

Myrto Papadaki

Trauma in the context of adult education

Introduction

The aim of this essay is to explore the interconnections between trauma work and adult education, at a time where there is an increasing interest and research on creating trauma-informed educational settings (eg. Wartenweiler, 2017; Carello & Butler, 2015; Kerka, 2002).

The position of the author is that trauma can and should be seen beyond the lenses of medicine, symptomatology and victimisation. In the same way that trauma cannot be solely individual or “abnormal”, adult educators need to acknowledge its impact within learning spaces. As Wartenweiler (2017) remarks, acknowledging the impact of trauma means designing more effective, inclusive and socially just learning spaces. Adult education can be this terrain where trauma histories are approached as sources of personal and collective wisdom; as such, they can become the starting point for a critique on the social and political structures that create and sustain violence, oppression and inequality.

The first part is an attempt to map a brief overview of the definition of trauma in recent history, its critiques and various aspects. The aim is to identify the strong historical correlation between trauma and the field of medicine and how the dominant medical discourse around trauma can obscure its collective, social and political dimensions.

The second part weaves the link between adult education and trauma. Specifically, I discuss research on the impact of trauma on learners and learning along with specific approaches on creating trauma-informed learning environments. I also address the dominant discourse that seeks to limit the recognition of violence on learning, viewed solely as a matter of therapeutic, medical or other intervention. Finally, I discuss the need for more holistic approaches for critical educators when working in posttraumatic contexts, and creativity as a way to tap into the lived experiences of learners.

Definition of trauma

Trauma is a concept that has various definitions in different contexts. The word derives from Greek, meaning “wound”. In that sense, it has existed for many centuries, however it was only in the beginning of the 20th century that it became the focus of research. More specifically, initially trauma was studied in the context of psychiatry with the work of Sigmund Freud, but mostly in relation to the impact of war on soldiers returning from the front. Trauma studies, in the context that is used today, is linked to Posttraumatic Stress Disorder (PTSD), a medical term used to describe the symptoms of survivors during the Vietnam war, while it was also studied in relation to sexual and domestic violence on women in the context of the feminist waves in Western Europe and USA (Jones & Cureton, 2014; Herman, 1992).

Initial definitions of trauma have been exclusively considered a courtesy of the medical field, and more specifically as included in the various versions of the Diagnostic and Statistical Manual (DSM) of the American Psychiatric Association. These definitions have informed research and critique around trauma work across various disciplines. In this context, trauma was initially defined as an event “outside the range of usual human experience” (American Psychiatric Association, 1994), a definition that raised severe criticism from feminist theorists. As Brown (1995) remarks,

“The range of human experience becomes the range of what is normal and usual in the lives of men of the dominant class; white, young, able-bodied, educated, middle class.” (p. 101).

Feminist critiques of trauma in the context of violence against women thus brought forth significant dimensions of the term beyond the medical field; namely its relation to gender, class, race, age, education and power. In its latest definitions the definition of trauma has been expanded to “an exposure to an extraordinary experience that presents a physical or psychological threat to oneself or others and generates a reaction of helplessness and fear” (Levenson, 2017, p. 105), or “any experience in which a person’s internal resources are not adequate to cope with external stressors” (Davidson, 2017, p. 4). However such definitions of trauma seem inadequate in many aspects. As Escueta and Butterwick (2012) remark medical approaches to trauma focus on the individuals and how they cope with their symptoms, while completely disregarding its structural, systemic and collective dimensions. Speaking about trauma in medical terms essentially means disregarding the presence of

violence in everyday life as a result of oppression and marginalization in relation to race, gender, sexuality, language and class (Horsman, 2004).

Moreover, in trauma discourse the limits between the traumatic event(s) and their impact is often blurred. Erikson (1991) suggests that it is the impact, the harm done by one or multiple events that is the center of gravity for trauma and trauma work. Trauma has a lifelong impact that significantly alters how a person or a community perceive themselves and the world. Trauma affects individuals at the core of their being, by damaging the sense of basic trust in the self, the world, the community and the divine. This generally manifests as prolonged periods of stress, depression, restless activity, helplessness and the experience of the world as an imminently dangerous place. But trauma can also occur at a collective level -it would be misleading to consider trauma of any kind as a merely individual event; a group or community is affected by individual experiences. Erikson (1991) in his study of trauma in the context of natural disasters defined collective trauma as “a blow to the basic tissues of social life that damages the bonds attaching people together and impairs the prevailing sense of communality” (p. 460). At a collective level, trauma manifests much more gradually than at an individual level, as a realization that the community, the “we” no longer exists (Erikson, 1991). Other researchers have also highlighted the transgenerational dimensions of trauma, as a result of belonging to a specific social group (eg. Native tribes, Holocaust survivors and their descendants etc.). That means that trauma can have an impact on people who have not directly experienced the traumatic event (Burstow, 2003; Duran and Duran, 1998).

