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A proposed arts-based model: developing and implementing a healing-centred, professional development program for teachers to address trauma and build resilience in South African schools.

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Stories feel the way, stories know the way, stories can find the way ... Susan Perrow

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Abstract

Teaching in contemporary South Africa presents considerable challenges, where teachers are contractually bound to raise low educational outcomes, whilst simultaneously needing to teach and care for children who suffer from Adverse Childhood Experiences (ACE) and trauma.

Framed by *Ubuntu* and integrating disciplines such as education, healing arts practices, and mental health, this study explores the collective healing potential of arts, informed by neuroscientific theories on psycho-traumatology. The model developed is a healing-centred, arts-based program aimed at supporting teachers to address trauma and build resilience in South African schools. Employing a Practitioner Research methodology, the practitioner-researcher developed a Healing Arts Pedagogies and Practices (HAPPy) Infusion program and implemented two healing-centred online engagements. The program was based on addressing four core elements namely a) creating psychological safety, b) stabilising and regulating, c) building resilience and hope and d) promoting agency, self-efficacy and capacity.

Initially intended for in-person delivery, this professional development program was adapted to an online format during the COVID-19 pandemic. The study gathered and organised qualitative data through an inductive thematic analysis, providing insights into teaching and learning during traumatic times. Innovative online teaching and learning strategies were implemented to overcome challenges and meet program objectives.

Through this research study the practitioner-researcher wishes to advocate for interdisciplinary collaboration to develop equitable, sustainable, collective healing-centred engagements (CHCE) in educational environments. This research offers a contribution to the existing literature on professional development for teachers, by suggesting culturally adaptive, arts-based methods and pedagogical practices to collectively address trauma and build resilience whilst mitigating re-traumatisation.

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CHAPTER 1

Introducing the Study

1.1 Introduction

AFTER half an hour of pencil-chewing Lizeka Rantsan's class lines up at her desk to hand in its maths tests. The teacher at Oranjekloof primary school in Cape Town thanks the 11- and 12-year-olds and flicks through the papers. Ms Rantsan sighs, unimpressed. Pulling one sheet of errant scribbles from the pile she asks: 'How are we supposed to help these children?'

In an article named 'South Africa Has One of the World's Worst Education Systems' a journalist from The Economist (2017, para 1, 2) wrote on the 7th of January 2017 that "it is a question that South Africa is failing to answer."

As a teacher and lecturer during the period of 2012 - 2020, I observed that the upcoming generations were struggling to focus, listen and remember, solve problems, organise, plan and complete tasks. Learners were easily distracted, struggled to pay attention to detail, and tended to rush through their work. This led to careless mistakes, unfinished work, or work often handed in late. This observation was echoed by my colleagues who found that inspiring children to work was increasingly difficult. One of my colleagues said: "It is almost as if they are not really present in the class" (G. Hoff, personal communication, October 2014). Colleagues reported that learners presented as lethargic, always tired, frequently sick (stomach- and headaches); whilst open defiance and the number of aggressive outbursts increased. They frequently described symptoms of students relatable to the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) (American Psychological Association, 2013) disorders such as: Attention Deficit Hyperactivity Disorder (ADHD); Anxiety Disorder; Oppositional Defiant Disorder; Disruptive Mood Regulation Disorder; Intermittent Explosive Disorder; Dysregulated Social Engagement Disorder; and Disruptive Impulse Control Disorder. These observations moved me to study and investigate further.

Following the completion of my Master's degree in Drama Therapy, I undertook my internship at a special needs school. I was working with a young boy who was referred to me after a traumatic incident. I noticed clear similarities in behaviour between the traumatised client and learners from my part-time teaching post. At a South African teachers' conference, the keynote speaker suggested that the rise of stress, anxiety, panic attacks, mental breakdown, aggressive behaviour, physical illness, exhaustion, despair, and the loss of self-confidence and hope is due to a loss of artistic activities in classrooms (Grimley, 2018). I questioned whether high levels of trauma, stress and anxiety are impacting teaching and learning and, if so, whether arts-based pedagogical practices could help answer Ms Rantsan's question: "How are we supposed to help these children?"

The different roles I played as 'therapist' and 'educator' overlapped, highlighting problematic blurring between what is therapeutic and what is educational. It became important for me to find a way to empower teachers with educational tools that are not therapeutic but still healing-focused to support classroom management and create better educational outcomes.

1.2 Motivation

Studies, including the 2021 Progress in International Reading Literacy Study (PIRLS) report showed South Africa's educational standard to be the 6th lowest in southern Africa. The PIRLS (Department of Basic Education, 2023) report assessed a nationally representative group of Grade 4 learners, stratified across the 11 official languages and provinces, and found that 81% of South African Grade 4 children were not able to reach the lowest benchmark, which is to read for meaning. The report noted that Covid-19 had a negative impact on the PIRLS achievement trends and suggested recommendations to combat the poor educational performance of South African learners such as: a) upscaling the teaching of reading literacy in schools; b) revising the curriculum policy; c) providing equitable reading resources in schools; d) building teaching capacity through partnerships; e) investigating teacher training; f) investigating the role of Higher Education Institution (HEI) in teacher training; g) focusing on indigenous language development; and h) presenting a series of workshops and seminars on assessment (Dept of Basic Education (DBE), 2023).

The report did not mention recommendations for a mental health intervention related to the trauma burden.

Colonialism and apartheid in South Africa have created pervasive individual and collective trauma through forced removals, land dispossession, and family disruptions via the migrant labor system (Hamber, 1998). Trauma here is defined as an event or events that is experienced as harmful or life threatening (Guarino & Chagnon, 2018) and includes experiences such as poverty, addiction, abuse, and violence (van der Kolk, 2014). Responses to trauma-inducing events in South Africa, need to carefully consider the underlying structural conditions of inequality, disparity, and oppression and the cultural environments in which it is implemented.

Van der Kolk (2014) notes how environmental factors not only heighten the risk of developing traumatic stress but also influence access to effective support. Negative environmental factors reduce children's ability to cope, decrease nutrition and sleep, and increase drug use and harmful behaviour. This leads to a predisposition for illness (Weiten & Hassim, 2016) and hampers the full development of children's social, intellectual, and mental health (Ruf, 2013). Children who experience stress resulting from traumatic experiences need special care and safe enough environments for learning to be effective (Watts, 1994). Teachers need to understand the impact of trauma on teaching and learning and have the tools to address it.

I would argue that the South African child's trauma burden is exacerbated by the collective trauma experienced during the 2020 and 2021 global pandemic and the subsequent socio-political effects. My research aim was to contribute to teacher professional development to better support misunderstood and traumatised South African children by helping teachers recognise, understand, and address "acting-out" behaviours as trauma-related responses. A Healing-centred Arts-based Pedagogies and Practices program was developed for this research, called HAPPY Infusion (Healing Arts Pedagogies and practices).

1.3 Rationale

South Africa has a high level of trauma exposure. A study by Herrero Romero, et al. (2021) investigated the impact of violence exposure on school delay and academic motivation among adolescents in socio-economically disadvantaged South African communities. This study found that 93.8% of adolescents in the sample experienced “poly-violence” – exposure to at least two forms of violence in the past month.

Richter et al. (2018) conducted a 28-year longitudinal study of over 2,300 South African children, revealing that violence is a pervasive norm. In Soweto, Johannesburg, only 1% of participants had not encountered violence in their community, home, or school, whilst more than 60% in every age group had been direct victims of personal violence.

Richter et al. (2018) highlight cycles of intergenerational violence (43%) and high levels of violence perpetration by children, with around two-thirds of primary school children and nearly 90% of adolescents aged 14-17 involved as perpetrators.

"SA children behave violently to others... In the preschool years, close to half of the sample were reported to be aggressive, starting fights with and bullying other children. In the primary school years, violent behaviour was reported of or by 65% of children, rising in adolescence to 89% and declining to about a quarter in young adulthood" (Richter et al., 2018, p. 185).

The study also revealed that boys aged 14-17 experienced higher rates of sexual abuse than girls and that both pupils and teachers were responsible for school violence. The research clearly indicates that children and adolescents are exposed to violence across multiple spheres of their lives daily and do not experience their schools as places of safety (Richter et al., 2018).

Contemporary research indicates that South African children carry a collective and intergenerational trauma burden of living in a country where historical oppression and inequality. The historical oppression led to high rates of unemployment, poverty, crime, neglect, orphanhood, and xenophobia (Busika, 2015; Wyatt et al., 2017) and resulted in Adverse Childhood Experiences (ACEs) that have long-term negative effects on well-being and health (Boullier & Blair, 2018).

According to the South African Stress and Health (SASH) study (Herman et al., 2009), the World Health Organisation (WHO) (Meyer et al., 2019) and the World Mental Health (WMH) survey (Koenen et al., 2017), the Post Traumatic Stress Disorder (PTSD) burden in South Africa needed urgent attention even before the Covid-19 pandemic.

According to Egan et al. (2021), the subsequent restrictions and lockdown affected between 1.4 and 1.6 billion children in 190 countries. Only 10% of school aged children were not affected by school closures indicating that the well-being of 90% of children may be profoundly affected. Egan et al. (2021) observed socio-emotional and behavioural changes in children aged 1–10 years as reported by their parents following the lockdown. Children were also observed as presenting with low mood, speech issues, and regressive behaviour following the lockdown restrictions (Egan et al., 2021).

The research of Egan et al. (2021) revealed how parents observed their own socio-emotional reactions to the school closures, and reported feeling overwhelmed by demands of work and parenting. Attachment theories have established the influence of parents' mental and social health on the developing child's personality, which indicates that children are being impacted by their parents' feelings of overwhelm (Thompson, 2022).

These pre- and post-Covid survey results emphasise the need to find answers to the question of how we can effectively support all children in South Africa experiencing stress, anxiety, and trauma. Even before Covid, Kaminer et al. (2013) motivated the study of the impact of poly-victimisations and the development of appropriate interventions for South African children and adolescents. By fostering teachers' understanding of learners' trauma and engaging them in experiential practices, a teacher development program could mitigate the reliance on punitive and violent disciplinary methods. My research therefore was motivated by concern and a desire to develop effective strategies to support South African children in schools, rather than relying on the mental health care system of South Africa which is already in crisis.

Only 1.4% of outpatient mental health facilities in South Africa and 1% of psychiatric hospital beds are designated for children and adolescents (Hutton, 2019, citing WHO, 2007). The

absence of dedicated mental health treatment facilities for this age group highlights the severe lack of adequate support, emphasising the need for alternative approaches.

The South African Democratic Teachers Union (SADTU) called for psychological and trauma counselling at public schools even before COVID-19. SADTU noted that the Department for Basic Education (DBE) employs only 1700 psycho-social service providers countrywide.

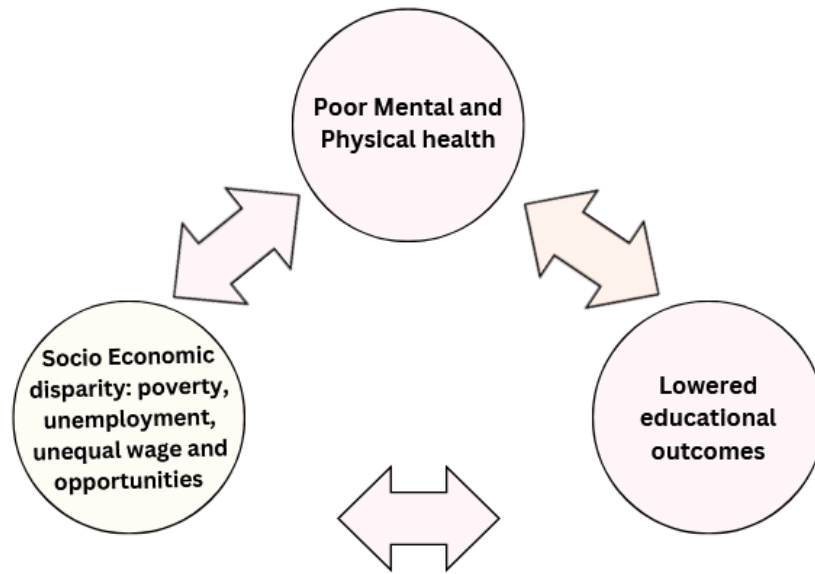
“This means that we have one therapist for every 10,500 learners and one educational psychologist responsible for 69,000 learners and one counsellor for 324,000 learners” (Sobuwa, 2019, n.p.).

These statistics indicate that South Africa’s mental health care system in and out of schools is unable to adequately address the trauma, stress reactions and anxiety experienced by children and adolescents. An alternative approach is urgently needed.

1.4 Background

In the following section I cite evidence from the literature on the impact of trauma on mental health, the educational system, and the socio-economic system in South Africa.

Trauma is a significant global public health issue, described by van der Kolk (2014) as a major threat to national well-being, with particularly severe effects in South Africa. Research by Burton & Leoschut (2013) highlights trauma's negative impact on educational outcomes, while Mlachila & Moeletsi (2019) show how poor educational outcomes further harm socio-economic status. This creates a maladaptive cycle, where trauma and its effects perpetuate each other.



Maladaptive cycle

Fig 1.1 Maladaptive cycle of trauma

(De Beer, 2023)

Neuroscientific theories indicate that trauma impairs children’s ability to learn (Ruf, 2013; van der Kolk, 2014), resulting in dysfunctional coping mechanisms, delinquency, and psychological disorders (Ruf, 2013). PTSD and Adverse Childhood Experiences (ACEs) often lead to impaired self-protection, high-risk behaviours, addiction, substance dependence, abuse, and violent relationships (Felitti et al., 1998; Manyema & Richter, 2019; van der Kolk, 2014; Vasterling & Brewin, 2005).

A survey in KwaZulu-Natal high schools revealed that adolescents often begin high-risk behaviours before age 13, increasing susceptibility to unsafe sexual practices, STDs, and unplanned pregnancies (Burton & Leoschut, 2013). Additionally, 47% of learners reported marijuana use at school, 31% witnessed peers high, and 27% knew drunk students at school. Substance abuse has a direct correlation with social issues like Foetal Alcohol Syndrome, unemployment, crime, road accidents, family disruption, and violence (Khuzwayo et al., 2020; Weiten & Hassim, 2016). Sedibe & Henricks (2021) found that

substance abuse among unemployed youth leads to lower academic performance, feelings of failure, and further drug use.

The South African education system ranks among the lowest globally, with primary education rated 126th and higher education 134th out of 138 countries in the WEF's 2016-17 Global Competitiveness Report (Cohen, 2017). Approximately 25% of learners fail their high school exams, fewer than 5% of students who start primary school earn a university qualification, and about 50% drop out before completing secondary education (Mlachila & Moeletsi, 2019). I would argue that these poor outcomes are linked to high absenteeism, dropout rates, and a heavy trauma burden stemming from enduring social and economic inequalities.

Poor educational standards in South Africa have hindered economic growth and contributed to a 27.1% unemployment rate (Cohen, 2017). Mlachila & Moeletsi (2019) emphasise the broader economic impact of low educational outcomes, noting links between education levels and labour productivity, economic growth, unemployment rates (Hanushek & Wößmann, 2007; Mincer, 1991), and citizen welfare, including poverty and income inequality (Awan et al., 2011; Coady & Dizioli, 2017). Evidence from emerging economies shows that increased school attendance reduces income inequality (Coady & Dizioli, 2017), while low enrolment correlates with higher poverty rates (Awan et al., 2011).

Van der Kolk (2014, p. 350) identifies poverty, unemployment, substandard housing, inferior schooling, and social isolation as the “breeding ground of trauma” in the USA. Poverty is a prime indicator of ACEs, alongside household dysfunction and neglect. In South Africa, apartheid and the HIV/AIDS epidemic have exacerbated ACEs through single-parent and child-headed households (Hall, 2022; Mturi, 2012). Poverty, a legacy of apartheid, is spatially entrenched, driving income polarisation and chronic poverty (Hurlbut, 2018). The World Bank (2018) ranks South Africa among the most unequal countries globally, with rising poverty and unemployment hindering economic growth.

South Africa faces deep-seated dysfunction, poverty, and social challenges, exacerbated by the Covid-19 pandemic. The ACE Study (Manyema & Richter, 2019) reveals a strong link between traumatised societies and children’s struggles to succeed in learning environments.

Trauma during childhood significantly impacts neurodevelopment, leading to adverse socio-economic and psychological outcomes in adolescence and adulthood, ultimately affecting educational quality.

South Africa's trauma burden undermines children's educational outcomes and their social, mental, and physical well-being. The failing education system perpetuates a maladaptive cycle, harming the economy and increasing PTSD, illness, abuse, violence, and poverty, which further impact learning. My research seeks to address this trauma burden in order to break free from this maladaptive cycle.

