depth and breadth of trauma's relation to memory inscription, cultural identity, and embodied transmission. I use a comparative methodology to examine the seminal contributions of Ted Jennings to the field of ritual studies (Jennings 1982, 1987, 2014) that, I argue, correspond with Herman's three-stage nar-

rative construction process. In particular, I suggest that Herman's method of narrative construction conveys unique, embodied knowledge that can be understood as ritual performance. In what follows in the conclusion of this paper, I will offer several case studies in conversation with Herman that may serve as an important corrective to the weaknesses inherent in Caruth's "unspeakability" school of trauma theory—a corrective having implications for fields as wide-ranging as cultural history, anthropology, ritual studies, affect theory, collective memory, anthropology, and postcolonial approaches to the study of religion.

### Herman's Trauma Theory and Neurobiological Perspectives on Trauma

In her classic text *Trauma and Recovery*, Judith Herman begins by situating trauma studies into their historical context. Although trauma was first developed as a field of study in tandem with female "hysteria" in psychoanalytical circles from the end of the nineteenth century, the eventual (non)treatment of returning combat veterans following World Wars I and II provided survivors with intermittent levels of political attention from a broader segment of society. Referring mostly to survivors of war, the term PTSD (post-traumatic stress disorder) first appeared in the American Psychiatric Association's manual in 1980. After clinical observation, however, it became apparent that "the psychological syndrome seen in the survivors of rape, domestic battery, and incest was essentially the same" as that of combat veterans (Herman 1997, 32). Through the work of advocates, feminist activists, and pioneering psychiatrists, the definition of trauma gradually extended to include all responses to overwhelming experiences of violence.

The term trauma can mean different things to different people. Trauma will be defined here by its observable psychological and somatic presentations in the human body. Symptoms of acute trauma fall into three main categories, according to Herman: (1) "hyperarousal" or hypervigilance, (2) "intrusion," and (3) "constriction." Hyperarousal (or hypervigilance) is experienced as a "persistent expectation of danger" synonymous with a state of heightened alertness or sensory overload (Herman 1997, 32). Intrusion occurs when embodied, traumatic memories invade one's present even long after the traumatic events

have already taken place (Herman 1997, 34). Along with intrusion comes an opposing phenomenon in constriction, which "reflects the numbing response of surrender" one experiences when faced with an overwhelming act of violence (Herman 1997, 34). Constriction can be embodied through dissociation as an altered state of consciousness—a self-defense mechanism thought to shield one from unbearable experiences of pain (e.g., hypnotic-like daydreaming, suppressed memories, out-of-body experiences, and in extreme cases, multiple personality disorder).

Dissociation may be related to the body's "fight or flight" response to danger, but can present itself in other ways like emotional avoidance or self-harm. Although patients experience "numbness, derealization, depersonalization, and a change in the sense of time" while in a state of dissociation, their traumatic experiences are still "viscerally inscribed" as physical and psychological memory (Herman 1997, 43). Trauma causes "lasting alterations in the endocrine, autonomic, and central nervous systems" and is related to abnormalities in the amygdala and hippocampus regions of the brain that link memory and fear (Herman 1997, 238). The mind may be "absent" during bouts of dissociation, but the body still remembers.

According to Bessel van der Kolk, a leading researcher in the field of clinical trauma studies, patients can paradoxically experience dissociation even during bouts of intrusion as their bodies react as if the patient were still under a presently-perceived threat of bodily harm or annihilation (van der Kolk 2012, 229). Scientists have long known that the areas of the brain involved in memory inscription (the hippocampus and entorhinal cortex) are also involved in the mental processes of navigation, space-mapping, and time perception. Overwhelming experiences of trauma, however, disrupt these normal "sense-making" processes, such that the human body experiences intrusion, dissociation, and hypervigilance as a result. This embodied dissonance, according to Herman and van der Kolk, reflects the body's circular attempt to reassess or reinterpret the traumatic memory—to make sense of it—to situate the embodied memory in time, space, and context.