The various definitions, outlined above, already outline a contested terrain around trauma work. This is an aspect that needs to be considered in the discussion about trauma in the context of adult education, as it is a term that carries within it a significant link to the western “medical and psychiatric hegemony” (Burstow, 2003, p. 1301). It is important then as adult educators to ask the question of trauma as defined by whom, in which context and how is trauma work related to adult education.

Trauma and Learning

Recent research has showed that there is higher percentages of mental health issues related to one or more traumatic events among adult learners than the national rates (Meek, Sprecht & Rodger, 2017). A large-scale study on Adverse Childhood Experiences (ACEs)

among adult population of mostly white ethnic origin and middle or upper-middle class in the USA showed that two-thirds of participants had experienced trauma at least once in early childhood (Cooper & Mackie, 2016). This rate concerns a portion of the population that already has specific privileges, access to education and private healthcare. It would then be safe to assume that this rate represents a minimum, as it would be much higher among groups who experience marginalization, poverty and violence in daily life. Adult education then is a field where acknowledging trauma and its impact is relevant, especially when working within communities, minorities or vulnerable groups.

There is a strong correlation between trauma and learning. Traumatized learners are in a constant state of “low-level fear” (Perry, 2006, p. 25) that affects negatively their ability to learn. The experience of unsafety, imminent danger, dissociation that results from trauma means that learners are often unable to meet the expectations of the teacher or the learning program. This affects performance, behavior and social relationships resulting in learners becoming avoidant, distant and missing classes (Cozolino, 2013). If educators are not aware of the impact of trauma, they might interpret this as indifference or lack of ability on behalf of the learner, which often leads to further isolation, stigmatisation and re-traumatisation in relation to one’s identity as learner.

If, as shown above, trauma is becoming increasingly recognized as an important element within adult education, the question then is how we can create learning spaces that are more inclusive, safer and essentially more human. From the perspective of adult education, working or acknowledging trauma has been traditionally considered to be outside the limits of education and the work of therapists or medical specialists (Horsman, 2004). However, as long as the discourse around violence and its impact is treated in medical terms with a focus on individual treatment of symptoms, then adult education will remain a field of normalization. That essentially means reproducing the existing dominant narratives around what is considered “normal”, and exclusively for those who are able (and willing) to cope with such a system.

In this regard, the fore-mentioned statistics and research on the prevalence of trauma among adult learners indicate that violence exists in everyday life and does not only affect the few “vulnerable” ones. This quantification means that there is enough evidence to support the voices of those who ask for policy changes and implementation of support services within the various educational contexts. This is particularly relevant as there is a documented lack of knowledge on behalf of adult educators around mental health issues

and difficulties that their learners encounter, so that they can provide support and create more efficient learning environments (Meek et al., 2017).

At the same time acknowledging trauma within the present social reality essentially means acknowledging its political dimension as a specific event in a particular historical and social context (Burstow, 2003); also recognizing the fact that there is not something wrong with specific individuals, but there is something wrong with the social reality that re-produces the same patterns of violence and oppression. If for example women who have experienced sexual abuse in early childhood are still triggered by events or situations in the present, that means that the same dynamic of violence against women that caused the abuse in the first place is still present in some form.

From a critical perspective, the question of moving towards more trauma-informed adult education is a question of recognizing the central role of oppression in individual or collective trauma and working from there towards cultivating awareness and meaning making. It means rejecting the dominant role of medical expertise in the shaping of individual and collective identity and assuming a more creative stance for learners to define their own health and well-being (English, 2012). In this respect, acknowledging the impact of trauma in adult learning spaces also questions the long-held assumption that educators are not therapists (Horsman, 2006) and therefore we should not deal with emotions or the result of violence within learning spaces. Even though a learning environment is not the context for therapeutic interventions, many adult learners turn to education seeking support, engagement with their life histories and a way to move on from the violence or marginalization in their daily lives (Carello & Butler, 2015; Horsman, 2006).

Adopting the assumption that acknowledging the impact of trauma does not belong in the field of education thus results in a merely cognitive approach towards unearthing critical thinking and consciousness around issues of violence and oppression. Moreover, it dismisses or reduces a great part of the learners' experiences which includes emotions, embodied knowledge, relationships, spirituality and wisdom that emerges from the lived experience. Therefore, since trauma is an embodied experience (Levine, 1997) which affects the entire person, a merely cognitive approach would be inadequate to address its various levels, motivate and engage learners or even make them feel safe enough to participate in a critical dialogue. As Zembylas (2013) remarks, the overemphasis of critical pedagogy on the cognitive aspect of learning can result in overlooking the strong emotional content that lies within a traumatic experience. At the same time, the duality of oppressors/oppressed that is

at the core of critical pedagogy can be inadequate when strong emotions are present as a result of traumatic histories, especially when there is not a common experience of power within a group.