Van der Kolk (2014, p. 350) emphasises that trauma perpetuates itself, as "hurt people hurt other people," and stresses the need to address trauma at its root. Nobel laureate James Heckman's research highlights the significant benefits of early intervention for children from disadvantaged families, including higher graduation rates, reduced criminality, increased employment, and less violence. I would argue that without acknowledging and addressing trauma through the education system, South Africa's future remains uncertain.

Mlachila & Moeletsi (2019), referencing Hanushek & Wößmann (2012), argue for prioritising the quality of education over the quantity of schooling to improve student achievement. Similarly, van der Kolk (2014) advocates for quality educational engagement to build a resilient society. A vision centred on meeting children's needs, offering comprehensive social support for families, including high-quality daycare and well-resourced schools that foster safety, cooperation, self-regulation, perseverance, and concentration.

Van der Kolk (2014) proposes three key actions to implement a child-centred educational approach. First, he emphasises the importance of psycho-educational interventions in schools, where children feel seen and supported, learn to regulate themselves, develop a sense of agency, and gain an understanding of how to manage their emotions and bodily responses. Second, he advocates for schools to serve as islands of safety in a chaotic world, offering stability and security. Finally, he highlights the need for a systemic, culturally sensitive national approach, drawing inspiration from the 2001 National Child Traumatic Stress Network in the U.S., which developed collaborative and widely respected programs for children and adolescents.

My research objectives mirror van der Kolk's (2014) recommendations:

1) Create and implement a psycho-educational intervention which uses best pedagogical practice methods and arts-based tools. The intervention method being a teacher professional development program, i.e. HAPPy Infusion that provides knowledge, experiential learning opportunities and practical tools to teachers to have an effect on the learners in their classrooms.

2) Explore learning communities that can 1) address trauma through establishing safety, regulation and stabilisation and 2) building resilience and hope through fostering self-efficacy, agency, and capacity for the future.

3) Find and propose a plan of implementation that could have a systemic impact on a national scale by integrating culturally sensitive methods. The implementation plan should facilitate collaboration between teachers, art therapists, and applied arts practitioners, while addressing structural inequalities, disparities, and oppression in the South African context.

1.5 Research questions

1. What core elements could be most effective when addressing trauma and building resilience in school settings?
2. How can an arts-based healing-centred teacher professional development program be designed and implemented to support South African learners, teachers and education environments experiencing trauma?
3. To what extent can an arts-based healing-centred teacher professional development program address trauma and build resilience?
4. What arts-based methods and pedagogical practices could be included in a teacher professional development program?

5. What strategies would a future implementation plan have to include to make systemic impact in South Africa?

1.6 Structure of the Thesis

The introduction to this study gives a broad overview of trauma in SA schools, its impact on learning, socio-economic environments, and mental health. This reality calls for the establishment of psycho-educational interventions, the creation of safe-enough schools, and a system-wide focus on addressing trauma and building resilience in SA schools.

The literature review in Chapter Two presents' insights into the multi-disciplinary nature of this study which draws on educational theories, theories of mental health, and arts-based practices to create four core elements for a healing-centred framework, underpinned by the philosophical concept of *Ubuntu*.

Chapter Three describes the research design and methods employed. It outlines a research plan and provides an indication of how it was adapted to respond to contextual difficulties. It describes the research sample, methodological approaches to data collection and analysis and the ethical implications of the research.

Chapter Four provides a narrative description of the research process, the research context, target group and program implementation. It provides the content of the online HAPPY Infusion professional development program that was specifically developed for the SA context. It furthermore, reflects upon the successes and challenges experienced during the implementation- and data collection phase.

Chapter Five presents two sets of qualitative data in tabular form, 1) table of comments gathered from a survey immediately following the two training engagements, and 2) themes derived from an inductive thematic analysis. (Codebook and data organised in a tabular format can be found in Appendix E and F respectively). The chapter concludes with a reflection on the patterns that emerged.

Chapter Six reflects on the difficulties and challenges experienced and observed during the program by the practitioner-researcher and participants drawn from the data collected and the researchers field notes. It then analyses the program content to identify the methods and practices developed to address these challenges.

Chapter Seven concludes the research by looking at key aspects, as well as the successes and limitations of the model, offering suggestions for future implementation and presenting key ideas for introducing the HAPPy Infusion program in South African schools.

CHAPTER 2

Literature Review

This literature review explores the multidisciplinary concepts of mental health, educational theories, and arts-based practices that shape the content and implementation of the HAPPY Infusion curriculum and program.

It examines mental health theories, including neuroscientific approaches to psycho-traumatology, Social Cognitive Theory, and Positive Psychology, which encompasses Flow Theory and the Theory of Hope. These theoretical foundations provide a framework for understanding how the program supports well-being in educational settings.

Applied Theatre, Drama Therapy, and Expressive Arts-based approaches were investigated to inform the skills and tools used in the HAPPY Infusion program. These disciplines were explored for their potential to equip educators and practitioners with practical strategies that foster relational healing and collective engagement.

My own interest in the educational theories of Waldorf Education and Emergency Pedagogy informed and influenced the HAPPY Infusion program. This was taken further by investigating trauma-informed resilience-focused schools, Social Emotional Learning (SEL) and Mindfulness, and Freirean Pedagogy of Hope.

Ubuntu was selected as a culturally appropriate philosophical frame for this multidisciplinary research within a South African context. My research drew inspiration from an *Ubuntu*-based concept, Ginwright's "Healing-Centred Engagements" (HCE), which guided the ethos of the proposed HAPPY Infusion program.

2.1 *Ubuntu*: An African Metaphysical Frame

Western and African Psychology are distinctly different yet not mutually exclusive in their philosophical engagement especially when considering ideas of self and perspectives on human behaviours. The research is contextualised by its South African locality, specifically within South African schools. This necessitated a South African philosophy to underpin the framing of the research.

A popular South African term, *Ubuntu*, is an expression which demonstrates African psychology's philosophical underpinning. The term has multiple, yet similar meanings. *Ubuntu* is the Nguni term for 'humanness' (van Dyk & Matoane, 2010), the Zulu term "*ubuntu ngumuntu ngabantu*" means "A person becomes a human being through other human beings" (Mkhize, 2004, p. 33) or "I am because you are" (Mucina, 2013, p. 30). In essence, African psychology has a different view of the 'self' which is developed by and through socialisation with others.

For the African psychologist Mkhize (2004 p. 50), the term *Ubuntu* reflects the qualities of "people's relationships with others and their milieu". *Ubuntu* indicates that a person is a person through other people and underlines the importance of relationships, i.e., between people, plants, and the world around us (Mucina, 2013). In order to maintain balance, respect must be given to all relationships, including the ones of the past (ancestors) as "birth and death reflect the cycle of life in all places and all things" (Mucina, 2013, p. 24).

Akbar and Nobles (1972), as cited in Mkhize (2004b), proposed foundational principles for African-based psychology: 1) the dynamic life force or vitality inherent in all things, and 2) the principle of cosmic unity, which connects God, ancestors, animals, plants, and inanimate objects, all in perpetual motion.

Explaining the perspectives of the African knowledge systems, Mkhize (2004) notes how Cartesian or dualistic Western approaches seek objective knowledge, unaffected by the knower's values and meanings, which are neither timeless nor universal, giving individuality and freedom preference; and notes how African knowledge systems are more socialised. When Western approaches within African educational contexts meet, this often leads to

feelings of alienation in students (Mkhize, 2004). This response from African students emphasises the importance of re-imagining African education and knowledge systems by including that which is linked to tradition i.e., cultural practices and philosophies. This adds to the *Ubuntu* element of socialisation - harmonising the individual interest with that of the collective (Mkhize, 2004). Le Grange (2012) emphasises that the relationality at the heart of the concepts *ubuntu* and *ukama* as not only essentially humanist but also interconnecting all forms of life.

The African perspective on health and wellness, according to Makanya (2014), is that good health is maintained and advanced through community and family. It is thus the function of the community to preserve life, which is a synchronous work with the universe, God, community, and body. When thinking about health and well-being in African culture, there is an interdependency between the environment and community, which is built on the concept of belonging to a community.

Being in a community is the first constituent of health and that this leads to a healthy sense of belonging, greater generosity, better circulation of resources and a greater awareness of the needs of self and other (Makanya, 2014, p. 303).

Makanya (2014) suggests that health workers consider the health of the whole community. Arguably, the health of the community leads to the transformation of the environment in which individuals find themselves. The importance of the *Ubuntu* philosophy for this study is to acknowledge that any intervention (psychological or educational) that wants to address trauma in South Africa should ensure that it is communal, social, interdependent, relational, and has a deep respect for the people of this country, that takes cognisance of their historical experiences, traditions, and knowledge systems.

Mkhize (2004) presents a traditional African metaphysical framework as a basis for African psychology. According to Mkhize (2004, p. 26,27) Western psychology considers the 'self' as a "bounded, autonomous entity" defined in terms of thoughts, emotions, and other internal attributes; the self is based on "self-contained individualism", viewed as "independent of social and contextual factors", whilst, the African concept of the self is context-based, collectivist and interdependent. These great polarities between the Western and African

worldviews necessitate unique approaches to address health and wellness concerns within a South African context, that can truly meet the 'humanness' and difference in others through respectful, communal and cultural practices.

Ubuntu aligns with the practitioner's own monist philosophical view which asserts that all phenomena in the universe, including mind and matter, stem from a single, unified substance or reality. A monist framework suggests a worldview where humanity's role is integrative, fostering a sense of harmony (Schaffer, 2010) and interconnectedness. Western monist thought, as seen in the philosophy of Spinoza (1994), Goethe (1970), and Steiner (1894), creates a bridge between African philosophies like *Ubuntu* and Western thought.

Monist thinker Goethe influenced Rudolph Steiner, (1894) the founder of Waldorf Education, who suggests spiritual monism emphasising the integration of thought, perception, and action, reflecting a holistic approach to understanding human existence. Both *Ubuntu* and monism challenge dualistic paradigms, offering a unified perspective on reality that is reflected in urban settings and global tendencies where Western and African views look for holistic integration. This connection is significant for educational philosophies that seek to foster balance and unity between humans and the environment. These resonances offer a meaningful point of convergence between Western and African philosophies, highlighting their shared commitment to fostering connectedness and mutual respect.

We, as humans, do not exist in a vacuum, and as Ginwright (2018, p. 3) points out, "people are not harmed in a vacuum". When considering the context for this research learning and healing cannot occur in a vacuum either.

2.1.1 Healing-Centred Engagements (HCE): An *Ubuntu* inspired program

In his article "*The Future of Healing: Shifting From Trauma Informed Care to Healing Centered Engagement*" the African American Psychologist, Shawn Ginwright (2018, p. 3) based his

concept of Healing-Centred Engagements (HCE) on the *Ubuntu* concept that “humanness is found through our interdependence, collective engagement and service to others.”

Ginwright (2018) proposes Healing-Centred Engagement (HCE) within an *Ubuntu* framework, advocating a collective approach to healing that re-centres culture as a key element. In alignment with *Ubuntu* values, he emphasises the need to acknowledge environmental problems and asserts that “well-being comes from participating in transforming the root causes of the harm within institutions.” He calls for a trauma response that offers “a more holistic approach to fostering well-being,” one that considers the entire environment, including cultural, spiritual, and civic action (Ginwright, 2018, p. 3).

Similar to Scrine & Koike (2022), who criticise the Eurocentric hegemony of current trauma-informed practices that views trauma as an individual health issue, Ginwright (2018) notes that trauma is *more* than an individual experience and should be acknowledged as a collective one. By treating an individual, we frequently ignore the toxic systems, policies and practices that lay at the root of trauma (Ginwright, 2018) as well as the psychological conceptualisation of trauma that conceal structural violence (Scrine & Koike, 2022). Ginwright (2018) acknowledges the ways race, identity, and social marginalisation influence youth of colour and how that negatively influences healthy development and learning. Apart from suggesting that we find collective ways to address collective trauma in youth, Ginwright (2018) suggests four important ways to address collective trauma: 1) build empathy; 2) encourage young people to dream and use their imagination; 3) build critical reflection; and 4) take loving action.

Following the principles of *Ubuntu* and a HCE, the HAPPY Infusion Program aims to support healing through stabilising and regulating the body. It encourages collective, culturally rooted arts-based activities that create a sense of safety, improve empathic relatedness, and build resilience and agency, empowering individuals to take loving action and dream.

2.2 Mental Health

This section investigates a neuroscientific approach to psycho-traumatology as a framing theory for the theoretical content of the HAPPY Infusion program. Psychological approaches

such as Social Cognitive theory; Positive Psychology and Theory of Hope; Mindfulness and indigenous contemplative practices were investigated as influences of the theoretical content and training implementation.

2.2.1 A Neuroscientific approach to psycho-traumatology

A neuroscientific approach to psycho-traumatology seeks to understand how trauma affects the brain, nervous system, and physical body. Trauma is understood as a neurobiological response and biological reaction to a threatening event.

2.2.1.1 Understanding Trauma

Exploring trauma through the neuroscientific lens, grants us a framework through which to understand the development of trauma, its classification and types. According to van der Kolk (2014, p. 1), trauma is not only experienced by combat soldiers or refugees, it “happens to us, our friends, our families, and our neighbours.” Countries with histories of colonialism and racism, like South Africa, are more prone to what van der Kolk calls the “dark secrets being imperceptibly passed down through generations.” Trauma leaves traces on our cognitive and psychological ability, “our capacity for joy and intimacy, and even on our biology and immune systems” (van der Kolk, 2014, p. 1).

Trauma can be defined as: 1) an injury or wound to living tissue; or 2) an emotional upset, a psychological disorder or “behavioral state resulting from severe mental or emotional stress or physical injury” (Merriam-Webster, n.d.). This overwhelming behavioural state affects our ability to cope leading to negative effects on well-being (mental, physical, social, emotional, and/or spiritual) causing a stress reaction. Under healthy conditions, self-healing takes place, but if, according to the DSM-V, one or more of the symptoms of the stress reaction are unaddressed and persist for more than a month, it becomes PTSD (Center for Substance Abuse Treatment (US), 2014).

Van der Kolk sums up the DSM-V definition of trauma through this storyline:

A person is suddenly and unexpectedly devastated by an atrocious event and is never the same again. The trauma may be over, but it keeps being replayed in continually recycling memories and in a reorganised nervous system (2014, p. 159).

This explains Peter Levine's (2015, p.1) view that trauma is usually "what develops when the body, mind, spirit and nervous system fail to process extreme adverse events". Trauma is thus the imprint of this experience left on mind, brain, and body (van der Kolk, 2014). These imprints can cause anxiety, which is a future-oriented emotional state caused by feelings of tension, physical changes, and worried thoughts (American Psychiatric Association (APA), 2022; Lake, 2017). These imprints can also be called psychological trauma.

Trauma can be defined as an injury to a person's psychological integrity (Hausman, 2006). In other words, it does not have to be physical only, it can be mental. Psychological trauma is not the life-threatening experience itself, but the invisible, lingering internal wound. While external events (e.g., physical and sexual abuse, torture, war, displacement, natural disasters, accidents, bullying, and witnessing such events) can cause trauma, more nuanced forms of trauma (e.g., neglect, poverty, racial and sexual discrimination) also result in psychological injury. However, it is the intensity of the subjective experience that ultimately determines the subsequent traumatic effect. "As a consequence, each and every person shows different reactions to disturbing events" (Friends of Waldorf Education, 2017, p. 5).

The DSM-V definition of trauma requires an "actual or threatened death, serious injury, or sexual violence" linked to several symptoms, and symptoms that are worsening, to provide a formal diagnosis for trauma (APA, 2013, p. 271). According to the DSM-V a stressful event that does not threaten the individual's life is thus not acknowledged as trauma. However, the practitioner supports the criticism by van der Kolk (2014, p. 168) of the DSM-V definition as well as his advocacy for ACEs (e.g., abandonment, abuse, and deprivation) to be included under the definition of trauma, making the case that the neurobiological responses that take place in the body are similar to a traumatic life-threatening event. This indicates that when an overwhelming psychological incident, such as witnessing abuse, is experienced, the nervous system reacts similarly to a physical life-threatening situation.

PTSD is the only diagnostic category in the DSM-V based on an aetiology (i.e. cause). This implies that for a person to be diagnosed with PTSD, there must be a traumatic event. As diagnoses are descriptive, not explanatory, they focus on symptoms or behaviours without a context. For example, when a person shows signs of substance dependence, they can often not explain why these behaviours have developed, especially if it is from prolonged traumatic stress or a traumatic incident that took place long ago (van der Kolk, 2014). Scrine & Koike (2022, p. 39) concurs, highlighting the limiting “Eurocentric conception of trauma as a single, catastrophic event”. They note how structural violence and injustice are frequently reduced to personal deficiency.

