A Learning Model on the Readiness to Learn Self-Care for Trauma Survivors

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Abstract

Those who are survivors of trauma may experience ongoing barriers to independently implementing self-care behaviours. Drawing associations among philosophical, theoretical, and neuroscientific realms, this paper argues that deficits in self-care can have serious negative impacts on an individual's ability to learn. It contributes to pedagogical epistemology by proposing a trauma-informed andragogical model that focuses on self-care as a means of accessing learning. This model—the Readiness to Learn Self-Care Model for Trauma Survivors— is based on the belief that educators must hone their ethical pedagogical responsibility when working with the diverse needs of the learner population of trauma survivors. Understanding how these survivors learn is vital to facilitating their trauma recovery and empowering them to regain autonomy. The model promotes ethical principles based on self-determination, autonomy, health equity, and social justice to provide accessible, person-centred trauma recovery learning. The Model takes into account the survivor's readiness to learn at various stages by attending to their ability to perceive and connect with realities of the self, others, world, and learning environment. By supporting a survivor's progressive implementation of self-care behaviours, educators facilitate the learner's ability to learn.

Keywords: trauma survivor, self-care, trauma-informed pedagogy, trauma andragogy

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A LEARNING MODEL ON THE READINESS TO LEARN
SELF-CARE FOR TRAUMA SURVIVORS

Violent abuse causing trauma-related impairments for survivors is a global epidemic (Austin & Boyd, 2008). Abuse causing trauma can lead to anxiety, stress, disconnection, distortion of reality, and learning difficulties (Austin & Boyd, 2008). Traumatic events vary, but may include "a personal experience of threatened death, injury, or threat to physical integrity" (Austin & Boyd, 2008, p. 435). Survivors of trauma may lack the motivation to pursue or learn health-promoting and self-care behaviours (Austin & Boyd, 2008). Self-care is "the decisions made and the behaviors practiced by an individual specifically for the preservation of health" (Vollman et al., 2008, p. 9). In such cases, survivors may experience self-care deficits, and may have difficulty learning self-care behaviours.

Educators include healthcare professionals, community leaders, and support group peers. These educators must understand how abuse changes a "survivor's construction of reality…endangering core beliefs about self, others, and the world" (Austin & Boyd, 2008, p. 432). Additionally, they must both recognize "the positive contribution that emotion and affect make on a learner's motivation and self-esteem" and understand that "emotions are nonetheless widely recognized as a kind of baggage that impedes effective teaching and learning" (Dirkx, 2008, p. 8). A survivor's readiness to learn both involves and influences physical, emotional, and cognitive factors, which in turn may influence their motivation to learn (Blais & Hayes, 2016). In the context of adult learners who have experienced trauma (from now on referred to simply as "learners"), these particular challenges require that educators pursue intentional pedagogical critical reflections to understand the andragogy these learners. In other words, to support the success of these learners, educators must intentionally apply trauma-informed, person-centred andragogical models.

Drawing associations among philosophical, theoretical, and neuroscientific realms, this paper argues that deficits in self-care can have serious negative impacts on an individual's ability to learn. It contributes to pedagogical epistemology by proposing a trauma-informed andragogical model that focuses on self-care as a means of accessing learning. This model—the Readiness to Learn Self-Care Model for Trauma Survivors—is based on the belief that educators must hone their ethical pedagogical responsibility when working with the diverse needs of the learner population of trauma survivors. Understanding how these survivors learn is vital to facilitating their trauma recovery and empowering them to regain autonomy. The Model promotes ethical principles based on self-determination, autonomy, health equity, and social justice to provide accessible, person-centered trauma recovery learning. It also takes into account the survivor's readiness to learn at various stages by attending to their ability to perceive and connect with realities of the self, others, world, and learning environment. By supporting a survivor's progressive implementation of self-care behaviours, educators facilitate the learner's ability to

learn. Consequently, the Model supports trauma recovery through ethical principles such as autonomy and health equity. Its health-promotion strategies advocate for social justice by supporting accessible learning through trauma-informed andragogical considerations for self-care promotion.

ADULT LEARNING FRAMEWORK UNDERPINNINGS

Humanist Approach

A humanist approach requires that educators be attentive to their learners' emotional and affective needs in order to facilitate their personal growth and development (Melrose et al., 2015). Abraham Maslow's hierarchy of needs, published in 1943, indicates that an individual's survival needs (air, water, and food) and psychological safety needs (security and protection) must be fulfilled before their psychological needs for self-esteem, belonging, and self-actualization can be met (as cited in Blais & Hayes, 2016). The hierarchy of needs requires that a learner be an active participant in meeting their personal needs. Therefore, in order for trauma survivors to have the ability and readiness to learn and reach their potential, they must first have their basic survival and psychological safety needs met.