Trauma-informed educational approaches

Despite the prevalence of traumatic experiences in the histories of adult learners, there is very little research in the field (Wartenweiler, 2017; Meek et al., 2017) associated with how to create safe and inclusive learning environments for traumatized learners. One such approach is trauma-informed practice (TIP) which was first introduced by Harris and Fallot (2001) as a general framework of practice in human service programs. In contrast to trauma-specific services, whose aim is to treat the symptoms of trauma, to be trauma-informed in any context is a “commitment to provide services in a manner that is welcoming and appropriate to the special needs of trauma survivors” (Harris & Fallot, 2001, p. 5). At the core of trauma-informed practice there are five principles: safety, trustworthiness, choice, collaboration and empowerment. These principles are not new to educational practice and would be considered good elements of any educational context with a focus on cultivating dialogue and critical awareness (eg. Vella, 2002). However, when it comes to working specifically with trauma, fear and loss of trust are central elements that educators need to address (Perry, 2006).

Therefore, ensuring safety and avoiding retraumatisation should be a first step for creating a space that would facilitate learning. In discussing the principle of safety, Vella (2002) describes it as the design of all elements -the tasks, physical space, the atmosphere, group work and resources- in such a way that enables learners to trust the process and become more eager to learn. Retraumatisation essentially means to traumatize again, usually when a person is exposed to a trigger that evokes a reaction similar to a past traumatic experience (Sweeny et al., 2016). In a learning context this can be in the form of an exposure to a discussion about violence, or a rejection or judgement from the educator or fellow learners. However, retraumatisation also occurs when learners are seen as victims, unable to act upon their lives and instead are taught how to cope with their symptoms (Escueta and Butterwick, 2012). In order to create a safe and effective learning space, research (Wartenweiler, 2017; Meek et al., 2017) has shown that nurturing sound relationships is essential, both among learners and between learners and educator. That means a shift from the content and assessment to a more relationship-oriented educational approach.

Moreover, a more inclusive pedagogical approach when working within a posttraumatic context is to treat trauma histories and narratives as sources of wisdom rather than as deficits to be coped with. Instead of applying readymade recipes around curricula and resources, critical educators can tap into the people and the embodied knowledge they carry as a starting point for dialogue (Zembylas, 2013). In this respect, Burstow (2003) suggests using this wisdom as “possible entry point into structural issues even when it is not overly political” (p. 1311). Along the same lines, Horsman (2004) suggests employing a more holistic pedagogical approach which addresses the whole person in the learning process, including body, emotions, mind and spirituality.

In order to activate these multiple dimensions of learning educators can turn to creativity and imagination as a way to facilitate expression and meaning making when working with groups of people who have experienced trauma. In the context of working with trauma in adult education, creativity works in two ways. Firstly as means to facilitate meaning making and personal narratives. And secondly as means to address the needs of a community for social change and place these histories within the context of structures within which they have been created (Escueta & Butterwick, 2012).

The creative process within a non-judgemental environment can become a place where learners actively engage in expressing their stories. There are many documented positive effects of this creative process for learners both at individual and collective level; creativity increases self-confidence and motivation for life, nurtures acceptance, compassion and understanding and facilitates communication and bonding within a community (Argyle & Bolton, 2005; Pearce, 2017). Moreover, creativity and image making can mediate between the individual and collective suffering; in this way they can be a powerful tool for exposing the political dimension of trauma in the context of adult education for social change:

“The image has the unique ability to bring to consciousness the reality of a current collective predicament, as well as the universality and timelessness of an individual’s suffering. Moreover, images can concurrently heal personal-collective wounds while demanding a response to injustice.” (Hocoy, 2007, p. 22).

Working through creativity can then be one way to cultivate collaboration, meaning-making and safety. It can also be a means to tap into the personal histories as a resource for wisdom and power towards addressing the structural dimensions of violence and trauma. Moreover, collective activities can facilitate collaboration and building stronger relationships among learners, thus restoring a basic sense of trust and bonding within communities.

Conclusion

Overall, this essay addressed the issue of working with trauma within adult education at a time when there is an increasing discourse around designing and implementing trauma-informed programs. The emerging research on the impact of trauma on learning can be seen as a challenge to the dominant assumption that trauma and learning are strictly separate -a view that is linked to an individualistic and medicalized view of trauma that prevents from unearthing its political and social dimensions. Contrary to that, critical adult education has the potential approach individual and collective trauma histories as sources of wisdom and power towards cultivating critical consciousness. The danger of implementing trauma-informed discourse within learning spaces is that it can further lead to victimization and stigmatisation: “trauma is magnified exponentially in the name of help, especially by those helping institutions that occupy central locations in the relations of ruling” (Burstow, 2003, p. 1307). Adult education can facilitate a counter process to the medical hegemony in trauma-informed practice by facilitating meaning-making and knowledge creation through participants’ lived experiences of trauma.

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