Esther Giller (2017), in her study on abuse survivors, observed that many survivors receive multiple diagnoses, including substance dependence, personality disorders (particularly borderline personality disorder), depression, anxiety (including PTSD), dissociative disorders, and eating disorders. As a result, many are mis-diagnosed and treated for disorders that ultimately relate to traumas that were not timeously addressed.

The research position is that people respond differently to threats. Moreover, it agrees with the assertion by Porges (2021) that the nature, intensity or severity and duration of the threat as well as the personal circumstances, psychology and temperament of the human being determines our responses and how lasting the effects will be.

The research of Pai et al. (2017) indicates that consistent stress, anxiety, and tension resulting from relational, psychological, and physical overwhelm, deprivation, abuse, and neglect can also lead to trauma symptoms and reactions. When using the term ‘trauma’ in this study, the practitioner-researcher thus includes ACEs, consistent stress, contextual violence and systemic injustice as suggested by van der Kolk (2014) and Scrine & Koike (2022).

Recognising and understanding the complexity and pervasiveness of trauma as a threatening experience that causes lasting effects if unaddressed, becomes an essential aspect of a teacher professional development program. The following section indicates how the impact of the trauma can be transformed by early interventions.

The course and development of trauma: Band-aid or scalpel?

While the phases of trauma development cannot be generalised or specifically attributed to complex or chronic trauma, Ruf (2017a) identifies four distinct phases of individual trauma:

1. The acute shock phase.
2. The post-traumatic stress reaction phase.
3. The post-traumatic stress disorder (PTSD) phase.
4. The personality disorder phase.

It was traditionally not advisable to intervene clinically during the first two phases as it has the possibility of re-traumatising and triggering. However, recent psycho-traumatology research indicates that it is during the first two phases that general stabilisation needs to occur (Danylchuk, 2019). During the initial two phases, fight-flight-freeze reactions, and symptoms such as heightened sensitivity to noise, nightmares, flashbacks, uncontrolled rages, a deficiency in self-control and self-regulation, hypervigilance, and auditory and visual hallucinations are evident (van der Kolk, 2014). These reactions and symptoms require stabilisation and regulation to prevent the stress reaction from developing into mental disorders (Danylchuk, 2019).

According to *Field Manual: Psychological First Aid (PFA)* of the WHO (2022), recently affected individuals (i.e. during the acute and stress-reaction phases) should be supported through promoting safety, connection, hope, self-help, and access to social resources. They emphasise that PFA is not limited to professionals, nor is it equivalent to professional counselling or psychological debriefing. The field manual outlines a framework for providing support to all individuals while honouring their dignity, cultural backgrounds, and abilities. These first two phases are thus ideal for teachers (or anyone trained in Psychological First Aid or Emergency Pedagogy) to stabilise and regulate the shock and stress reactions (WHO, 2011), thus preventing the trauma reaction to develop into a psychological disorder (Ruff, 2014). Ruf (2014) suggests using arts-based methods and pedagogical practices as safe intervention tools to stabilise and regulate. This approach can be likened to a metaphorical 'disinfectant and band-aid' strategy. It becomes evident that in the later phases, the

symptoms of trauma are significantly more challenging to diagnose and address. These stages necessitate intensive and skilful therapeutic intervention by registered therapists.

Providing teachers with a clear understanding of how timely and appropriate interventions can prevent trauma from progressing into PTSD, fosters a sense of agency and enhances their confidence to assist their learners during the first two phases. This commitment to supporting educators prompted me to seek a better understanding of trauma types and categories.

Psychological Trauma: Trauma categories

Traumata can be classified in many ways: “by kinds of violent experiences, by the length of the violent experiences, or by the context in which the violent experiences were made” (Krug, 2015, p. 17). Emergency Pedagogy separates trauma into “physical traumata, time traumata, verbal traumata, and relationship traumata” (Krug, 2015, p. 17). Miller-Karas (2015, p. 2) writes that trauma can be defined as “an individual’s perception of an event as threatening to oneself and others”; and makes a distinction between ‘large-T’ (also called Big-T) trauma, ‘small-t’ trauma and cumulative trauma. According to Miller-Karas (2015) ‘large-T’ trauma ranges from any major events, such as war and sexual assaults to small-t trauma being dental procedures and minor car accidents; and cumulative trauma, ranges from lingering impacts of colonialism, homophobia, racism, and poverty.

Regardless of which category is used, all traumatic events are threatening events that stimulate a nervous system reaction causing fragmentation of the way we organise ourselves, our family and society (Ruf, 2014). Creating an understanding of the range of trauma types through which people try to make sense of trauma, creates awareness around the complexity inherent in the term.

Psychological Trauma Types

The practitioner-researcher investigated several trauma types as follows:

Mono / Acute trauma is a single traumatic incident that is sometimes also referred to as acute trauma.

Verbal trauma also known as ‘humiliating trauma’, refers to behaviours that manipulate, intimidate, and maintain control over someone i.e., insults, ridicule, silent treatment, or any attempts to scare, isolate, and control. Sometimes it is also referred to as emotional abuse (Krug, 2015, p. 17).

Relationship or attachment trauma refers to the complex matrix of social relationships and relatedness that is controlled and organised by “neural networks of bonding and attachment, play, predicting others’ intentions and being able to see the world through others’ eyes” (Cozolino, 2002, p. 172). Trauma affects the ability to form secure attachments. Negative parental modelling and experiences, creates attachment patterns that were first described by Ainsworth et al. (1978) as anxious ambivalent insecure attachments and anxious avoidant insecure attachments styles. This can also be seen as developmental trauma as it hampers the formation of healthy relationships.

Sequential or chronic trauma is “a series of traumatic experiences” (Scott & Copping, 2008, p. 284). This is the *same* trauma repeated and can be called chronic trauma when the traumatic incident repeats itself over a prolonged period (Krug, 2015).

Complex or Multiple trauma is quite similar to sequential trauma but refers to *different kinds* of trauma that happens *repeatedly* over a long period of time i.e., car accident, house break and humiliating incident (Krug, 2015,). The term ‘poly-victimisation’ was coined by Finkelhor et al. (2007, p. 9) to describe multiple, consistent, and complex trauma experiences; and suggest that in many cases where children are “victimised”, trauma is more a “condition than an event”.

Developmental trauma refers to early repetitive trauma, like complex trauma, except that it refers specifically to childhood experiences that halt or hamper further development (Ruf 2017d) and can lead to regressive behaviour (Malchiodi, 2020a). van der Kolk (2014) notes that the National Child Traumatic Stress Network (NCTSN) found a consistent profile for children with a developmental trauma disorder. This included:

- 1) a pervasive pattern of dysregulation;
- 2) problems with attention and concentration; and

3) difficulties getting along with themselves and others.

In fact, these seemingly invisible childhood experiences are also referred to as Adverse Childhood Experiences (ACE) and alternatively as Early Life Adversity (ELAs) (Bethell, 2019). The seminal ACE studies of Felitti et al. (1998) have had an impact on our understanding of trauma (van der Kolk, 2014) and broadened the limited definition of trauma provided by the DSM-V.

Miller-Karas (2015) notes that researchers have found different types of traumata that adversely affect childhood, namely: sexual, physical and emotional abuse; physical and emotional neglect; and five types of family dysfunction: when a family member treats others violently, abuses drugs or alcohol, is imprisoned, is diagnosed with a mental illness, or having parents that are divorced or separated. In a research study of ACEs or Early Life Adversity (ELAs), Bethell (2019) found that adversities during early life are associated with poorer social outcomes and physical health. ACEs not only lead to physical and mental illness, but also to our ability to form healthy relationships. We are fundamentally social beings and relationships form the foundation of our humanity. As we are “geared toward collaboration in social systems” relationships give meaning and substance to our lives (van der Kolk, 2014, p. 168). However, these sympathetic and empathetic responses towards others with whom we are in relationship with can frequently lead to secondary traumatisation.

The phenomenon of secondary traumatisation is "a natural, predictable, treatable and preventable undesirable consequence of working with suffering people" (Figley, 2002, p. 41). Mirror neurons in the cortex enable us to pick up another person's movements, their emotional state, and intentions but it also makes us vulnerable to others' negativity or stress responses (van der Kolk, 2014). Scientific research has found that all children living in neighbourhoods with high violence rates exhibit traumatised behaviour, and that these environments create individual and collective harm (Ginwright, 2018). Discoveries around mirror neurons explain why trauma can become a collective problem, but most importantly why so many teachers suffer from burnout or compassion fatigue which could inhibit their ability to be effective within their work environment (Ahuvia et al., 2015). People who work

with traumatised children must understand and be prepared for occupational risks associated with secondary traumatising.

Collective trauma is trauma that is shared by a group of people, like a family. It can also be experienced as race-based trauma or can even refer to humanity. Terry Patten (2019), speaking at the *Online Collective Trauma Summit*, talks about the world-wide “meta crises” of the COVID-19 pandemic, as “collective trauma”. He notes that trauma is both personal and collective, uniquely ours but also shared and common to all as it lives in collective structures and narratives (Patten, 2019). Teachers who are aware of this ‘contagious’ nature of trauma are more able to prevent it. Similarly, providing tools to alleviate secondary and collective trauma, is an important ingredient of any professional development program for teachers with regard to trauma.

Intergenerational trauma or trans-generational trauma refers to inherited trauma responses and behavioural patterns. A recent research field called epigenetics, explains how trauma influences our DNA and behavioural functioning, as our neurons are prone to fire in specific ways due to inherited behavioural patterns. According to Mansuy (2019), the long-term effects of trauma on communities can be seen for up to three generations. Avalos (2021) describes a similar concept, namely, historical trauma, after clinically observing Holocaust survivors. Indeed, long-term trauma resulting from systemic and historical oppression, is clearly evident in many South African households. The importance of facing trauma and reversing the inherited behavioural and structural trauma damage before unconsciously passing it on to the next generation has become obvious (Ruf, 2017c). Arguably, the recognition and understanding of trauma is imperative for teachers, as unaddressed trauma can lead to cognitive, psychological, behavioural, and physical disorders which affect social interactions and in time change our biography and lives.

2.2.1.2. Psychological trauma

This section offers a neuroscientific perspective on the foundations of trauma and its effects on cognitive functioning and brain development, as well as its physical and behavioural impacts, and its influence on psychological well-being and socialisation.

A thinking response: Trauma's impact on cognitive functioning and brain development

The triune brain theory was originally described by the neurologist Paul MacLean (1990) to provide a clearer and simpler understanding of the brain. He divided the brain into three regions: a Proto Reptilian Formation (i.e., basal ganglia), Paleomammalian Formation (i.e., limbic brain) and the Neomammalian Formation (i.e., neocortex). The theory provides the first steps to understanding automatic trauma reactions and the effects of trauma on cognitive functioning.

Tripartite of the brain: an evolutionary development.

Professor Stephen Porges' (2021a) theory on the evolutionary development of the brain has been particularly influential in trauma studies. Porges' (2021a) description of the evolutionary theory of brain development expands the triune brain theory. It proposes that the brain developed initially from the brainstem and cerebellum and is responsible for controlling our energy systems and homeostasis, which is also known as the reptilian or primal brain (van der Kolk, 2014).

The second development was the limbic brain which can be described as the "seat of our emotions", also known as the mammalian brain (van der Kolk, 2014, p. 57). Porges (2021) holds that the cortex and neocortex was the final development of the brain and happened in all mammals, yet the human cortex is much more developed than other mammals. This part of the brain is where planning, language and abstract thought are created (van der Kolk, 2014).

Van der Kolk (2014) describes how the brain and the nervous systems' main objective is survival. The brain generates internal signals towards the body and our senses, which then sends signals back towards the brain. This supports the brain to create an overview or 'map of the world' to warn and allow us to adjust our actions to change the outcome in order to stay alive and safe (van der Kolk, 2014, p. 55).

The functioning of the brain and the nervous system is impeded or altered during a traumatic incident. When a nervous system dysregulation occurs, caused by a traumatic incident, it results in headaches, nervousness, excessive agitation, concentration disorders, flashbacks,

and amnesia. Trauma affects both explicit memory (conscious retention) and implicit memory (unconscious retention) (Ruf, 2013).

Porges' (2021a) Polyvagal theory provides several reasons for the automatic behavioural reactions that human beings experience during and after a traumatic incident. Incoming perceptions from our sense-organs are sent to the amygdala which scans the perceptions for threat; if a sensory perception is perceived as a threat, the amygdala sends messages quickly and automatically down the hypothalamus and brainstem releasing powerful stress hormones, cortisol, and adrenaline; the autonomic nervous system reacts by overriding the neuro-pathways to the prefrontal cortex (van der Kolk, 2014). Therefore, instead of accessing the neocortex, which gives multiple options to solve a problem, traumatised individuals are instinctively reacting from their primal brain, which has three dominant options: fight, flight, or freeze.

Cohen et al. (2013) in their research with 178 individuals with PTSD, found that these patients show significantly poorer cognitive performance, especially in processing speed and executive functioning; and concluded that trauma severely affects verbal processing and cognitive functioning. The study by Cohen et al. (2013) has serious implications for teaching and learning in South Africa. This is especially the case when the high rates of violence in South Africa are considered. Moreover, it is against this background that teachers, like Ms Rantsan, mentioned in the opening of chapter one, are struggling to find ways to help 'these children' (The Economist, 2017). I would argue that an accessible and clear understanding of how the brain functions, especially when a threat is experienced, would enable teachers to show more compassion and find ways to regulate these responses and facilitate better learning. The triune brain theory is a simplistic and accessible way to teach some of the basic functions of the brain and is effectively used by clinicians to explain how trauma affects functioning and cognitive functioning.

Trauma, brain development and neuroplasticity

The effects of trauma on brain development are a serious concern for education. Research conducted by Cotiga & Stulz-Koller (2021) found that rapid brain growth starts during the third trimester of pregnancy and continues till around the age of six; with further brain

development continuing till the mid-twenties. However, any stress caused by traumatic incidents during this period affects brain development, and influences learners' ability to learn (Gallagher, 2020).

Similarly, Gallagher (2020) notes how researchers from Kings College found that ACEs negatively affect young children's developing brain and nervous system. Researchers found that an early life of neglect, adversity, and deprivation leads to people growing up with 8,6% smaller brains, with structural differences in three brain regions linked to "functions such as organisation, motivation, integration of information and memory" (Gallagher, 2020, n.p.). Physical and psychological deprivation with little social contact, no toys, and often ravaged by disease were some of the adversities that these children had to face growing up (Gallagher, 2020, n.p.). These ACEs could explain lowered IQ levels and higher rates of ADHD in these adults (Gallagher, 2020). Gallagher (2020) cites the research findings of Sonuga-Barke (2017) that highlights the profound influence of an early adverse environment on brain development. The research indicated despite resilience exhibited by some adoptees and the improvement of cognitive impairments in adulthood, extended early deprivation has been linked to long-term negative effects on well-being that appear resistant to years of nurturance and support within adoptive families. Despite the negative effects of ACEs on the brain, the brain remains changeable.

The brain is neuroplastic. Neuroplasticity is the term used for the ability of the brain to be *shaped*. Steffen, Hedges & Matheson (2022, p. 1) named their theory the "adaptive brain" suggesting the flexibility and adaptability of a brain that is infinitely complex, interconnected, and interdependent. Miller-Karas & Sapp (2015) writes that current neuroscience on neuroplasticity has changed the way people think about trauma. They explain that neuroplasticity indicates the brain's ability to adapt, change, and remain malleable.

The nervous system is made up of billions of microscopic nerve cells called neurons; the function of which is to fire or not, and to develop neural networks, workgroups, or clusters with complex intersecting connections with specialised functions also known as neural pathways (Miller-Karas & Sapp, 2015). Indeed, every time we think, feel or act in a similar way this neural pathway is reinforced, creating habits. Miller-Karas & Sapp (2015, p.

14,15,16) note that neural pathways function on two principles, namely, “neurons that fire together wire together”, or alternatively, “use it or lose it”. This suggests that we can strengthen or weaken neural connections. The brain tends to strengthen and follow pathways that are familiar, very similar to programming a computer. Klorer (2017, p. 11) uses the term “user-dependent” to indicate the dependence that develops in our neurobiology, noting that “the more any neural system is activated, the more likely it is to become permanent”. This can help explain why individuals who have experienced trauma often repeat similar patterns and find it challenging to learn from past experiences (van der Kolk, 2014).