Recent advances in biotechnology have led researchers to observe the evidence of trauma at a genetic level. While one's DNA sequence does not change, one's gene expression (epigenetic expression) can change under certain external circumstances, in-

cluding trauma. In two different field studies, professor and psychiatrist Rachel Yehuda investigated the adult children of Holocaust survivors as well as the children of mothers living in New York City who were pregnant during the 9/11 attacks. The studies found that epigenetic traits changed by one's exposure to traumatic experiences can be passed on to children and perhaps even to grandchildren (Yehuda et al. 1998, 1998, 2000, 2002). Although Yehuda's 9/11 research specifically focused on the epigenetic transmission of trauma in pregnant mothers in New York City, similar studies focusing on particular ethnic and religious populations within a much larger geographic area demonstrated similar results (Lauderdale 2006).<sup>1</sup>

Studies in the emerging field of transgenerational transmission of trauma (TTT) have documented cases in which children of trauma survivors experienced phenomena such as detailed nightmares of primary traumatic events at which the children were not even present (Kellerman 2013). Although the exact link between the biological and metaphysical transmission of trauma has yet to be discovered, medical approaches to the conveyance of trauma allows an appreciation of these phenomena on a biological level.

In summary, traumatic memories are felt and known in the body even if they are banished or absent from the mind. Intrusion and hypervigilance result from a distortion in a patient's perception of embodied memory, space, and time (van der Kolk 2012, 229ff). In a sense, the patient is continually reliving the past traumatic memory in the present, as they unconsciously attempt to reinterpret and reassess their former traumatic experiences. Intrusion, constriction, and hypervigilance can affect patients even in their sleep. Neurohormones released during invasive dreams and nightmares buttress the neurological memory trace in the brain, making the memory even more accessible for future intrusion. As victims are "stuck" in the past, the damage trauma causes to their sense of self also makes it difficult for survivors to take initiative in the planning of their own future (Herman 1997, 34 and 238). Understanding trauma this way, I suggest that trauma can be "transtemporal" as it involves one's past, limits one's future, and can invade one's present at any time.

## From Herman's Narrative Process to Jennings' Ritual Theory

For Herman, one's trauma and recovery always involve the body. In contrast to Caruth's ineffable approach, Herman developed a clinically based treatment method known as a "narrative construction" process, where survivors organized a detailed and contextual verbal and/or written narrative of their traumatic experiences with the help of their therapist. Although Freudian psychoanalysis influenced the "unspeakability" and "narrative construction" approaches, Herman was careful to highlight the helpful ways that survivors organized themselves into communities of creative resistance and social activism in their final stages of recovery. Unlike Caruth, Herman focused on patient agency, embodiment, and transformation.

According to Ted Jennings, ritual is primarily embodied rather than speculative, active rather than reflective, and transformative rather than theoretical (Jennings 1982, 112). Ritual forms are not epiphenomenal, but essential to group imagination, epistemology, and participation. Arguing that ritual is "not a senseless activity," but an intentional construction and interpretation of the world, Jennings' ritual theory seeks to understand the noetic thought behind the ritual action (Jennings 1982, 112). One might ascertain the theory at play in and through the ritual performance arriving in three "moments": (1) as a way of gaining knowledge, Jennings asserts that ritual affords an embodied access to knowledge that cannot already be known elsewhere; (2) as a performance action, the ritual community (or its agent) transcends space and time to "make itself known in a particular way to another" who is then invited to respond; (3) the ritual invites an actualized imagination of creation; a performance of (re)creating or (re)imagining the world as it could be (Jennings 1982, 113).