In a humanist approach, barriers to self-determination and learning that survivors of trauma experience lie within the effects of their trauma. For instance, the physiological and physical effects of trauma can be seen in hypervigilant behaviours, chronic pain, and chronic fatigue (BC Provincial Mental Health and Substance Use [BCMHSC], 2013), all of which can have a profound effect on a person's readiness to learn. Moreover, the extreme stress of trauma creates mental, emotional, and physical distress (BCMHSC, 2013). These can lead to survivors being unable to "identify and satisfy their own needs" (Kruczek & Smith, 2001, p. 21), inhibiting their movement up the hierarchy of needs.

Constructivism

In the context of trauma-informed education, constructive learning takes into account the way in which a trauma survivor sees themselves, others, and their world, including their learning environment. It assumes that survivors are experts of their own learning and unique ways of being, thinking, and feeling (Blais & Hayes, 2016). "Constructive and holistic approaches to emotion in adult learning represent what we may essentially consider as ways of knowing that challenge historical dominance of reason and scientific ways of knowing" (Dirkx, 2008, p. 15). Constructivism views learners as "builders" who learn by "continually creating mental representations of events and experiences" (Melrose, Park, & Perry, 2013, p. 65). Since learners

construct their own knowledge (Melrose et al., 2013), learning is a unique experience that varies from individual to individual.

Neuroscience

A survivor's ability to learn is influenced by many neuroscientific external and internal processes. Bloom's (1956) learning theory identified three areas or domains of learning: cognitive, affective, and psychomotor (as cited in Blais & Hayes, 2016). These domains are challenging for survivors since trauma presents physical (Cozolino & Sprokay, 2006; Perry, 2006), emotional (Blais & Hayes, 2016; Kerka, 2002; Perry, 2006), and mental (Austin & Boyd, 2008; Blais & Hayes, 2016; Cozolino & Sprokay, 2006; Kerka; 2002; Kossurok, 2018; Perry, 2006; Townsend, 2005) barriers to learning. Neuroscience supports the strong association between emotions and learning cognition (Thomas et al., 2017). Negative emotions act as a barrier to specific brain circuits that are required in learning (Cozolino & Sprokay, 2006).

Invitational Theory

William Watson Purkey (1992) used the word invitational to describe the action of offering something valuable. Purkey (1992) explained that within the invitational theory, "everybody and everything adds to, or subtracts from, human existence" (p. 12). As Riner emphasizes, this gives the learner the power to choose to accept or reject the invitation (as cited in Melrose et al., 2013). Despite a learner's response to this invitation, unconditional positive regard on the part of the self-care educator, which reflects a nonjudgmental attitude where "respect is unconditional in that it does not depend on the behavior… to meet certain standards" (Townsend, 2005, p. 71), is vital.

MODEL OVERVIEW

The Readiness to Learn Self-Care Model for Trauma Survivors (see Figure 1) is a theoretical framework that identifies three "doors," each of which can be divided into a series of "steps," through which a survivor must go to reach an independent level of self-care behaviour. The first two doors represent (1) the learner's ability to connect with the reality of the self and (2) the learner's ability to connect with the reality of others and the world. The third door represents (3) the learner's ability to connect with the reality of independent self-care behaviours and to independently seek them out. Each door, when closed, represents the learner's inability to see any of the aspects of reality and ability that lie beyond it. This reflects the learner's progression towards their ability or readiness to learn. A learner's capacity to learn increases as their ability to connect with and become present within the different realities expands. The staircase towards independent self-care behaviour is constructed within each learner in a unique and personally meaningful way.

Because each of these steps is completed by each learner in their own way, the length of time a learner spend on each step is an individual experience.

The First Door: The Reality of and Connection With The Self

Individuals who experience trauma are usually left with a negative perception of self (Au et al., 2017; Kerka, 2002; Kossurok, 2018). This negative perception of self can be transformed through self-compassion and self-kindness exercises, which enable self-connectedness (Au et al., 2017). Self-connecting practices initiate motivating factors which encourage self-care practices (Au et al., 2017). Moreover, "human learning is constituted by both rational and emotional ways of knowing.…[It is therefore vital to have] self-awareness of one's feelings and emotions" (Dirkx, 2008, p. 14). This type of self-awareness is called emotional intelligence: the "holistic understanding of the emotional self…in an active process of knowing" (Dirkx, 2008, p. 14).