This theory also explains how healthy paths of resilience, self-efficiency and agency can replace dysfunctional paths (Miller-Karas & Sapp, 2015). Weber & Haen (2016, p. 220) state that therapeutic engagements have the possibility of changing even chronic trauma patterns as they can facilitate and activate new “neuroplastic processes.” Embracing neuroplasticity by no means implies that people who experience trauma can *easily* access safety, build resilience and agency (Scrine & Koike, 2022), it can assist teachers to shift away from deficit-focused attitudes, instead adopting a strengths-based approach that emphasises positive potential, growth, and adaptability. As a practitioner/researcher I questioned whether positive educational experiences that are induced during arts-based engagements may have the potential to change negative emotions, which in turn affects behaviour, physical health and cognitive thinking.

A body response: Trauma’s physical and behavioural impact

Psycho-traumatology has been influenced by neuroscientific theories that explain behaviour and emotional responses following traumatic events. Van der Kolk (2014, p. 79) draws attention to the body-brain connection, stating how our sensory system reacts (i.e., body) and how we perceive others (i.e., brain) are “a product of the synchrony between the two branches of the autonomic nervous system (ANS): the sympathetic, which acts as the body’s accelerator; and the parasympathetic, which serves as its brake”. Van der Kolk (2014, p. 79) explains how the Sympathetic Nervous System (SNS) triggers the adrenal glands to release adrenaline, speeds up the heart rate, increases the blood pressure and moves blood to muscles to effectively respond to threat; whilst the Parasympathetic Nervous System (PSN)

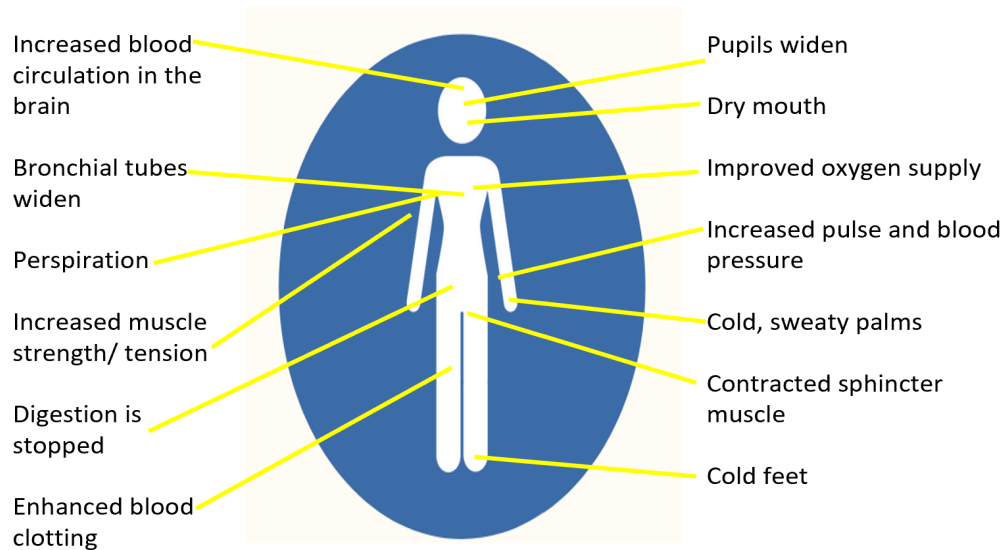
promotes self-preservative functions like wound healing and digestion to slow down the heart, relax the muscles and return to normal breathing.

The sympathetic response causes a dysregulated state that affects the functioning of the nervous system and thus the physical body. Alerting messages are sent via the vagus nerve which connects with organs such as the brain, gut, heart, liver, pancreas, gallbladder, kidney, ureter, spleen, lungs, reproductive organs of females, speech organs in the neck, ears and even the tongue (Cohen, 2017). These signals from the vagus nerve speed up our heart rate, blood flow and blood pressure, increase our breathing, dry up our throat, and even stop our intestines (van der Kolk, 2014). The vagus nerve furthermore blocks out our ability to listen and understand language (van der Kolk, 2014). Van der Kolk (2014) notes that when you hear words such as “gut wrenching” (p. 76), “speechless” (p. 43), or more importantly, when a child tells you that s/he “did not hear” and “could not speak” (p. 43), it is indeed a physical reality.

The effects of prolonged stress or unaddressed trauma can manifest physically, often resulting in illness. Figure 2.1 below, from Ruf (2017b), indicates the biological effects evident in the body during and shortly after a shocking incident, highlighting why it is important to regulate and normalise the physical responses after a traumatic event.

PHASE 1: The state of an acute shock

1. Physiological-functional transformations during a state of acute stress



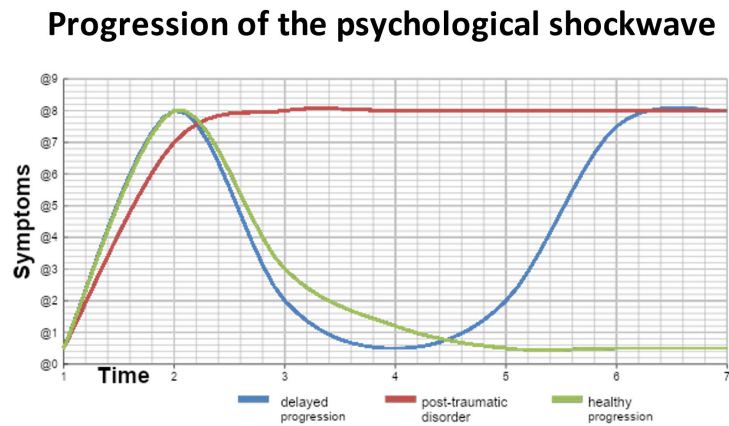
With thanks to the Emergency Pedagogy without Borders for this information

Fig. 2.1 Emergency Pedagogy (EMP) state of acute shock.
(De Beer, 2023)

These nervous system reactions thus cause a desynchronisation of the rhythmic systems of the body (van der Kolk, 2014; Miller-Karas & Sapp, 2015). The breathing system is affected, causing diseases such as asthma; the metabolic system causes dysfunctional digestion, eating disorders, and insomnia; and the limbic system causes an aversion to exercise and movement, avoidance behaviour, paralysis, being frozen, or hyperactivity (Ruf, 2013; van der Kolk, 2014). These symptoms can negatively impact learning and teaching, highlighting the importance of teachers understanding how to regulate the nervous system and alleviate the body's stress response.

The physical body automatically reacts to a traumatic incident or stressful event. This reaction is called a stress reaction. The *normal progression* after a stressful event is that the body moves into a period of rest and recovery, also called an allostatic state (Boullier & Blair, 2018). The sympathetic nervous system and the hypothalamic-pituitary-adrenal (HPA) axis returns to a healthy activation which regulates the system (Boullier & Blair, 2018). There are other possibilities. According to Ruf (2017a), if a return to an allostatic state is not possible, it leads to *consistent dysregulation* and PTSD; and additionally, the body may return to an allostatic state initially but then may return to an activated state after a few weeks. This is

seen as a *delayed response* to the trauma (Ruf, 2017a). Emergency Pedagogy training includes a graph that explains these responses (see Figure 2.2 below).



*Fig 2.2 Progression of the psychological shockwave
Ruf (2017a) cited in HAPPy Infusion program*

Stress is a bio-psychosocial condition that is caused by a stressor, which may “include anything a person may perceive as a threat” (Ruf, 2013, p. 60). According to Ruf (2013), a stressor is mediated by either risk or safety factors that augment or diminish the impact of stressors. Risk factors that can cause a stress reaction or trauma resolution include poverty, ACEs, low self-esteem, physical illness, drug addiction, and lack of social support. Safety factors that help people cope and promote trauma resolution are self-esteem, a protected childhood, reliable caregiving, religious beliefs, expression, an assessment of the event by the victim, and a supportive social network (Ruf, 2013).

According to Bouiller & Blair (2018), when the stressful situation is consistently or frequently repeated without any protective factors or safety mediators, such as personal or social resources and support, it can lead to dysregulation. Dysregulation refers to a nervous system response that cannot return to an allostatic state. Continuous dysregulation in young children can be particularly damaging (Bouiller & Blair, 2018).

Van der Kolk (2014) lists the following physical problems which can result from high levels of stress hormones: headaches; sleep disturbances; unexplained pain; oversensitivity to sound and touch; lack of concentration or focus; short attention span; difficulties with language processing; agitation and shut down; fine motor coordination disturbances; and getting easily distracted, as they are hyper-aroused. To relieve the physical tension and stress created by these symptoms, traumatised children often engage in the following behaviours: “chronic masturbation, rocking, or self-harming activities (cutting, biting, burning, picking at their skin, pulling their hair out until it [bleeds])” (van der Kolk, 2014, p. 160). Van der Kolk (2014) calls for clinicians to not deal with the external phenomena or behaviours, but to address the underlying causes. This emphasises the necessity and importance of a teacher development program that includes a deep understanding of trauma and stress reactions, its development, and its symptoms.

Trauma, stress, and anxiety can also distort our perception of reality. Perception, and especially neuroception, help us to evaluate and detect danger, i.e., when something feels ‘off’ or ‘unsafe’. Richards et al. (2014, p. 1) showed that “hypervigilance operates in the presence and absence of threat and involves monitoring for potential dangers via attentional broadening or excessive scanning of the environment”. Arguably, selective attention happens when overt attention is narrowed to ensure that threatening stimuli receive processing priority, which has serious implications for learning. Porges (2019) indicates that children have ‘super sensitive’ nervous systems, which are useful for detecting predators but not beneficial for socialising. Traumatized and triggered children often detect, misread, and then mismanage social situations and relationships.

Ruf (2013, p. 60,61) brings hope when he cites Pearlin’s model where humans are not “passively exposed to environmental stress but [we] are agents who deal actively with external influences”. This indicates that humans are thus not completely at the mercy of stressors but have the capacity to cultivate resources and control stress responses, as stress is seen as a process. Porges' (2018) Polyvagal theory proposed three interactive evolutionary systems, and supports this notion of stress as a process, describing how stress reactions respond in a hierarchical manner:

The theory emphasises that the human autonomic nervous system has a predictable pattern of reactivity, which is dependent on neuroanatomical and neurophysiological changes that occurred during evolution.

Porges (2018) describes two primary defence systems as fight-or-flight (i.e., mobilising) and freeze (i.e., immobilisation); in which fleeing or defending require rapid mobilisation and activation, whilst the immobilisation of the freeze response is a more ancient defence system that decreases metabolic demands (e.g., death feigning).

Furthermore, Porges (2018, p. 51) underlines the modification of the autonomic nervous system's neural regulation as a co-evolutionary process that defines mammalian behaviour; stating that mammals survived because of nurturing and caring for their offspring: the principle of cooperation "supported the survival of mammals".

Porges' (2018) theory explains the evolutionary development of the second vagal pathway, i.e., the ventral vagal pathway, that provides the capacity to down-regulate defensive reactions, observed only in mammals, using the social engagement system. Porges (2018, p. 52) also emphasises how these evolutionary neural mechanisms "promote the biobehavioral states necessary for caring for offspring, reproducing, and cooperative behavior"; whilst trauma disrupts the social engagement system leading to defence reactions.

Facilitating social engagement and learning to down-regulate and co-regulate is crucial for trauma stabilisation and community healing. Figure 2.3 below illustrates the hierarchy to these responses noting that, as stressors escalate, behavioural responses change.

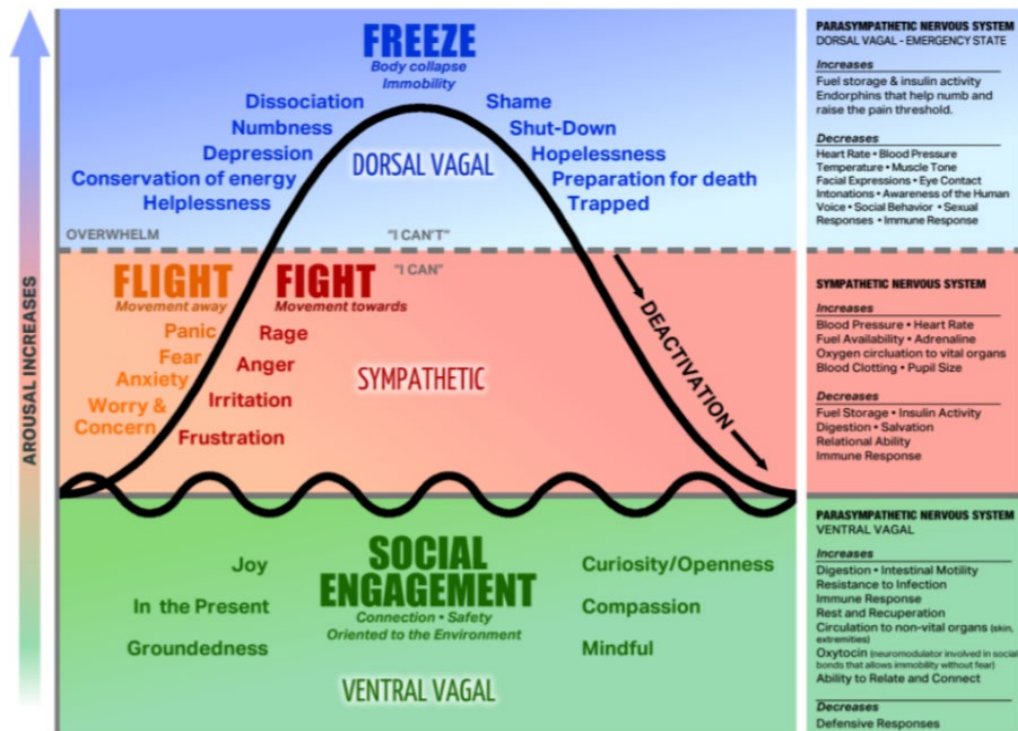


Fig 2.3 Hierarchical response to trauma
 (Porges cited in HAPPy Infusion training @
<https://corkpsychotherapyandtraumacentre.ie/trauma/polyvagal-theory/>)

This understanding of a hierarchical response system provides a diagnostic tool to clinicians but also to teachers who need to understand the state of the nervous system that their learners are experiencing.

The Polyvagal premises proposed by Porges have been contested in recent works. Grosman (2023, n.p.) challenges five of these premises, arguing that they rest on a flawed foundational assumption: “that brainstem ventral and dorsal vagal regions in mammals each have their own unique mediating effects upon control of heart rate.” Grosman (2023) methodically critiques each premise, calling for a reassessment of the physiological assumptions underlying Porges’s behavioural and psychological theories. While acknowledging that somatic practitioners and body-oriented clinical psychologists have effectively integrated polyvagal theory into their work to explain trauma responses (Schroeter, 2016), the practitioner-researcher remains mindful of the risks of

oversimplification. Nonetheless, the theory is recognised for its accessibility in explaining trauma-related behaviours and reactions as useful for the HAPPy Infusion program.

Siegel (2010) builds on an understanding of the ANS and how the PNS calms the body and the SNS activates the body, Siegel created a Window of Tolerance (Levine & Phillips, 2015). Siegel (2010), a Clinical Professor of Psychiatry, proposes that we increase the 'window' of the best or optimal state of nervous system activation or stimulation to ensure functionality and optimal growth (Levine & Phillips, 2015). Porges (2018) might have called this the 'window of social engagement'.

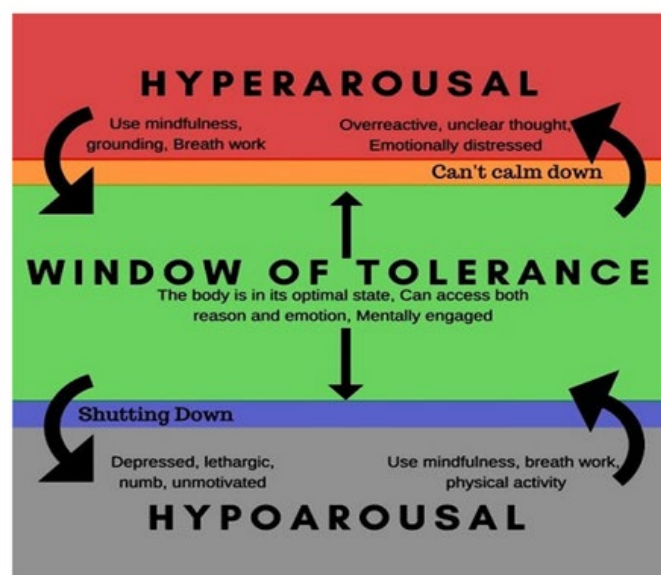


Fig 2.4 Window of Tolerance
(Siegel cited HAPPy Infusion training: @
<https://www.richardbamfordtherapy.co.uk/blog/window-of-tolerance/>)

This model can function as a quick diagnostic tool, indicating how teachers can address and stabilise learners' stress responses. Through mobilising the freeze responses and calming down the fight and flight responses, a teacher can create a mentally engaged and optimal state for learning. As trauma incidents cause autonomic stress reactions which affect physical behaviour, it is safe to assume that these physical behaviours will in turn affect feeling and emotional development.