### *Jennings' First Moment and Herman's First Stage*

Rather than an illustration of theory or a performance of mythic knowledge, ritual, for Jennings, is best understood as a performance action able to transmit knowledge "gained by and through the body" (Jennings 1982, 115). While Western metaphysical categories assume ontology as essential, static, and

interiorized, Jennings argues that ritual suggests that reality is embodied and performed (Jennings 2014, 2).<sup>2</sup> During the first moment of Jennings' ritual theory, the body moves, attends, and discovers unique knowledge through participation in the ritual act (Jennings 1982, 115). If ritual actions perform reality, one might broadly perceive the ritual action as "a means by which its participants discover who they are in the world and 'how it is' with the world" (Jennings 1987, 48).<sup>3</sup> This movement of discovery guides the participant from a pattern of stasis and immutability into an embodied knowledge of reclamation, restoration, and continuity as a member of the ritual community.

The first stage in Herman's narrative construction process also involves embodied re-contextualization, as therapist and patient "construe and construct" the trauma into a detailed historical narrative. The therapist begins by inviting the patient to recall what life was like before the traumatic event or experience(s) occurred. This act of situating one's historical context brings forward the patient's struggles, goals, relationships, and ideals in the life they lived before the trauma. More than this, Herman's first stage involves the alignment of body and mind towards the reintegration of the traumatic memory. Medical science gives evidence of the ways in which intrusion, hypervigilance, and dissociation fracture the victim from being fully integrated into their own present and, by extension, from their own community. Trauma inflicts an epistemological crisis, in other words, that undermines one's sense of relation to oneself, to others, and to one's history. Herman's first stage constitutes not only the situating of a context, but also provides an embodied revelation of unique knowledge for the patient moving out from a fractured identity into an embodied historical continuity.

#### *Jennings' Second Moment and Herman's Second Stage*

Rituals are performed and therefore presuppose an observer or spectator—typically deities (or ancestors) for whom the ritual is displayed, if not the ritual participants themselves. During Jennings' second moment of ritual performance, this other is invited to respond in a way that "fosters approval, understanding, and recognition of the ritual action" (Jennings 1982, 112). This ideal observer/other is not removed or detached from the performance, but rather one

"whose action will in some way extend or continue the ritual action itself and thereby 'validate' it" (Jennings 1982, 123). In this onto-epistemological sense, the knowledge conveyed by the performance simultaneously affirms we are as we act and anticipates knowledge from the observer/other—an epistemology Leroy Little Bear likens to "actual experience, stories, songs, ceremonies, dreams, and observation" (Little Bear 2009, 10).

For Jennings, this concurrent moment of inquiry and discovery situates itself within a liminal space between not knowing and knowing even if the exploration for knowledge occurs within an already known action or location (Jennings 1982, 114). Because rituals are oriented simultaneously within the community and at the observer/other, they convey an access to knowledge and involve patterns of action that transcend the ritual's time and space. To participate in this second moment is to act as the world acts, or perhaps to mimic that which founds the community or the world. Ritual action constitutes more than an illustration of what is already known elsewhere, as even the most scripted rituals are contextual and meaningful for the present circumstances of the community by way of the meaning discovered before, during, and after the ritual action.

During Herman's second stage, the patient speaks of the traumatic experience(s) using as much detail as possible. However, the mere recitation of facts does not help patients make meaning of their traumatic experiences or bring them into a place of embodied reintegration. Herman emphasizes the need for patients to bring their entire affective memories into the process of telling the story (Herman 1997, 181). Rather than expelling the trauma and directing it away from the patient as an exorcist would, the therapist helps the patient bring the trauma forth through the "restorative power of truth-telling" (Herman 1997, 181). The patient not only tells the story of their trauma to their therapist, but by speaking of events that may have never been articulated before, the patient puts into ordered speech the details of their trauma for themselves. Yet the process of narrative construction becomes more difficult as the patient's story comes closer in proximity to a traumatic experience. Herman explains that patients often spontaneously resort to non-verbal forms of communication such as painting, drawing, or acting out the "iconic" representations of their "indelible [traumatic] images" (Herman 1997, 177).<sup>4</sup> For Her-

man, this liminal space between not knowing and knowing constitutes a critical moment in the process of survivor reintegration.<sup>5</sup> As the patient constructs the narrative of the founding of their traumatic reality, their body becomes the location where past traumatic experiences are brought into the present to be situated anew. As the therapist and patient near the completion of their formalized, detailed, written trauma narrative during this second stage, the narrative is then presented to an observer/other in a way that seeks validation, “demands action, engagement, and remembering” (Herman 1997, 7-8).