Figure 1. Readiness to learn self-care model for trauma survivors.
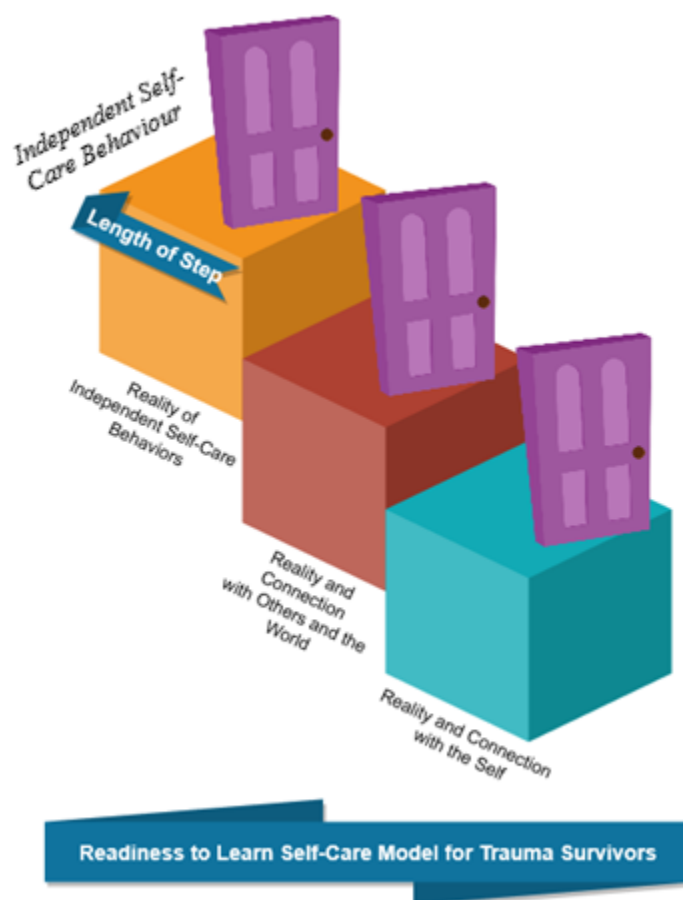
Encouraging Readiness to Learn and Connection with the Self

An evolving educational epistemology requires a developing foundation of andragogical and pedagogical perspectives as they relate to all learners, including those who have experienced trauma. Educators must hone trauma andragogical principles in order to facilitate recovery. Moreover, educators can promote survivor self-connectedness by supporting the translation of feelings into words (Townsend, 2005). Trauma-informed educators must develop the ability and awareness into "what one is experiencing internally" (Townsend, 2005, p. 72). Moreover, this skill fosters trust within the therapeutic relationship (Townsend, 2005).

Trauma survivors may experience constant or racing thoughts (Arch, 2018). The ability to calm thought patterns and emotional triggers can be achieved through gratitude journaling, mindfulness, and meditation (Arch, 2018). Mindfulness is "the art of being present to whatever is going on around and inside of you" (Arch, 2018, p. 183). Mindfulness meditation increases one's level of awareness, attention span, and ability to focus (Arch, 2018). This is important, in an andragogical context, because this calming effect increases one's readiness to learn (Perry, 2006): the "capacity to internalize new verbal cognitive information depends on having portions of the frontal and related cortical areas activated, which in turn requires a state of attentive calm [that a]…traumatized adult learner has difficulty reaching" (Perry, 2006, p. 25).

Constructivism offers an explanation for this clarity of thought during periods of calmness. Since each person constructs their own perception of reality, it only makes sense that one's current state of being affects the lens through which they view the world. Abraham Maslow's hierarchy of needs, discussed previously, offers another explanation: individuals need to feel safe before they can move on to fulfill needs such as self-actualization, which includes learning.

The Second Door: The Reality of and Connection With Others and The World

A survivor's ability to be present with others dictates their ability to connect with their learning environment. Social reconstruction and trauma recovery groups can facilitate a learner's ability to be present with others and the world. Social reconstruction emphasizes social support and social learning as the keys to trauma recovery and insists that this recovery cannot occur in isolation (Kossurok, 2018; Sutinen, 2014). A sense of belonging can foster safety and provide a different lens through which to see the world. The respect and acceptance of others within a supportive environment can foster a sense of self-worth (Kossurok, 2018; Townsend, 2005) and alter a learner's thinking and social reality (Sutinen, 2014). Social reconstruction can deconstruct negative beliefs about the self that were created during trauma reconstruct positive beliefs of self-worth (Kossurok, 2018). Moreover, survivors who attend recovery groups have an increased sense

of self-worth and motivation, which increase the likelihood of seeking self-care activities (Kossurok, 2018).