A feeling response: trauma's impact on psychological well-being

Trauma's impact on the psychological well-being of children is profound. Ruf (2017b) describes some of the feeling responses elicited by the stress response, as feeling emotionally blank, experiencing fear, panic, nightmares, aggression, anger, depression, and guilt. However, when the stress response is not regulated, ongoing exposure to stressful situations and traumatic experiences, such as maltreatment, sexual abuse, or neglect associated with ACEs, can lead to severe post-traumatic stress in nearly all affected children. "Symptoms include bipolar disorder, dissociative personality disorders, and other disorders on the bipolar spectrum, delinquency, and other psychopathological illnesses" (Ruf, 2013, p. 59,60).

According to Janoff-Bulman (1985, cited in Haen & Brannon, 2002) trauma contests three basic life assumptions that affect us: our confidence in personal invulnerability; our perception of a meaningful world that can be understood; and a positive self-concept.

[Life assumption 1: Our confidence in personal invulnerability](#)

After experiencing trauma, children often see the world as an all-powerful force that can act on them, and thus lose their sense of agency and autonomy (Terr, 1990). Experiencing a traumatic event negatively affects self-confidence, the ability to persist, trust, form and maintain relationships, regulate emotions, solve problems, make decisions, and hope (van der Kolk, 2014). Thus, trauma can cause us to lose our confidence in our invulnerability.

[Life assumption 2: The perception of a meaningful world that can be understood](#)

Ruf (2017b) explains how trauma can create the experience of an inner void, insensibility, and meaninglessness. Trauma can destabilise our perceptions that life is comprehensible, manageable, and meaningful (Ruf, 2013).

[Life assumption 3: A positive self-concept](#)

Van der Kolk (2014) notes emotional problems resulting from unaddressed trauma as: feeling fundamentally despicable; overreacting and being frequently frustrated; experiencing self-loathing; having a sense of being defective and worthless; feeling ignored

or abandoned; feeling clingy and needy; and having attachment issues. Trauma victims struggle with feelings of helplessness and an inability to understand themselves and control the world. In popular terminology, they lose agency and experience themselves as ineffective. Trauma thus causes challenging emotions that ultimately affect sociality and the forming of healthy relationships.

The Centre for Substance Abuse Treatment (2014) notes that traumatic incidents interrupt the healthy development of the social and emotional skills of children. The rhythm of 'giving' and 'receiving' in our communication and social functioning becomes disturbed (Ruf, 2017b, p. 88). Victims of trauma distrust themselves, people, and their own ability to manage their environment. As trauma causes dissociation or distancing, which is like "beaming" the self out of a stressful or traumatic environment, this sense of apartness leads to feelings of alienation from others and themselves (Morgan, 2007, p. 16). In other words, forming healthy relationships and functioning in socially acceptable ways becomes difficult.

Yet the opposite can also be assumed. That by creating meaningful interactions and healthy relationships one can foster a confident and positive self-concept, stimulate resilient responses, and inspire hope in a world that feels meaningful and understandable, helping to address trauma reactions. Stephen Porges's (2018) polyvagal research indicates that it is precisely through our capacity to socially engage that we are able to co-regulate with others and find stability.

The Polyvagal Theory: Social Engagement

Although the literature review has already indicated the evolutionary and hierarchical approach of Stephen Porges' (2018) Polyvagal Theory, this section will focus on how this theory provides "a strategy to investigate developmental shifts in social behaviour from a phylogenetic perspective" (Porges, 2018, p. 110).

According to Porges (2018), humans developed the ability to co-regulate with other mammals through an evolutionary process. Porges (2018) describes the development of a bi-directional face-heart connection and a newer myelinated vagal circuit that enables a human being to signal 'safety.' We do this instinctively by looking for facial expression, vocal

intonation and gestural cues that signal safety; and these cues are then responded to or mimicked; when someone in our environment signals distress, we automatically react (showing empathy) and may indeed experience distress ourselves (Porges, 2018). These cues have the potential to regulate emotions, stabilise the nervous system and restrain the ANS from moving into states of defence by calming and co-regulating an agitated individual and decreasing stress (Porges, 2018).

This system uses vocalisation and head gestures, micro-facial expressions, and attunement (Levine & Phillips, 2015). These provide cues of safety and danger that help humans co-regulate, thus “co-opt[ing] some of the features of the vertebrate defence systems to promote social interactions such as play and intimacy” (Porges, 2018, p. 51).

Porges’ (2018, p. 57) theory underlines our capacity for social engagement when the “newer myelinated mammalian vagus is optimally functioning in social interactions” which happens when the “emotions are well regulated, vocal prosody is rich, and the autonomic state supports calm, spontaneous social engagement behaviors”. This evolutionary social engagement system thus distinguishes humans, (i.e., mammals) from other organisms.

This evolutionary phylogenetic transition in neuroanatomy makes it clearer why “for humans, similar to other mammals, connectedness and trusting relationships, are direct expressions of our biological imperative and are integrated into our biology” (Porges, 2021a, p. 7). This is significant when we want to find ways to stabilise trauma and provide an antidote for further trauma.

Moreover, Porges (2018, p. 57) notes that whilst relationality enables healthier social interactions, these “positive social interactions [are] influencing vagal function to optimise health, dampen stress-related physiological states, and support growth and restoration”; as well as reciprocal social engagement, communication, and our ability to co-regulate interactions leading to the experience of connectedness. This is of the utmost importance and supports the *Ubuntu* theories of collective and interdependent communities that establish cohesion through respectful, connected interactions.

Trauma experiences have the potential to increase or decrease our social connections and have a significant role to play in the unfolding of our biography. Unaddressed trauma has

lasting effects on the biography of a human; however, I would argue that processing and integrating trauma experiences can be an opportunity for psychological growth which is what prompted my study.

Trauma and resilience: A path to Post Traumatic Growth (PTG)

Trauma can lead to positive psychological transformation, a phenomenon known as post-traumatic growth (PTG), which suggests that some individuals experience significant personal growth as a result of hardship. Tedeschi & Calhoun (1996) introduced PTG to describe the growth observed in individuals navigating highly stressful circumstances. Westphal & Bonanno (2007, p. 418) describe PTG as the “silver lining” to the “horror of psychological trauma,” bridging the “shadowy study of trauma” with the positive focus on human development in psychology and the social sciences.

Post-traumatic growth (PTG) and resilience are distinct yet interconnected concepts. Resilience, defined as maintaining stable psychological functioning before and after adversity without external interventions (Infurna & Jayawickreme, 2019, p. 2), reflects the ability to recover or “bounce back” after trauma. In contrast, PTG involves profound improvement beyond a return to baseline (Tedeschi & Calhoun, 2004). Henson et al. (2021) suggest that growth-oriented actions and resilience play a mutual role in fostering PTG, highlighting their dynamic relationship.

PTG can appear in areas such as strengthened relationships, a renewed life perspective, personal growth, enhanced validation of life, and spiritual deepening (Ruf, 2013). Key factors influencing PTG include emotional expression, cognitive processing, personality traits like agreeableness, and positive coping strategies (Henson et al., 2021). Social support and optimism act as mediators, rather than direct contributors. PTG is often associated with adaptive coping strategies and resilience (Frazier et al., 2009; Wang et al., 2017); however, self-reported growth may sometimes reflect a coping mechanism rather than real transformation (Infurna & Jayawickreme, 2019). Infurna & Jayawickreme (2019) caution against viewing post-traumatic growth (PTG) as a measure of strength, noting that this

perspective overlooks the complexity of trauma responses and the diverse ways individuals cope with adversity.

Ebersöhn (2012, 2019) highlights the importance of Relationship-Resourced Resilience (RRR), which emphasises collective resilience and the role of relational co-regulation in overcoming adversity. Ebersöhn (2019) further suggests that social welfare initiatives can be more effective in societies where interdependence is valued, particularly when these initiatives draw on the community's cultural resources, such as traditions and values. In South Africa, where trauma is prevalent (Kaminer et al., 2013; Burton & Leoschut, 2013; Ward et al., 2012; Richter et al., 2018; Wyatt et al., 2017) and the *Ubuntu* principle underscores communal relationships, integrating collective resilience, post-traumatic growth (PTG), and cultural resources into teacher development programs can provide meaningful support for both educators and learners.

The next section will look at psychological theories that may provide assistance in how the HAPPy Infusion program can implement and build resilience in educational settings. Thus answering Miss Rantsan's question: *'How are we supposed to help these children?'*

2.2.2 Social cognitive theory on learning

This section will look at how Bandura's (1986) social cognitive theory can "shed light on how we function as self-organising, proactive, and self-reflective beings" (Corey, 2014, p. 225). Bandura (1986) focussed on four areas of research, namely: a) modelling; b) mechanisms of human agency; c) people's perception of efficacy; and d) self-influence and how stress reactions and depression are caused (Corey, 2014). All four concepts are significant to human thought, motivation and action, especially in relation to trauma in school environments (adverse social systems) that call for a modification of the practices and psychosocial treatments that contribute to psychosocial problems. The following section will describe and define these concepts.

Modelling: Social Cognitive Theory focuses on the influence of our relationships with others and our environment, and how that impacts our choices, behaviour, and learning. Bandura's famous 1961 Bobo doll experiment proved that modelling influences people's behaviour, in

that children frequently imitated the behaviour that were modelled to them (Jordaan & Jordaan, 1998).

Agency: Bandura's Social Cognitive Theory is deeply rooted in investigating the mechanisms of cooperative learning strategies that stimulate 'agency' (Bandura, 2019). Agency refers to an individual's capacity to act as an agent of change, enabling self-directed behaviour change (Corey, 2014). The agentic perspective empowers individuals to intentionally, deliberately and purposefully take steps to improve their lives (Bandura, 2001, 2019).

Self-efficacy: Bandura's work has revealed that "people need a sense of self-efficacy and resilience to create a successful life" and have the ability to meet and overcome obstacles and adversities (Corey, 2014, p. 226). Continued research findings "specified how to develop resilient beliefs in one's efficacy and explained the cognitive, motivational, affective, and decisional mechanisms through which self-efficacy beliefs produce their effects" (Bandura, 2019, p. 13). Furthermore, Bandura investigated the conditions that create self-efficacy, as this is varied depending on the conditions in which people find themselves (Tahmassian & Jalali Moghadam, 2011). Bandura's theory further proposes that cooperative learning strategies that improve self-efficacy can improve both health and therapeutic behaviours /activities as well as academic achievement (Schunk, 2012). This supports the *Ubuntu* principles of establishing connected, related, and respectful communities, i.e. learning communities.

Bandura (1997) describes the importance of having support from administrators to enhance collective teacher efficacy. He notes that administrators can facilitate and encourage teacher-efficacy through their solid support, encouragement and facilitating improvement by creating an environment without hurdles; an administrator can furthermore be a dependable source of information. Arguably, teachers experience self-efficacy when they are encouraged by administrators to work collaboratively towards a communal goal, and through this gain performance mastery. Teachers who work collaboratively benefit from mentors as role models thus learning through vicarious information (Goddard et al.,2004; Schunk, 2012). Schunk (2012, p. 153) furthers this argument by stating that "as collective

teacher efficacy is strengthened, teachers continue to improve educational opportunities for students”.

Tahmassian & Jalili Moghadam (2011) citing Bandura et al. (1999) emphasise that students' sense of their self-efficacy has influence over their emotions, thoughts, motivation, behaviour and mental health. Their research found that low self-efficacy is often linked to increased emotional and social difficulties, negatively affecting mental well-being. They further highlight that individuals who lack confidence in their abilities tend to avoid challenging tasks, viewing them as threats. This leads to lower aspirations and weaker commitment to goals, making them more susceptible to anxiety and depression (Tahmassian & Jalili Moghadam, 2011). These are important ideas when considering an implementation plan in South Africa.

It could be inferred that improving personal well-being through increasing the perception of self-efficacy, i.e., physical, emotional, and academic efficacy, and building agency can reduce stress and lower a child's vulnerability to depression, anxiety, and worry. Bandura's research indicates the importance of enhancing learners' and teachers' perceptions of their own agency and self-efficacy. A perspective that connects to the transformative power of optimism and goal-directed thinking in promoting mental health.

2.2.3 Positive Psychology and Theory of Hope

This section will investigate how concepts from Positive psychology, such as Flow Theory, and the Theory of Hope can possibly contribute to a teacher professional development program.

The term “Positive psychology” was first coined by Maslow, in 1954. Maslow (1954) believed that psychology did not have an accurate understanding of human potential as it concerned itself with illness and shortcomings. Psychologist Martin Seligman, a founding member of Positive psychology, believed mental health should also focus on happiness, well-being, fulfilment, and that which makes life worthwhile (Seligman & Csikszentmihalyi, 2000).

According to Luo et al. (2016, p.2), Positive Psychology studies the “conditions and processes that promote individuals’ mental health.” This is done by focusing on “the science of happiness, flourishing life, and well-being rather than on stress, trauma, and dysfunction” (Russo-Netzer & Ben-Shahar, 2011, p. 248). Positive psychology has the potential to serve as an accessible bridge between academic research and the self-help movement. The aim is to apply principles and tools of positive human functioning and flourishing across various professional domains, benefiting society, organisations, groups and individuals (Russo-Netzer & Ben-Shahar, 2011).

According to Ling et al. (2015) Positive psychology deals with Goal Orientation (GO). This is when a goal is perceived to be appropriate and achievable, thus causing greater hope. He continues to explain how Pathways Thinking (PT) refers to our capacity of finding methods and strategies to achieve our goals. People with higher hope generally create greater skills and more intricate and sophisticated methods and strategies to achieve their goals; all of these are only possible if there is sufficient *motivation* to practise and create new strategies and methods. This is represented by *agency thinking* (AT). AT is when our beliefs and thoughts trigger and maintain our motivation to attain our goals (Ling et al., 2015).

Arts-based activities frequently lead to AT especially if a teacher is able to stimulate learners' motivation. However, Flow theory suggests that learners can be incentivised to use AT for the experience itself.

Theory of Flow: Autotelic moments

Mihaly Csikszentmihalyi poses the Theory of Flow to explain optimal experience and the creation of a happy state, posing the idea that when we engage with certain activities under certain conditions it can create an autotelic moment, i.e., an optimal experience.

Viewed through the experiential lens of flow, a good life is one that is characterized by complete absorption in what one does (Nakamura & Csikszentmihalyi, 2002, p. 89).

Csikszentmihalyi (1990) posits that the best moments to achieve something that we perceive to be difficult and worthwhile happen when we are totally absorbed and stretched to our limits. Engaging in something difficult and worthwhile can only happen when the challenge

is goal directed, with a rule-bound action system and clear clues of the performance. All these aspects are evident when children engage in games and play, their concentration becomes intense, self-consciousness disappears and they lose track of time, as expressed by Csikszentmihalyi, (1997, p. 133) “An autotelic activity is one we do for its own sake because to experience it is the main goal”.

However, should the challenges be too difficult, it can lead to frustration, worry, and even anxiety. Too easy challenges lead to relaxation and boredom. Csikszentmihalyi’s Flow Theory seems to mirror Porges’ (2018) Polyvagal’s hierarchical nature of stress responses, where fight or flight response can quickly escalate into overwhelm that leads to a frozen even apathetic state. Healthy challenges, on the other hand, require high skill and a sense of competency to become fully engaged, and deeply involved in the activity which makes flow likely to occur; as the two main drivers of flow are the levels of challenge and the level of skill (Csikszentmihalyi, 1991).

It is in the active presence of a ‘goal-oriented activity,’ such as provided by arts-based activities, that it *becomes* autotelic, happiness is created, and the goal becomes secondary or is forgotten. I would argue that providing opportunities for autotelic moments can have healing effects as it changes our cognitive functioning, leads to an improvement of emotions, and changes our behaviour. Indeed, as previously mentioned, the theory of neuroplasticity indicates that happiness can change our brain and our behaviour. Moreover, the Flow theory indicates the importance of arts-based activities where the skill level and challenge level are balanced to ensure optimised learning and healing.

