

Trauma and Adult Learning

Adult learning can often be challenging, and traumatic events add extreme challenges to the learning process. The catalog of sources of trauma is sadly long: psychological or physical abuse, rape, war, forced relocation, diagnosis of a terminal illness, job loss, death or suicide of a loved one, divorce, robbery, natural disasters, and terrorism. Some view poverty, homelessness, and hate crimes as forms of systemic violence that cause trauma (Pearce 1999; Rosenwasser 2000). Much adult education literature focuses on the traumas of women who experience domestic violence or of refugees who come to literacy classes, yet adult learners in all settings and at all levels may have experienced traumatic events that have an impact on learning. Horsman (2000b) notes that *trauma* and *violence* are not equivalent, and the use of the terms implies a particular focus: with violence, the focus is on the individual and social agents of trauma and with trauma, on the response of the person experiencing it. This *Digest* focuses on the individual response to trauma, its effects on learning, and ways in which adult educators can respond.

Effects of Trauma on Learning

Adults experiencing the effects of past or current trauma may display such symptoms as difficulty beginning new tasks, blame, guilt, concern for safety, depression, inability to trust (especially those in power), fear of risk taking, disturbed sleep, eroded self-esteem/confidence, inability to concentrate, or panic attacks (Mojab and McDonald 2001). Some people may manifest no symptoms; at the other end of the spectrum is Posttraumatic Stress Disorder, characterized by flashbacks, avoidance, numbing of responsiveness (including substance abuse), persistent expectation of danger, constriction (dissociation, zoning out), and memory impairment (Isserlis 2001).

It may not be readily apparent that a learner is experiencing the effects of trauma. Instead, such manifestations as missing class, avoiding tests, spacing out, and having what may be interpreted as inappropriate or extreme reactions to class discussions or activities may actually be responses to trauma. It is true that learning may be impeded by fear, anxiety, poor concentration, and the enormous energy involved in hiding abuse or struggling with immediate survival needs. However, interpretations of trauma and its effects on learning are shaped by education discourses (Horsman 1997, 2000b; Isserlis 2001). A deficit perspective suggests that the learner, not the social system, must change. A medicalizing discourse emphasizes that healing, “getting over it,” must take place before learning is possible. Discourses of educational practice may view dropping out, stopping out, or spacing out/dissociating as lack of motivation or persistence rather than survival mechanisms. Discourses focused on outcomes and accountability fail to recognize the complex issues facing learners that may interfere with achievement or program completion.

A number of authors urge reframing of these discourses:

- Instead of diagnosing and treating “victims,” find ways to make the learning environment safer for everyone (Horsman 1997).
- Recognize the role of power in limiting individual agency and choice and the ways in which institutions make personal and structural violence possible and legitimize it (Pearce 1999).
- Acknowledge the hidden learning that occurs through traumatic experiences (Horsman 2000b; Williamson 2000).

What is learned from trauma and how might educators respond? Studies of people enduring extreme situations suggest that learning is a key to survival in adversity (Williamson 2000). Successful learning is supposed to occur when conditions are right: accessible opportunities, time, appropriate support, safety, motivation, risks with manageable consequences (ibid.). Yet in extreme situations, learning must take

place quickly and without the right conditions. What is learned in response to trauma is influenced by prior knowledge, background, familial and social relationships, and personal qualities and abilities (Pearce 1999; Williamson 2000). This is not to blame the victim for “inappropriate” learning or responses, but to underscore the importance of resources and support and the recognition that learning has to be geared to meet a range of individual needs. Some of the “hidden” learning from trauma includes the following:

- **All or nothing reactions** such as shifting between control and abdication of control, defensiveness and no boundaries, heroic efforts and neglect of regular tasks. *Strategies:* curriculum that helps make the middle ground or small improvements visible; portfolios or journals to track incremental changes (Horsman 2000b).
- **Dissociation**, separation of mind and body as a way of coping with unbearable experiences, sometimes triggered by situations evoking past trauma. *Strategies:* helping learners recognize when they are more or less present; identifying what helps create a feeling of safety; providing a space in the classroom or another room to which learners may retreat as needed; exploring through writing, art, or other activities what occurs when “spacing out” (Horsman 1997; Morrish 2002).
- **Trust and boundaries.** Trauma affects trust in the world as a beneficial place, the meaningfulness of life, and self-worth. *Strategies:* attention to feedback, respect for boundaries and learners’ physical space, programs that involve an extended time period to allow for building of community and rebuilding trust (Horsman 1997; Morrish 2002; Rosenwasser 2000).
- **Silence and disclosure.** Fear and shame make it profoundly difficult to speak about traumatic experiences. *Strategies:* “recognizing that there may be a continuum in particular circumstances of what seems appropriate and useful to be shared” (Horsman 2000a, p. 25); finding a balance between those who need to disclose and those who cannot bear to witness disclosures (Isserlis 2001).