### *Jennings' Third Moment and Herman's Third Stage*

According to Jennings, ritual knowledge is gained “not through detachment but through engagement”—a process that ultimately transforms that which is being sought (Jennings 1982, 116). We might say this opportunity of discovery is reserved for the learner, who is invited into a form of ontological being that the ritual action comes to know and make known. Not only do rituals convey embodied cosmological knowledge to participants and observers, but they also provide the context for group praxis within the world they have constructed (Collins 2014, 11–26).<sup>6</sup> If the first and second moments involve constructing “how it is with the world” and the community’s place within that world, Jennings’ third moment of ritual action involves an engaged process where ritual participants construct a new world as it could be (Jennings 1982, 116).

Herman’s third and final stage transforms the traumatic memory into a “testimonial ritual of healing” (Herman 1997, 181–96). As patients transverse into this final stage of narrative construction, they “speak of losing and regaining the world” as they know it (Herman 1997, 196). Although patients reclaim a history and construct a socially meaningful testimony during the previous two stages, they will remain confined to the identity of their past unless they can liberate themselves towards future possibilities (Herman 1997, 202). Communities and individuals alike press forward in this “new world” of possibilities and deepen alliances with those they trust. For many survivors, this trust will be formed through communities organized around political resistance to and public exposure of realities related to their collective experiences of trauma.

By synthesizing the three “moments” of Jennings’ ritual theory with Herman’s three-stage narrative process, the final section of this paper will seek to demonstrate how Herman’s narrative reconstruction not only corresponds with Jennings’ theory, but also makes room to challenge and correct the weaknesses inherent in Caruth’s school of trauma theory.

The first stage in Judith Herman’s narrative construction process involves self-continuity and reintegration, where patients put into ordered speech the world as they knew it before their traumatic experiences. I suggest that this first phase in Herman’s narrative construction can also be understood as a ritual performance wherein a survivor discovers “who they are in the world and ‘how it is’ with the world,” using Jennings’ terminology. Through the act of constructing a context for their trauma narrative, the patient attempts to articulate what may have never been articulated before, even if it has been uniquely known in the body. In this sense, the body of the patient “minds itself” through the contextualization of their own embodied history. Through the performance of recalling and speaking, in other words, the body of the survivor serves as the site for accessing and conveying unique, embodied knowledge.

Herman’s second stage of narrative construction involves the patient’s process of meaning-making in that space between knowing and not knowing their own incorporated trauma. The traumatic memories and pasts of each survivor are embodied through intrusion, dissociation, and hypervigilance and are therefore present wherever and whenever survivors are also present. When the whole self is brought forth during the construction of a traumatic narrative, the patient is transported into a cosmological project that Jennings refers to as the “founding event” of their world. Given the visceral nature of traumatic experiences, the second stage of narrative reconstruction may seem a strange place to investigate the transcendence of temporality. Yet herein lies the very assumption that narrative reconstruction seeks to mend. In the process of situating the traumatic memory in time and space, the body becomes the location where the traumatic experiences of the past are brought into the present to be situated anew. To construct a trauma narrative is to speak the unspeakable, the part of becoming that involves

“expressing the inexpressible,” to adapt a phrase by Nancy Raquel Mirabal (Mirabal 2007, 19). The act of narrative construction assumes a process and an evolution extending beyond the realm of the therapist’s couch.