Theory of Hope

Hope Theory plays an important role in Positive psychology. Hope is conceptualised as a learned thinking pattern that consists of goal orientation, pathways thinking and agency thinking (Luo, 2018, p. 2). “Simply put, hopeful thought reflects the belief that one can find pathways to desired goals and become motivated to use those pathways” (Rand & Cheavens, 2009, p. 324). Snyder conceptualised two types of goals, avoidance goals and approach goals.

Agency, according to the Theory of Hope suggests that there are sufficient self-referential thoughts about the ability to initiate a pathway and sustain the movement. In other words, the perceived ability to produce routes or pathways to goals are as important as our perceived determination and ability to use these pathways (Rand & Cheavens, 2009). Agency and pathways thinking are central to the definition of Hope (Snyder, 2002; Snyder et al., 1991). According to Snyder et al. (1991) hope involves a person having, 1) personally valued goals; 2) the perceived ability to generate strategies (pathways) to achieve those goals; and 3) the motivation to apply those pathways in the goal-pursuit process (agency).

Yet Colla, et al. (2022) argue that Hope Theory, as framed by Snyder (Snyder, 2002; Snyder et al., 1991), is an individualistic cultural perspective and lacks applicability to more collectivist cultures. There is thus a “need for a deepened understanding of how hope emerges; one that recognizes and addresses the inherent complexities in the emergence of hope and is grounded in the lived experience of different sociocultural contexts” (Colla, et al., 2022). Additionally, the role of emotional responses and other causal attributions in fostering hope has been largely overlooked. Although Snyder’s theoretical model acknowledges the interplay between emotions and cognitions through feedback and feedforward loops, these elements, according to Colla et.al. (2022) are not explicitly operationalised in his measure of hope. Emerging theorists adopting a systems approach are contributing to a new wave of Positive Psychology, where “[o]ptimal functioning is recognised to be the outcome of complex and interactive processes, predispositions, and experiences” (Colla et al., 2022, p. 8, citing Roffey, 2015). This perspective considers multiple personal and environmental factors nested within an ecological system. Play, dramatic play and artistic activities can instil such agency in children within a non-confrontational, safe ecological system. A successful outcome can furthermore strengthen their perception around their ability and determination to reach their goals.

According to Luo (2019), new research in the field of Positive psychology has shown the great importance of establishing positive self-concepts in students. At a science and technology University in Taiwan, a study “...explore[d] the relationships among university students’ social support, belonging, self-esteem, hope, and learning outcomes” (Luo, 2019, p. 2). The 739 students who took part in the study showed that students’ perception of social support

influenced learning outcomes, especially when it is linked to self-esteem and a sense of belonging, as these factors generally influenced their hope (Luo, 2019). The interesting factor that emerged from this study is that peer and teacher support had different influences. When students perceived their *teachers* to be supportive it led to greater goal orientation, pathway thinking and agency thinking. Yet the students' perception of *peer support* only influenced pathway thinking and agency thinking.

Luo (2019) found that students' levels of hope contribute to their learning outcomes, cognitive achievement, and noncognitive learning outcomes. These students are not only focused on their own goals but also consider the goals of others and shared objectives. By working towards common goals, the process of achieving success becomes more predictable and effective.

“[B]elonging, security, and control created by one's environment can contribute to enhancing and maintaining students' self-esteem and, thus their confidence in setting goals, planning strategies, and pursuing those goals” (Luo, 2019, p. 7,8).

Luo (2019, p. 8) therefore suggests that in practice, teachers should not only emphasise students' academic achievements, but also “be concerned about students' life goals and the pursuit of those goals”. This study is significant for South Africa in that the Taiwanese culture emphasises collectivism thus attaching significance to human relationships. This connection suggests that integrating Positive Psychology and Hope Theory into education could yield similarly positive outcomes in the South African context. The influence of hope, belonging and shared goals mirrors the collective, collaborative, and communal artistic principles of an *Ubuntu* metaphysical worldview and warrants deeper investigation.

This concludes the mental health theories that were utilised in the creation of the teacher training model. The next section will look at artistic practices and how they are currently used for healing purposes.

2.3 Healing Arts-based Practices

This section will give an overview of arts and expressive arts practices that can bring about healing. Healing is a process of making or becoming healthy again and implies a wound. The word 'healing' in the acronym HAPPy (Healing Arts Pedagogies and Practices) refers to:

a holistic, transformative process of repair and recovery in mind, body, and spirit resulting in positive change, finding meaning, and movement towards self-realization of wholeness, regardless of the presence or absence of disease (Firth et al., 2015, p. 49).

The word 'healing' in this thesis, does not refer to a therapeutic intervention that is required to address PTSD. Healing here, refers to the support, and stabilisation of the stress response, and repair and restoration of our innate capacity for self-healing. These practices can be administered individually or communally through positive arts-based interactions. The following section investigates applied theatre as an umbrella term which incorporates drama therapy and expressive arts-based approaches to address and *heal* trauma responses.

2.3.1 Applied Theatre

Ackroyd's (2007, p. 10) preferred use of the term "applied theatre" is a broad and inclusive umbrella term to include many theatre practices. Ackroyd (2007) notes three purposes of applied theatre as: a) the strengthening of communities; b) transforming specific groups; and c) giving participants a chance to voice, individually or collectively.

Ukaegbu (2004) traces the beginnings of applied theatre back to the earliest African performance rituals, and argues that like ancient Greeks' Dionysia performances, traditional African performances straddle sacred-secular boundaries that strengthen community bonds. Performances served aesthetic and ritualistic functions that commanded some form of an effective outcome (Ukaegbu, 2004). According to Ukaegbu (2004), traditional African performance practices have aesthetic and social purpose, as well as participant engagement.

Applied theatre therefore strengthens communities, transforms groups, and provides a platform for expression, with roots in traditional African performance rituals that blend aesthetic, social, and ritualistic functions (Ukaegbu, 2004) simultaneously strengthening,

transforming, and creating agency (Ackroyd, 2007). These elements are crucial when considering an arts-based model to collectively address trauma, where one cannot overlook the work of Augusto Boal.

Augusto Boal's applied theatre practices, outlined in *Games for Actors and Non-Actors*, use theatrical games to help individuals and communities explore fundamental social and cultural realities without relying on spoken language (Jackson, 1992). These practices enable communities to develop a reflective capacity, using drama games to observe and understand their own actions (Boal, 1992). Boal emphasises that this process should be approached with both understanding and enjoyment.

None of the exercises or games should be done with violence, nor should any cause pain; all should be done with pleasure and understanding. Nothing should ever be done in a competitive manner – we try to be better than ourselves, not better than others (Boal, 1992, p. xxx).

The use of Boal's Image Theatre techniques is an effective 'knowledge-making' tool; his exercises and games from Theatre of the Oppressed provide opportunities for expressing repressed emotions and creating body awareness (Boal, 1992). These are particularly useful techniques when addressing trauma responses of disassociation, repression, numbing and emotional pain.

Drama in education, falling under the umbrella of applied theatre, is often concerned with the strengthening of children's social and emotional capacity in educational environments. Tombak (2014) notes that drama practices as used in drama in education give students opportunities to examine various social roles and social problems. At the same time they help to allow "expression of feelings in a healthy way, developing creative imagination in children, giving a chance to children to think and express themselves independently and developing children's social awareness and cooperative consciousness" (Tombak, 2014, p. 373). Furthermore, Tombak (2014, p. 376) underlines the importance of dramatic activities that "help the expression and control of feelings, motivate undiscovered feelings, and sometimes help in discharging negative feelings." Incorporating drama into educational environments, through role-playing, dramatic presentations, and role-reversal activities, can

enhance training, foster empathy and understanding, and provide participants with outlets for expression (Tombak, 2014). These attributes make it a preferred strategy to use for any trauma intervention with children in schools.

Applied theatre practices have been utilised and successfully implemented in educational settings by researchers such as Sajnani (2010) to investigate 'root causes', and to stimulate collaborative, embodied, and experiential learning. Sajnani (2010, p.iii) mentions that applied theatre practices have the ability to create solidarity and justice in environments "of persistent social and collective trauma". The research was informed by several applied theatre practices, to stimulate embodiment, foster self-esteem, provide opportunities for expression, build group cohesion, and social engagement towards building resilient communities. The inclusion of applied theatre practices that are expressive and arts-based were thus essential for this study.

2.3.2 Drama therapy

This section will look at the diverse and unique ways drama therapy addresses the problem of psychological trauma; the unique benefits of using drama therapy as opposed to other therapeutic modalities; and the diverse population group that drama therapy can work with. It concludes by exploring the benefits of using drama therapy in education and with children and youth.

Drama therapy as Phil Jones (2007, p. 3) defines it, is "drama as a form of therapy". Developing from different fields including experiential theatre and psychology during the 20th century, drama therapy showed that it could bring about political, psychological, and spiritual change in people (Jones, 2007). Drama therapy is a therapeutic approach that utilises most of the arts-based practices, such as sound, music, storytelling, art-making, and movement as methods to assist clients to investigate and solve personal and social problems.

The use of artistic or art-based practices within drama therapy is considered best practice for its ability to stabilise, regulate and support children and adults (Spiegel et al., 2006). According to Spiegel et al. (2006), arts practices can address combat-related PTSD symptoms

that are difficult to treat, whilst also addressing the underlying psychological situation that gave rise to the PTSD symptoms from the start. Drama therapy thus can stabilise the acute phase of trauma as well as addressing the later phases of trauma, such as PTSD. Furthermore, drama therapy can prevent the formation of posttraumatic stress within a community following a communal traumatic incident such as a natural disaster, displacement, war, etc. (Landy, 2010; Rousseau, 2007). According to Sajnani & Johnson (2014), drama therapists have implicitly used different paradigms, ranging from psychoanalysis to neuroscience, to support their wide range of work in the trauma field.

By accessing human strengths and skills within an organised community environment, drama therapy serves as a mechanism for clients to overcome fear, a common response in trauma and PTSD, through play. Play creates a sense of safety and trust which is of vital importance when working with trauma victims (Sajnani & Johnson, 2014). Overcoming fear through play makes drama therapy a healing modality that is ideal for working with clients suffering from trauma as it can “hold, transform and facilitate expression” through dramatic imagination (Sajnani & Johnson, 2014, p. 32).

Sajnani & Johnson (2014) also found that drama therapeutic practices can support stress management. Empowering clients to practise and learn new ways to regulate and manage their own stress responses is a key ability that enhances clients' agency, capacity, and self-esteem.

Drama therapy has the ability to utilise imagination, through story and metaphor, to manage a degree of cognitive distancing which gives the client and therapist greater capacity to control gradual exposure and thus increase the safety of the therapeutic encounter (Johnson & Sajnani, 2014). This is particularly valuable when working with trauma victims where re-traumatisation or secondary traumatisation is a great concern. Jones (2007) explains how distancing from the actual real-life identity allows the client to relate differently to the problem, providing a changed relationship to complicated material through creating a metaphor or story which in turn allows the client to work with a dramatic or imaginative problem to safely explore the real-life problem. By exploring the alternative story in drama therapy (Jones, 2007); clients can change debilitating beliefs through Cognitive Behavioural

Therapy (CBT) (Miller-Karas, 2015); and apply cognitive restructuring that is both humorous and pleasurable (Sajnani & Johnson, 2014).

Sajnani & Johnson (2014) picture the unique contribution of drama therapy as providing a performative play space where safe imaginal exposure is possible that provides increased vividness of recall; and explain the benefits of providing a play space where role reversal is easier and more acceptable than through other therapeutic modalities and techniques. In drama therapy, a skilled therapist can safely manoeuvre a client from a cathartic emotional state to a reflective and observant state.

Drama therapy on a one-on-one basis has many benefits, yet it is the ability to work collectively and through 'ritualised' approaches as opposed to individualised Western psychological approaches (Jones, 2007) that makes drama therapy's contribution to trauma healing unique. Drama therapy can be done in groups facilitating a sense of community and belonging by addressing the issues of trauma in a non-confrontational way. This provides a long-term support system by building resilience, the effects of which extend past the therapeutic intervention's completion.

Similar community-based mental healthcare models are being developed in South Africa. Sp(i)eel arts therapies collective, is a non-profit organization, in partnership with Brunel University, composed of arts therapists, practitioners, and activists. The work of Swanepoel & Conradie (2023) offers a framework for arts-based psychosocial practice in diverse social contexts. They examine how Drama therapy and Applied Drama contribute to building collective resilience through key practices: (1) adopting an mindful stance that is embodied and authentic; (2) establishing a consistent environment that is safe; (3) actively validating and affirming participants' experiences; (4) focusing on strength-based outcomes; (5) exploring group cultures and roles; (6) fostering co-creation through imaginative play; and (7) enhancing artistic skills (Swanepoel & Conradie, 2023). Swanepoel & Conradie (2023) explores mental health and well-being through the lens of African collectivism, drawing on inherent cultural resources, utilising the arts to reconnect individuals to practices of healing, emphasising community co-regulation and the importance of addressing intergenerational trauma within an embodied, systemic approach. While the ultimate aim is healing

intergenerational trauma and building collective resilience, they indicate that healing occurs in the present, within safe, affirming spaces where individuals can care for themselves and each other, finding “medicine” in the circles they create together (Swanepoel & Conradie, 2023). Similarly, Herman (2015, p. 214) called for group therapy to address issues of trust, intimacy, isolation, shaming and stigmatisation often experienced after a traumatic incident stating: “trauma dehumanises the victim; the group restores her humanity”.

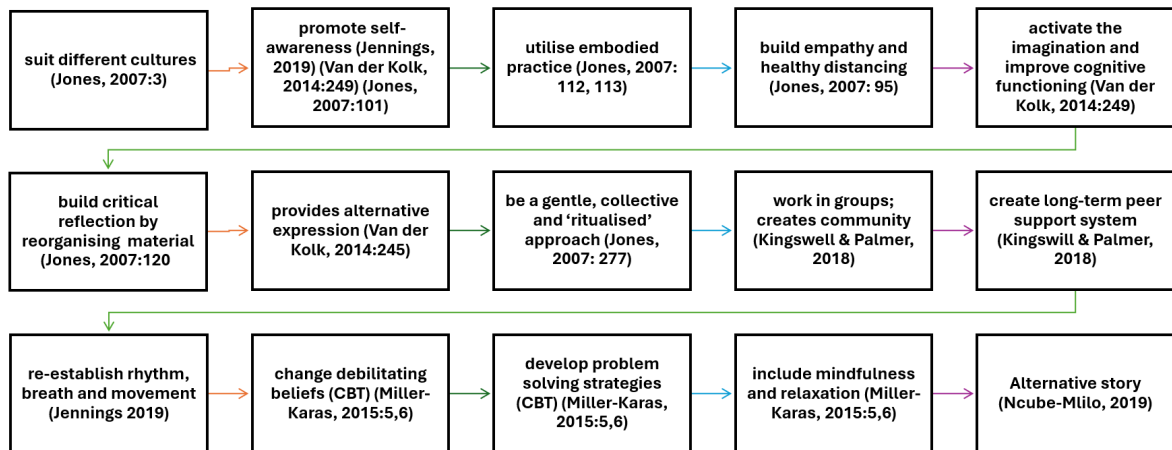
Two international studies below provide evidence and reasoning as to why drama therapy is particularly suited to working with young children and older youth. Sajnani & Johnson (2014) contend that drama therapy is more likely to be helpful with vulnerable populations, like children, than other therapeutic modalities. In fact, play-based, trauma-informed drama therapy “has been uniquely effective with young elementary school children” and the pleasurable action of spontaneous play provides “greater acceptance for the treatment” from children (Sajnani & Johnson, 2014, p. 17). Studies by Rousseau (2007) indicate that drama therapy can work in a non-stigmatising manner with adolescents who have been exposed to diverse forms of adversity, among which are war and violence.

Drama therapy, as a form of active imagination, has been extremely successful in addressing psychological trauma and injuries in children and adolescents. According to Lahad (2014 in Sajnani & Johnson, 2014), drama therapy is firmly established in PTSD treatment because it enables a dialogue between body, mind, and emotions whilst using the imagination. As many post-traumatic memories are non-verbally coded in kinaesthetic and visual forms, drama therapy can create a temporary safe-enough space where “an alternate narrative can be created that enhances mental resilience” (Lahad, 2014, p. xiii). Using embodied methods, drama therapy reduces stress, manages intense emotions, and thus assists in mental flexibility, and problem solving.

As a modality that includes applied theatre practices, drama therapy works effectively in educational environments. Drama therapists can support teachers to apply safe techniques that create greater group cohesion (Malchiodi, 2016) i.e. through mirroring, attunement, and mindful anchoring; re-establish rhythms (Ruf, 2013; Malchiodi, 2016) i.e. rhythmic and

entrainment games; create safe spaces (Ruf, 2017d); and support artistic creativity (Jones 2007) i.e. creating opportunities for expression.