Adult Education Responses

Educators’ responses to learners dealing with trauma may be constrained by a number of factors (Horsman 1997, 2000a; Isserlis 2001): (1) personal beliefs or institutional policies that separate therapy/counseling from education; (2) lack of knowledge of or access to resources for referral; (3) the realization that learners’ disclosures may put educators at risk or have legal implications such as reporting requirements; (4) concern for learners’ privacy and confidentiality; and (5) the emotional and psychological impact on teachers. To overcome these constraints and to help learners regain control, connection, and meaning, educators might adopt a comprehensive, multifaceted approach that includes the following: a holistic perspective, creation of a safe learning environment, story telling, collaboration with appropriate agencies, educator self-care and professional development, and policy and advocacy.

A Holistic Perspective. Although the focus of education is often limited to the mind, traumatic experiences affect mind, body, emotions, and spirit. Rosenwasser (2000) describes the use of a holistic tool such as cooperative inquiry, a group method for exploring experiences and creating strategies for healing by sharing stories, art, movement, songs, co-counseling, poetry, theatre, and dance. These methods access different ways of knowing, address the whole person, and help build closeness, community, and connection.

A Place of Safety. Establishing a safe space for learning may involve practical actions such as a workable institutional safety plan, financial assistance for shelter/transportation, counseling, child care, access to legal services, flexible entrance requirements and time frames, and a

safety audit of the physical environment (Elliott and Williams 1995). Attention to psychological and emotional safety may include avoiding diagnostic, classificatory testing; creating ground rules as a group; creating a culture of collaboration by stressing full participation from each member, which helps equalize power differentials within the group; allowing the choice of opting out of any activity; creating a setting of beauty and comfort to feed the senses and foster a sense of worth; and enabling learners to take ownership of the space (Horsman 2000a; Rosenwasser 2000). Morrish (2002) conveys the importance of the safe space: "When the door was locked and the phones turned off and the fear of being interrupted was eliminated, when the collective act of self-care was given top priority and the rest of the world was sent a clear message that this was our time and space, that was when we felt a sense of well being. And that was when trust was built" (p. 17).

Telling One's Story. Narrative or story telling is a fundamental vehicle for meaning making in adult education as well as a therapeutic technique. Guidelines for the use of narrative include honoring learners' silences as well as their words, bearing witness by being a caring listener, balancing expressions of pain with those of joy and humor, and offering content and activities that allow learners to share as much or as little information about themselves as they choose (Horsman 2000a; Isserlis 2001). As Rosenwasser (2000) found, attention and appreciation to story sharing are positive contradictions to the destructive societal messages trauma victims receive. Narrative techniques often include journal writing; Horsman (2000b) gives the example of a gratitude journal as a way for learners to identify and derive strength from something positive rather than focusing only on pain. Story telling may also take nonverbal form: Lykes et al. (1999) describe a participatory action research project in which Guatemalan women sought to document their experiences of wartime violence in photographs. Other methods for narrative expression include talking circles (Horsman 2000b), art (Morrish 2002), and poetry, song, and ritual (Rosenwasser 2000).

Collaboration and Referral. It is essential that educators have knowledge of reporting requirements and other related laws including immigration laws, awareness of health issues and their impact, and a system of collaborative partners including counselors, the justice system, media, clergy, government, social service, shelters, and health care so that learners have access to critical services (Isserlis 2001). In addition to social and health services, other ways collaborative partners may assist include providing workshops on community resources, self-care, or stress management techniques (Horsman 2000b; Isserlis 2001). For example, the Women, Violence and Adult Education project (Morrish 2002) offered wellness-focused courses on mindfulness, creative writing, and collage, facilitated in turn by a therapist, a high school student, and an artist.

A family literacy center in Missouri received a grant to employ a social worker who provided small-group and individual counseling (Merritt, Spencer, and Withers 2002). The counselor used an empowerment approach that included accepting the client's definition of the problem, identifying and building upon existing strengths, teaching specific empowering skills, and providing mediation and advocacy to mobilize the community resources needed in a state of crisis. The counselor also participated in weekly staff meetings to provide adult educators with insight into family dynamics, confidentiality, and ways to address stressful situations.

Educator Self-Care. If a counselor is not available to staff for personal consultation, regular meetings with a supportive supervisor or colleagues provide a way to vent frustration, prevent burnout, and assist one another in dealing with issues of trauma in the classroom and in their own lives (Horsman 2000a; Isserlis 2001). Professional development should be provided to help faculty, staff, and administrators understand and recognize the effects of trauma, develop appropriate responses, and locate community resources. Isserlis (2001) also found it important to find ways to make it safe for teachers *not* to take on this work. She also suggests that educators reflect on the following questions: How do we balance the needs of learners with our own needs? How much do we reveal of our own lives to the learners? When? How? For what purpose? How do we work with the imbalance of power?

Policy and Advocacy. Institutional policies and funding structures can make it less possible for educational programs to be sensitive to the needs of learners affected by trauma (Horsman 2000b). Examples include time-limited literacy/training programs, assessment practices, and attendance policies. Horsman (2000a) focuses on keeping in touch with students as a way of showing they were missed without making them feel guilty for missing class. Isserlis (2001) suggests a policy of leaves of absence for "family reasons" to give learners the time they need to deal with issues outside of the classroom until they feel ready to take on learning again. Beyond classroom and institutional policies, critical adult educators can play an advocacy role.

It may not be possible to implement all of these approaches in every adult learning setting. However, they represent the range of areas about which adult educators should become informed in order to assist learners who have experienced trauma.

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