While the narrative has a personal, private dimension in that it is like a spiritual form of confession, narratives that correlate with instances of long-term recovery have a juridical and political function as well (Herman 1997, 187–200). Of the diverse trauma narrative techniques that have developed independently across the globe by therapists, each involves a pattern of solemnity and formality during the narrative’s validation process. Some methods involve a detailed, written and formalized testimony. Others have the narrative read aloud with as much emotion as possible before they are ritually sealed, set, and accepted by the therapist or another outsider seen as an authority figure. Yet none of these approaches is entirely effective for long-term recovery, according to Herman, unless they also address the relational, socially meaningful aspects of trauma that extend beyond the scope of the personal narrative. Narratives that correlate with high rates of success in treatment are not interiorized, but directed at the community at large.

Both Jennings and Herman incorporate the possibility of creating a new world into the final dimensions of their theories. For Jennings, having established their place in the cosmos, the ritual community is free to create the world as it might be. For Herman, the patient is continually engaged in a process of constructing his or her narrative towards future possibilities, which can manifest itself through participation in organized groups of awareness and resistance.

Caruth’s unspeakability school of trauma theory minimizes the oral transmission of knowledge, while its Freudian hermeneutic foregrounds the melancholia of individual victims rather than their transformative acts of (individual or communal) agency. Its event-based trauma paradigm fails to accommodate generational and communal traumas experienced within particular historical contexts. But for communities that have histories of colonization, genocide, and slavery, for example, the possibility of social reintegration sometimes requires public justice and the performance of truth-telling to another—as Charles Long writes, a “turning of the soul toward an other defining reality” (Long 1969, 149–50).

International commissions, like South Africa’s Truth and Reconciliation Commission (TRC) as well as Guatemala’s *Recuperación de la Memoria Histórica* (REHMI) and *Comisión de Esclarecimiento Histórico* (CEH) serve as examples that problematize the unsayability school’s contentions. Their formalized, ritualized processes of trauma narration underscore the importance of orality and hold the public expression of communal experience as integral to the practice of meaning-making, transformation, and healing. As survivors organize into counterhegemonic movements of remembrance, they face a dominant society that would rather forget. Herman writes, “In the absence of strong political movements for human rights, the active process of bearing witness inevitably gives way to the active process of forgetting. Repression, dissociation, and denial are phenomena of social as well as individual consciousness” (Herman 1997, 9). Public trials and ceremonies of truth-telling “consciousness raising actions” may not only “galvanize collective interest in the past,” according to Lawrence Douglas (2005, 4), but also inform a “public that is almost completely and often deliberately ignorant of” crimes against the body politic according to Rebecca Wittmann (2012, 271). Whereas some political powers seek to bury their crimes against humanity, rituals of truth-telling sometimes require a literal exhumation, as Virginia Garrard-Burnett has shown in her work on dreams, collective memory, and the reburial of victims discovered in Guatemalan mass grave sites (Garrard-Burnett 2015, 180–92).<sup>7</sup>

As Enrique Dussel and Manav Ratti have brought to light, Western epistemologies that do not value orality or the performances of embodied experience often confine indigenous ritual, ceremony, and tradition to the realm of “superstition” and “irrationality” (Ratti 2013, 65–76; Dussel 2016, 42–46). But if rituals are understood as essential to group epistemology, memory, and cosmology as Jennings and others assert, then their devaluation constitutes a sort of social death for practitioners (Watson-Jones and Legare 2016, 42–46). American slavery, for example, enforced the “natal alienation” of slaves “in that they were not allowed freely to integrate the experience of their ancestors into their lives, to inform understanding of social reality with the inherited meanings of their natural forebears, or to anchor the living present in any conscious community of memory” (Patterson 1982, 5).

The unspeakability school of trauma theory offers

little to those seeking to contextualize their traumatic experiences en route to reintegration on the individual and collective levels. Placed within its poststructuralist and psychoanalytic context, the unspeakability school of trauma theory parallels the colonial project by devaluing indigenous orality and bodily performance, as well as focusing on individualized ahistorical traumatic events rather than contextual experiences embedded in a constellation of material realities. Understood as an embodied performance on an individual and collective level, however, Herman's narrative construction process in conversation with Jennings' affective ritual theory, carries a transformative power that moves one from being the object of someone else's history to the subject of one's own story (Brison 1999, 39).