Figure 2.5 below provides a summary of the benefits of drama therapy that mitigate trauma reactions and behaviours and support healing.



*Fig 2.5 Benefits of Drama therapy
(De Beer 2022)*

Drama therapy has been successful in addressing psychological trauma in children and adolescents and can be considered particularly well suited to the South African context that culturally understands the importance of relationality and community.

Drama therapy underlines the importance of creating safe-enough spaces, creating safe encounters through distancing techniques and addressing trauma through imaginative and creative stories and play experiences. This includes arts-based and expressive arts-based approaches.

2.3.3 Arts-based and Expressive Arts-Based approaches

Arts-based practices and expressive arts-based approaches are utilised by both applied theatre and drama therapy. This section will focus on arts-based approaches in educational settings and describe how these can facilitate teaching and learning. It proceeds to explore

the practices of expressive arts-based therapy, where these practices are utilised to facilitate healing and restoration.

Arts-based approaches

An arts-based approach draws on artistic practices such as art, dance, music, or drama, or a combination thereof, to facilitate interaction. Arts-based approaches are used in a myriad of contexts but are most often utilised in educational environments to enhance and improve learning and teaching.

Reviewing the literature on arts-based teaching and learning, Rooney (2004) affirms that arts-based learning and teaching improves relationships and cooperation amongst partners in a community setting. Furthermore, implementing arts-based practices in academic and social learning environments fosters a positive school and classroom climate while also enhancing teacher effectiveness (Rooney, 2004). Moreover, Rooney (2004) reports that arts-based practices improve cognitive development and cognitive skills as they develop the neural system which positively influences learning abilities, thinking skills, and complex thinking, which includes creativity. The fact that arts-based practices improve cognitive abilities, holds great promise for providing techniques to address trauma, as trauma negatively impacts cognitive functioning.

Applying arts-based practices increases learner interest and motivation. Arts-based teaching and learning practices furthermore were found to develop the self-worth of learners which in turn “increase his willingness to learn and apply new skills” (Rooney, 2004, p. 7). In addition, Rooney (2004) notes how these aspects positively influence the affective development of learners, and that as learners develop their communication and cooperation skills, they learn to express themselves better in their relationships, and these skills link students to their community. This potential of arts-based practices to improve learner cooperation, expression, and development, holds great promise in schools and learning environments where learning has become stunted due to the mental health concerns of its learners. Arts-based approaches in South Africa show similar results. Dos Santos (2018) explored two distinct music therapy group processes designed to foster empathic interactions among adolescents referred for aggression in an under-resourced school in SA.

The study examined different approaches to eliciting and exploring learners' experiences and expressions of empathy within their relationships in the group. Her study honoured the participants' experiences and meaning-making, highlighting that, despite their referral for intensely aggressive behaviour, the participants demonstrated empathic interactions during the group music therapy sessions.

Arts-based practices in educational environments proved to be effective with the “hard-to-reach, the gifted, delayed learners, and others who may be, for a variety of reasons, at risk for academic failure” (Rooney, 2004, p. 12 citing Fiske, 1999). Moreover, Rooney (2004) references a study by the New American Schools (2003), which found that students participating in music activities display fewer at-risk behaviours compared to those who do not. Rooney’s (2004, p. 12) report showed that arts-based practices are particularly helpful for students from diverse communities and cultures, who perceive art teachers as “appealing” and “more likely to promote multiculturalism” and provide alternative forms of learning. Furthermore, Rooney (2004) mentions that arts-based teaching improves reading and maths for students from disadvantaged communities and has effectively supported school reform strategies.

This comprehensive summative report from Rooney (2004), suggests that arts-based practices are particularly well-suited to address cognitive, affective, and social impacts and also work effectively with diversity. This ability of arts-based practices to work effectively with diversity makes it useful in South Africa. Arts-based practices in educational environments can provide multicultural and alternative forms of learning. The next section will look at an arts-based model that focuses on healing and restoration: a therapeutic application.

Expressive arts-based therapy

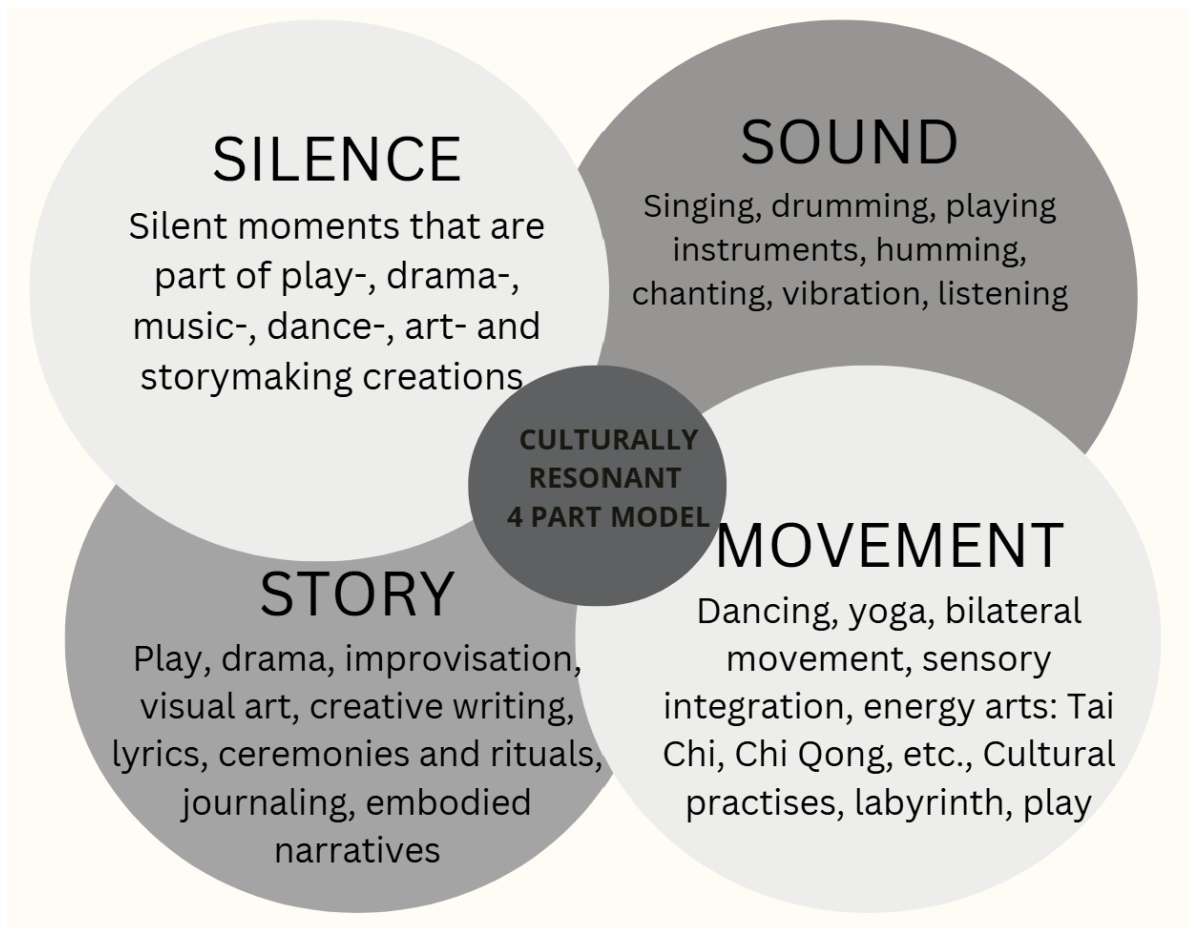
Expressive arts-based therapy is an integrative, multimodal therapeutic approach of arts-based practices with the specific aim to facilitate healing and restoration.

Malchiodi (2020a) recognises expressive arts as one of the oldest forms of restorative practice:

Humans, in fact, historically have, and continue to use these practices and variations of them to reach psychological and physiological stability, including self- and co-regulation, self-exploration and understanding, and ultimately, restoration of self and community.

As an historic approach that facilitates restoration, stability, regulation, and understanding, expressive arts therapy is also dynamically influenced and affirmed by newer neuroscientific theories on psycho traumatology. Porges's (2019) insight on the importance of social engagement found resonance with expressive arts therapies' stance about the importance of community and co-regulation.

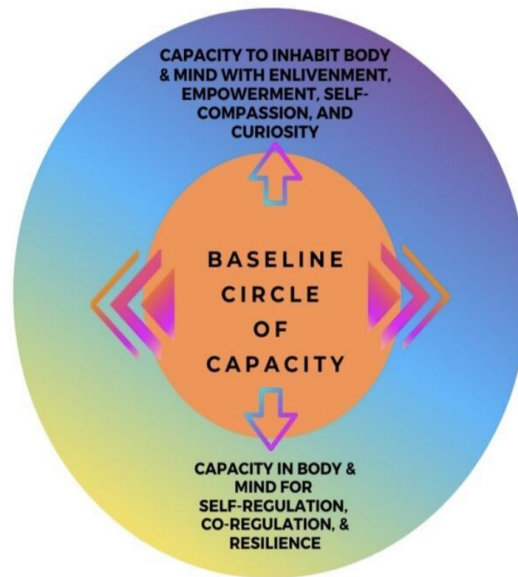
To understand expressive art-based therapy, it is useful to look at the culturally resonant four-part model of Malchiodi (2023) that includes the following elements: Silence, Sound, Story, and Movement, which strongly link to art, music, drama, and dance. Expressive arts practitioners are encouraged to find culturally appropriate, indigenous modes of performance to facilitate dialogue, teach and heal trauma, utilising these four elements (Malchiodi, 2021a).



*Fig 2.6 Four elements of Expressive Arts-Based approaches.
(De Beer 2020 from Malchiodi, 2023)*

Malchiodi (2019b, 2020b) notes that these four distinct elements have overlapping functions that support neurobiological experiences such as “self-regulation, grounding and anchoring, and the interoception of safety” (2019a, para 12). All of these experiences are important when addressing psychological trauma. Psychological trauma is associated with distress and “the absence of enlivenment, play, curiosity, laughter, and self-compassion”; and expressive arts- based practices facilitate therapeutic experiences that help clients cope with distress but also create experiences that are positive and pleasurable (Malchiodi, 2020a, para 1). These positive experiences can in turn lead to greater resilience and capacity to tolerate and overcome difficulties.

Malchiodi (2021b) calls for trauma survivors to re-think and re-imagine tolerance levels; and although acknowledging the importance of the Window of Tolerance as a diagnostic tool that helps us understand nervous system reactions, suggests that it is time to release trauma survivors from the task of tolerance and transform this into 'Circles of Capacity'.



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*Fig 2.7 Baseline Circle of Capacity.
(Malchiodi, 2021b)*

Malchiodi's (2021b) diagram indicates the importance of building capacity to 1) inhabit body and mind through enlivenment, empowerment, self-compassion, and curiosity; and 2) self-regulate, co-regulate the nervous system, and foster resilience. Malchiodi (2016) indicates several expressive arts-based techniques that support regulation of the nervous system and the restoration and integration of trauma.

Techniques of Expressive Arts-Based therapy that supports regulation and integration are:

Sensory-Based Attunement: is the ability to meet others where they are, i.e., knowing what you are feeling whilst knowing what others feel and responding with insight and empathy. It is both recognising non-verbal communication cues and the rhythms of the other and responding appropriately. Malchiodi (2016) refers to Siegel who calls it 'mindsight' but explains that it is a 'bottom-up' process, focussing on the body and interoception first.

Malchiodi (2016) also notes that expressive arts therapies emphasise senses, feeling and non-verbal communication establishing a sensory type of attunement and grounding that are less reliant on words.

Anchoring: is a self-regulatory technique that uses specific cues or experiences to anchor one's attention to the present moment or to shift sensations from anxious to calm; it is different from grounding, as it involves a sensory cue or object that the individual can return to as a ritual for self-regulation (Malchiodi, 2016).

Mirroring: is a technique that establishes and enhances relationships; and can be an embodied reflection or imitation of a movement or non-verbal communication. Mirroring supports attunement and stimulates empathy between individuals and group members thus establishing co-regulation by activating the brain's mirror neuron system; and can be used for regulating the nervous system through self-soothing movements or activating energy (Malchiodi, 2016).

Entrainment: is also called rhythmic synchronisation and occurs when the rhythm of one synchronises with the rhythm of another. Expressive arts therapy approaches use rhythms to synchronise rhythms between people. Hyper- or hypo-activation impacts rhythmic ability, but rhythmic synchronisation repairs and heals (Malchiodi, 2016).

Malchiodi (2016) has a pragmatic focus on trauma alleviation that highlights the restorative power of arts-based practices, offering a universally adaptable model for cultural contexts, making it particularly valuable for teacher professional development programs. Her approach extends beyond trauma regulation and stabilisation, focusing on building resilience and future preparedness. The concept of "building circles of capacity" provided a practical framework that informed the development and implementation of the training program.

Malchiodi (2016) notes that a trained expressive arts therapist with 'mindsight' can utilise the self-healing powers of the arts to support, stabilise, regulate trauma reactions whilst building resilience and capacity. As a practitioner I wanted to investigate whether teachers

can be ‘trained’ to provide support, stabilisation, and regulation, as well as build capacity and resilience in their learners using arts-based practices.

2.4. Education

According to neuroscientists and psychologists like Perry & Szalavitz (2006), Siegel (2020), van der Kolk (2014) and Porges (2018), limited learning occurs when learners are dysregulated. It can thus be argued that teachers require training and skills to stabilise trauma and regulate nervous system reactions in their learners. The practitioner posits that such a program could benefit and empower teachers and create healthier learning environments. However, Ecclestone & Hayes (2008, p. 2) warn against “pop-psychology”; and indicate how such practices can be utilised as a mechanism for emotional intrusiveness and control, or otherwise to overindulge children. Furthermore, Ecclestone & Hayes (2008) caution that these practices can create student-teacher relationships with undefined boundaries that can result in an unhealthy reliance or distrust, and in turn, teaching and learning can become directionless causing learners to struggle.

This section investigates different educational practices that address and stabilise trauma whilst promoting wellness and healing. It aims to find safe educational practices that can support learners in a non-intrusive way that neither seeks to control, nor manipulate and overindulge. This literature review focused on trauma-informed, resilience-focused schools, Waldorf education, Emergency Pedagogy, mindfulness and Social and Emotional Learning (SEL), as well as Education of Hope.

2.4.1 Trauma-informed, resilience-focused schools

American schools are beginning to understand the impact of trauma and stress on learning and are taking proactive steps to support healing and wellness. In the USA, these steps have been referred to as “trauma-informed care” (Ginwright, 2018, para 5). This section will focus on different strategies and programs that are being implemented to address trauma in schools, giving an overview of how trauma-informed education shifted to Collective Healing-Centred Engagements (CHCE).

2.4.1.1 From Trauma-informed Pedagogy to Collective Healing-Centred Engagements (CHCE)

Exploring trauma-informed pedagogy leads to American models. According to Hellman (2018), Lincoln Alternative High School in Wala Wala, South-East Washington during the 1990's was a place designated for students with disciplinary issues and poor performance. However, as a result of the school actively recognising and addressing the phenomenon of trauma, it now serves as a place of *opportunity* for many students. The graduation rate increased by about 30% and suspensions decreased by almost 85% within a year after implementing a framework of trauma-informed care; and now this school community serves as a model for resilience-building (Hellman, 2018). Other states in America are following suit and consider childhood trauma and ACEs a public health issue (Hellman, 2018). Hellman (2018, para 4) reports that it began by "understanding that childhood trauma can cause adulthood struggles like lack of focus, alcoholism, drug abuse, depression, and suicide". I would argue that acknowledging the presence of childhood trauma and its impact is key.

A former learner from the Lincoln Alternative High School states:

There's so many things that happen outside of the classroom that can't be helped in school
[...] If every teacher knew the techniques, knew what to do, knew how to support these kids,
it would make a huge difference (Hellman, 2018, para 31).

Ginwright (2018) explains how trauma-informed care has become an important approach in schools; and that it has gained popularity as it encourages the treatment and support of the whole person and not only individual symptoms and behaviours. The term implies that the mental, emotional, and physical harm is acknowledged, and how that can cause disruptive behaviour, rather than viewing it as "willful defiance, or disrespect" (Ginwright, 2018, line 39). Ginwright (2018) further notes that while 'trauma-informed' approaches are important, the term is also incomplete, as it focuses only on harm, injury, trauma, and the treatment of pathology; and instead suggests HCE can foster well-being and the possibility of post-traumatic growth. Scrine (2021) adds her voice to the body of decolonial scholars that challenged trauma-informed interventions that individualise and "reinscribes colonial power relations through its conceptualizations of safety, and obscures the role of systemic injustices" (Scrine, 2021).