Facilitating Readiness to Learn and Connection With Others and the World in Social Learning Environments

Social learning adds to and modifies the constructs with which survivors perceive reality, and provides peer role models. Hearing about another's successes may be a profound experience (Cozolino & Sprokay, 2006, p. 17) that facilitates connections with others (Arch, 2018). Moreover, these narratives in an andragogical context serve as expressions of self-esteem (Cozolino & Sprokay, 2006) and therefore contribute to a learner's readiness to learn self-care. In other words, sharing a story of the self with others facilitates a "journey from fear to courage, from confusion to clarity, and from crisis to triumph" (Cozolino & Sprokay, 2006, p. 17).

The invitational theory values the "caring act of communication designed to offer something beneficial for conversation" (Melrose et al., 2013, p. 33), such as the invitation to tell one's personal story of trauma survival. Group collaboration can be further supported through instructor immediacy through demonstrating meaningful interactions that communicate their "availability, friendliness, and willingness to connect in personal ways with [learners]" (Melrose et al., 2013, p. 8). Immediacy is therefore "a sense of psychological closeness [that invites learners to]…risk looking at the world in new ways" (Melrose et al., 2013, p. 8). The invitational theory's ability to create feelings of safety along with immediacy's creation of a sense of belonging adds to Maslow's hierarchy of needs (Blais & Hayes, 2016).

The Third Door: Reality and Promotion of Independent Self-Care Behaviours

As learners progresses through this last door, they begin to seek independent self-care behaviours and gain the capacity to reach their full potential—that is, to self-determine (Blais & Hayes, 2016). Educators can use instructional scaffolding that encourages independence as a temporary support that gradually withdraws as "learners construct their own ways" (Melrose et al., 2015, p. 7).

MODEL LIMITATIONS AND RESEARCH RECOMMENDATIONS

The Readiness to Learn Self-Care Model for Trauma Survivors requires a basic understanding of trauma andragogy and trauma-informed pedagogy, More education and research regarding trauma-informed pedagogical approaches are required for healthcare providers, educators, and community support leaders. A model that offers knowledge and understanding to

assess learner uniqueness, diverse needs, readiness to learn, and trauma-related motivating factors is critical.

This Model lacks evaluation and therefore is not supported by evidence. Further research is recommended to examine how well the model constructs correlate with one another. Extraneous variables are anticipated to pose a challenge, as readiness to learn is influenced by many other factors such as the exhaustion that follows a traumatic event (Austin & Boyd, 2008). For instance, trauma survivors may be hesitant to take risks and begin new tasks (Kerka, 2002). Additionally, trauma may manifest through missing class or avoiding tests (Kerka, 2002). Due to such unpredictable variables, the model emphasizes the uniqueness of an individual's personal journey; individuals are not expected to proceed from one door to the next in any specific amount of time. The model is furthermore not proposed as a diagnosing tool but rather as an insightful and adult-learning-oriented guide that encompasses affective and cognitive learning domains towards independent self-care behaviours.

Another challenge to studying the model will be the extra layer of privacy, confidentiality, and safety required with such sensitive and vulnerable topics and situations. Furthermore, fear, shame, and guilt leading to isolation are common among trauma survivors (Au et al., 2017; Austin & Boyd, 2008; BCMHSC, 2013; Kerka, 2002; Kossurok, 2018). Future research studies may, therefore, have sampling challenges.

CONCLUSION

The nature of trauma and its effect on learning must influence the teaching strategies of educators who work with trauma survivors. We must "create space within our educational environments where giving voice to emotion-laden issues becomes an integral part of a community of truth" (Dirkx, 2008, p. 16). Educators must hone their ethical pedagogical responsibility in providing care for a unique set of learners while respecting their individualized readiness to learn. Understanding survivor readiness to learn and andragogy allows educators to provide trauma-informed teaching strategies that make learning accessible to all. This model is an ethical care model, in that it promotes self-determination, autonomy, and health equity. It's health promotion strategies are social-justice-oriented, as they support accessible learning through trauma-informed andragogical considerations of the promotion of self-care. This model has the potential to contribute considerably to pedagogical epistemology in its articulation of anagogical trauma-related principles through philosophical, theoretical, and neuroscientific lenses. This contribution will hopefully add to the momentum of evolving best pedagogical practices that promote health in vulnerable populations such as trauma survivors.

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