Avoiding ahistorical, essentialist approaches that condense a ritual's movement, action, and performance to an all-encompassing definition of "religion," future case study investigations into trauma and ritual may center individuals or communities in a particular context. At the very least, Herman's construction practice-as-ritual complicates and clarifies current understandings regarding cultural memory, collective history, and the cognitive search for meaning, especially in light of transgenerational transmission of trauma (TTT). As a decolonized alternative to Caruth's "unsayability" school, Herman's trauma theory is embodied rather than unspeakable, historical rather than ontological, and transformative rather than aporetic.

### Notes

1. Lauderdale found that these women's experiences of increased harassment, discrimination, and violence during the months after 9/11 and before the birth of their children led to significantly higher rates of poor birth outcomes as compared to the same demographic in the same location during the previous year.

2. Jennings follows Heidegger's indication of being as a verb rather than a noun. After acknowledging that Heidegger was not entirely successful in his endeavor, Jennings writes, "For notions of being or substance or essence have posited being as in some odd way essentially inert, as simply there, of things as basically just what they are, just there in some sort of stable and unchanging way. In fact, the less changing, the more being where what changes, what acts and is acted upon is less truly or fully being, less ontologically real."

3. According to Jennings, "Ritual performance may be paradigmatic" in that it affords a functionalist approach

to the meaning of the ritual, but is also in a sense related to a community's search for meaning—a discovery of "the way things are."

4. Although initial attempts at retelling the story may include moments of dissociation, rationalizing the event, or even forgetting about what has transpired, the ultimate goal remains to bring the organized, detailed, and embodied story into the room where it can be spoken and heard.

5. A similar phenomenon is at work, I would argue, in Catherine Bell's concept of "circularity"; the deferral of meaning-making and finding ultimate purpose through ritual performance (Bell 1992, 98–105).

6. Bobby C. Alexander argues similarly that ritual forms are "central both to social change and social continuity" and are better understood as "generative of society and culture" (Alexander 1997, 153).

7. Garrard-Burnett explores the relationship between the dead and the living in Mayan culture. However, this relationship requires the dead to receive a proper burial—a rite prevented by the massacre of Maya people perpetrated by military forces during La Violencia. The discovery and reburial of the bodies recovered from mass graves not only serves as evidence of the genocide, but also provided communities and individuals with the opportunity to identify the bodies, to tell the truth of their ordeal, and to resituate their spirits in the realm of the dead according to Maya religious practices.

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## Emoji Dei: Religious Iconography in the Digital Age

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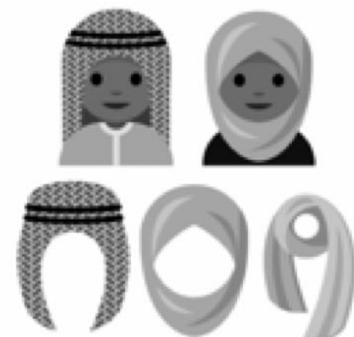
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In September 2016, Rayouf Alhamedhi, a fifteen-year-old high school student living in Berlin, submitted a proposal to the Unicode Consortium, a non-profit corporation "devoted to developing, maintaining, and promoting software internationalization standards and data" (Unicode 2017). Although little known outside the world of coders and computer programmers, the Unicode Consortium exerts a significant impact on twenty-first century life through its regulation of emoji—the colorful pictographs that increasingly punctuate our texts, emails, and social media posts.<sup>1</sup> Alhamedhi's proposal—a formal draft running to almost seven pages, which she developed with the help of a Consortium subcommittee—requested that the organi-



*A potential design for the new emoji by Aphelandra Messer. zation approve a new emoji, one that represented girls and women like her: a hijab, or headscarf, that can be superimposed onto pre-approved human characters.*