In the article, *Moving to Healing-Centered Engagement: Reimagining Trauma-Informed Leadership*, Cardesa (2024) cites Ravitch & Kannan (2021) in welcoming Ginwright's (2018) generative framework and language; and shifts her own language and values to healing-centred engagements. Ravitch & Kannan (2021) calls for responsive and humanising trauma-informed leadership and pedagogical approaches as a necessary and timely leadership approach; and conceptualises healing-centred leaders who understand the need to create conditions for school communities and individuals to build agency through attaining skills that assist with navigating stress.

Ravitch & Kannan (2021) further proposes healing-centred engagements that focus on storytelling, especially re-storying normative myths and social scripts and the creation of culturally responsive support systems that are informed by an intersectional approach to identity, equity and social inclusion, compassion, and care. Thus, Ravitch & Kannan (2021) suggest a system where everyone is re-humanised, deemed worthy of respect and support, central and valuable to the community.

Chicago Public school (2021) launched a healing-centred program that is both trauma-engaged and culturally responsive. To achieve their healing-centred vision, they understand the importance of engaging all members of school communities, that includes four different stakeholder groups, namely:

- *Schools and school staff become healers* to create safe, supportive environments that promote mental wellness.
- Empowering and equipping *all staff to become agents of their own healing and wellness* with consistent support from leadership, like giving them 'voice and choice'.
- *Families and communities as agents of their own healing and wellness*. Valued participation from *families, caregivers, and community members* to advocate and support the healing process for students and themselves.
- *Active participation of students as agents of their own healing and wellness* (Chicago Public Schools, 2021).

The Chicago Public Schools program includes education and awareness about trauma and mental wellness; skills and strategies to support all stakeholders; building a culture of wellness and belonging; organising resources to prevent and address trauma and promote healing; and providing support and promoting recovery for all stakeholders (Chicago Public Schools, 2021). SA teachers themselves manage complex and challenging life situations, and their own self-awareness, care and collaborative healing is central to the creation of safer, hopeful and positive educational spaces.

Covid-19 has unearthed the buried trauma that has slowly throttled South African Education. Shortly after the onset of the South African lockdown, Jessica Wasserman (2020, para. 20), an educational psychologist specialising in trauma-sensitive school practices, stated that learners can only successfully engage with the cognitive demands of the CAPS curriculum once they feel safe, connected, regulated, and equipped with strategies to manage the immense uncertainties and deep-rooted trauma exacerbated by COVID-19. Wasserman (2020, para 22) calls us all to “re-think, re-train, re-empower” during this time of disruption “to pave a new way for our learners and future leaders” through developing a trauma-sensitive school safety plan for the post-COVID-19 period.

A trauma-informed research study in a South African school by Nicholson (2021) supported teachers to 1) recognise signs and effects of trauma, 2) provide safe spaces characterised by trust, transparency, active listening, thoughtful guidance, and open dialogue with learners, 3) make referrals to the psychologists and external social and mental health services, 4) establish mutual self-help through peer support, and 5) collaboration at different levels of the school system. Nicholson (2021) found that teachers expressed the need for further support through trauma-related training, wellness programs, workshops and supervision from specialists for both teachers and learners to support trauma experiences and secondary traumatic stress stemming from compassion fatigue. The school also expressed a need for further psychological services at the school and information regarding external organisations.

Ginwright (2018) suggests fostering possibility and therefore engaging in hopeful, positive, fun, and joyful communal activities. I preferred to use the term Collective Healing-Centred

Engagements (CHCE) as opposed to ‘trauma-informed care’, focussing on positive collective ways of creating trauma-informed teacher training.

The suggestions by Ginwright (2018) and others support the notion that in order to address trauma in schools we need positive, collective interventions that are culturally-based. Waldorf Education and Emergency Pedagogy are two educational movements that were developed from initiatives that sought to care for children who had experienced trauma.

2.4.2 Waldorf Education: A holistic child-centred education

The first Waldorf School opened in 1919 in Stuttgart, in response to parents’ concern about their children after experiencing the First World War (Randoll & Peters, 2015, p. 33). As a result, the Waldorf educational values, curriculum principles, and teaching methods offer practical solutions to teaching traumatised learners. These practical tools appear to be relevant and functional to this day. This section will explore the core values, principles, and methods employed in Waldorf Education, that makes it a healing pedagogy.

“Even down to the arrangement of the curriculum, everything that we do at school must be adapted to the child’s evolving nature” (Steiner, 1995b, p. 117).

Rudolf Steiner was quoted as saying that a Waldorf teacher is interested in the *how* not the *what*; “[...] how to teach the children can only result from a thorough, profound and loving understanding of the human being” (Avison & Rawson, 2014, p. 21). Avison & Rawson (2014) explain Steiner’s concept of the three-fold human being and how the division of the human being into thinking, feeling, and willing (doing and behaviour) provides a holistic, accessible, and universal model that does not exclude the experience of spirit.

Indeed, humane values of individuals and communities are placed at the centre of Waldorf curriculum, recognising that individuals develop in and with communities that seek social harmony (Avison & Rawson, 2014). Social harmony is established by respect for the integrity of the individual and the living world; valuing, enabling, and encouraging the contribution of all to improve “our common human culture” (Avison & Rawson, 2014, p. 16). A core value of Waldorf education that supports social harmony is, “the rich diversity and underlying coherence of our potential humanity” (Avison & Rawson, 2014, p. 17).

The values of Waldorf education encourage strong relationships amongst teachers, parents, and students that share an educational vision. The shared educational vision and relationships strengthen resilience in the school community and enliven collegiality through non-hierarchical management practices (Avison & Rawson, 2014). As Waldorf teachers stay consistent for eight years, the child builds a strong relationship with one class teacher during their primary years, ensuring “stable teacher pupil relationships and emotional security over a long period of time” (Randoll & Peters, 2015, p. 41). Arguably, this supports healthy attachment and is crucial when addressing the effects of psychological trauma. According to Avison & Rawson (2014), relationships between teachers and students are perceived to be more *cherished* in Waldorf Schools; and teachers provide guidance and modelling through rhythmic repetition as a pedagogical tool, as well as maintain safe boundaries and discipline. As Waldorf education realises that young children notice and observe adult relationships and imitate behaviour, teachers thus have the responsibility to “strive towards an honest morality,” with a sincere interest in self-development and professional excellence (Avison & Rawson, 2014, p. 35).

The cultivation of empathy, group cohesion, and social awareness are other values that are “enhanced by the long-term continuity offered by the class teacher” (Avison & Rawson, 2014, p. 33). Furthermore, Waldorf schools endorse a non-competitive environment where children develop an inner locus of control and can take pride in their own achievement (Avison & Rawson, 2014).

Additionally, Waldorf education provides an artistic curriculum that gradually unfolds over time and is richly experiential; and the content is embedded in a creative framework, taking “its cue from the development of the child” (Avison & Rawson, 2014, p. 13).

The school timetable favours a rhythmical approach: implementing a structured rhythmic pattern of days, weeks, months, and years creates consistency, safety, and predictability essential for children experiencing their lives as chaotic and traumatic. For example, Avison & Rawson (2014, p. 31) write that “the celebration of the seasonal festivals gives the whole school year a balance and a sense of continuity as well as helping to form a strong

community experience.” However, Avison & Rawson (2014) note that meaningless repetition needs to be renewed by flexible responses from teachers to maintain interest.

Waldorf teaching endorses certain strategies and methods that support learning especially for children who have experienced trauma. According to Avison & Rawson (2014), these strategies are:

- learning in stages, from an experience to judgement-forming and creative engagements leading to a conceptual understanding. This strategy accommodates natural learning rhythms that allows for learning to “sink from focussed consciousness to the deeper layers of memory” whilst providing a pace with slower processing so essential for children burdened by trauma, anxiety, and stress (p. 32);
- the learning experience centres around the whole class. Waldorf education believes in children learning from one another, appreciating different gifts, and developing an empathic response to the limitations and weaknesses of others. Mixed-ability classes provide an opportunity to model a community where cohesion, care and support is fostered. “Teamwork and problem solving are learned through many artistic projects” (p. 17);
- pictorial and imaginative language help children “progress from an imaginative, picture consciousness to more abstract intellectual thought processes” (p. 33). Being creatively involved through the use of symbols and images, activates, and stimulates brain function that are being inhibited by stress;
- using textbooks, dictionaries, atlases etc. are limited in Waldorf education, where teaching happens through the teacher and immediate, direct interface. “Imaginative, oral and practical presentations of lesson material, thoroughly prepared by the teachers, engender interest and enhance the authority of the teacher in the eyes of the children” (p. 34);
- teachers do not evaluate children through scoring and testing but students receive descriptive written reports on their achievements and struggles throughout the year, demonstrating the teacher’s ability to witness the whole human being. Waldorf assessment understands how examinations and continuous testing causes anxiety and stress in learners (p. 32).

These values, principles and teaching practices of Waldorf Education underlie the work of Emergency Pedagogy. In the next section I investigate what this movement contributes to addressing trauma with children to be used as content for the training.

2.4.3 Emergency Pedagogy

Emergency Pedagogy (EMP) is education that “happens in places of outer and inner chaos. It is education at the threshold” (Ruf, 2013, p. 6). Emergency Pedagogy (EMP) deals only with children in the context of rescue operations, whereas trauma pedagogy is the implementation of curative pedagogical approaches that provide psychic and social stabilisation and support to traumatised children to master the dysfunctional after-effects of trauma during the first two phases. The third and fourth phases are supported by trauma pedagogy that always accompanies a therapeutic process (Krug, 2015); and refers to specialised schools employing specially trained teachers. However, the unlocking of trauma memory to facilitate a trauma confrontation and integration belongs in the hands of professional trauma therapists and not even the specialised teacher or emergency pedagogue (Krug, 2015).

The South African trauma situation may necessitate a trauma pedagogic intervention as described by EMP, as trauma in South Africa appears to be more consistent, collective, and inherited. Again, the practicality and economic viability of implementing a curative trauma pedagogical approach using therapists and trained pedagogues to accompany and supplement therapeutic processes in South Africa makes its implementation challenging.

However, I wanted to investigate whether the simple and practical arts-based methods and pedagogical practices, based on the EMP principles could still be effective in South African schools. During a public lecture, Bernt Ruf (2024) indicated that the EMP observation was that consistent stabilising arts-based work in child-friendly spaces appears to have a positive and healing effect on children who are experiencing consistent trauma, i.e., refugee camps. Although EMP facilitates stabilising practices that bring about therapeutic relief during the first two phases (Krug, 2015) it may be supportive to children experiencing consistent, systemic trauma. This provides great possibilities for the trauma situation in South African

schools. Trained teachers could implement many of these methods whilst staying within the scope of their practice as educators. EMP practices are furthermore collectively implemented in educational settings and frequently involve arts-based methods that can be implemented in several subjects. EMP believes in implementing these practices in culturally sensitive and inclusive ways, working with principles of Positive psychology. This is very coherent with Healing Centred Engagements as proposed by Ginwright (2018). The practitioner-researcher therefore leaned heavily on the work and expertise of EMP when devising the toolbox for the professional development program for teachers. This section will explain the principles, aims, methods, and practices of EMP.

The principles of EMP are based on 1) the anthropological-anthroposophical work of Rudolph Steiner which expands the concept of humanity to include the spiritual dimension; 2) Waldorf Education working with arts-based methods; and 3) current neuroscientific research and psycho-traumatology (Krug, 2015).

EMP methods, practices and its implementation are a direct response to understanding the neuroscience of trauma and psycho-traumatology. The response to a war situation in Lebanon in 2006, which involved refugee children from the Waldorf school in Beirut, became the impetus for EMP (Krug, 2015). EMP provided stabilisation during the first two phases, namely the acute shock phase and the post-traumatic stress reaction phase by facilitating supporting and stabilising pedagogic actions for the traumatised child. These actions range from providing a structured space, structured time, attachment, and relationship, and correcting traumatic experiences.

The guiding aims for EMP that inform healing pedagogical practices are providing holistic stabilisation which include:

- *External and internal safe child-friendly spaces:* Traumatised children need safe spaces, before any other pedagogic or therapeutic support can be provided. EMP strives to build spaces that are protected, reliable, providing both objective external safety and subjective inner safety (Ruf, 2013). A clearly structured space is a space that offers communal activities, rest and eating areas, and workshops. It provides

shelter, boundaries, and safety for children (Ruf, 2013); as well as being non-violent with clear rules that are justifiable and consequences that are predictable and sensible (Krug 2013). It is in these spaces that the pedagogical concepts are consequently implemented (Krug, 2015). EMP further believes in using the imagination and arts-based methods to create safe subjective inner spaces (Ruf, 2013).

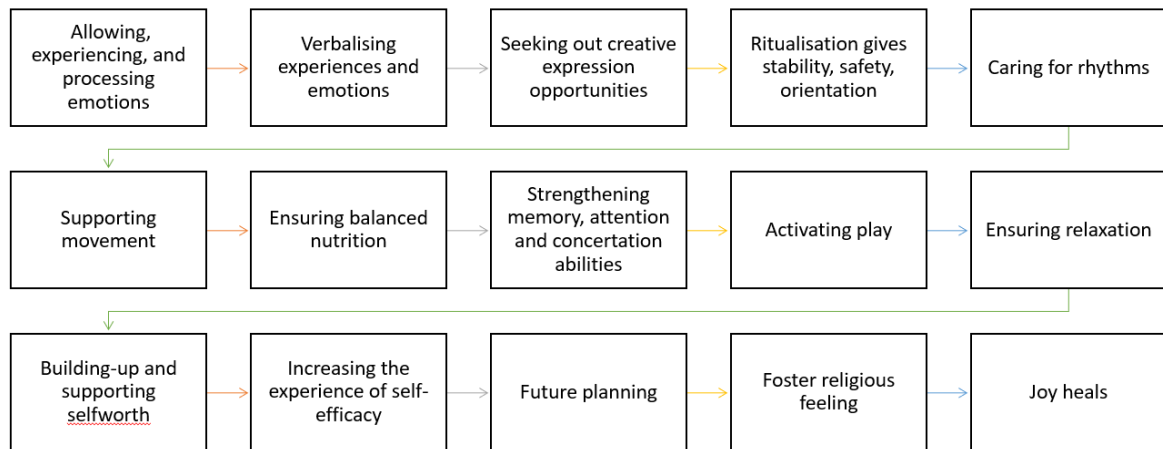
- *Somatic stabilisation*: that supports and strengthens the 'life body' or vitality of the child (Ruf, 2013, p. 67). "This allows children to experience their body again as a whole entity and a place where they can feel safe and develop a sense of continuity" (Ruf, 2013, p. 67). EMP offers play opportunities, rhythmic exercises, and arts-based practices to support and strengthen the vitality of a child.
- *Psychosocial stabilisation*: that builds reliable attachment and relationships that protect and convey safety. EMP aims to establish relationships where the school becomes the place of dependable relationships (Krug 2014); providing positive and affirming witnessing without re-traumatising the young child. "In extremely stressful situations children need the presence of a calm, mentally stable adult so they are not overwhelmed by existing fears or lose temporal and spatial orientation" (Ruf, 2013, p. 88). Ruf (2013) proposes effective stabilisation methods at this level incorporating artistic and educational techniques such as drawing, painting, modelling, drama, play, and movement-based activities like walking, sports, gymnastics, and eurythmy. Additionally, resource-based strategies, including journaling, body-oriented practices, and imaginative techniques, can support emotional regulation. Behavioural therapies, such as anxiety management and assertiveness training can also foster stability and resilience.
- *Mental-biographical stabilisation*: that replaces negative experiences that can cause emotional blockages and brain impairment with positive life experiences (Ruf, 2013). Using corrective methods where negative traumatic experiences are replaced or corrected by positive life experiences, provide opportunities for traumatised children "to actively take hold of and shape their life again" (Ruf, 2013, p. 68). The school or

child-friendly space can thus become a place of encouragement through playing games. This can address the tension or 'cramp' that resulted from the trauma, thus providing an opportunity for the traumatised child to re-establish rhythm, breath, and movement, and reconnect to their own bodies and society (Ruf, 2013).

- *Sustainable stabilisation*: EMP provides emergency education during the first weeks after a traumatic incident by establishing a child-friendly space with activities for children. These interventions also include local teachers, parents, and therapists by providing information about how to stabilise trauma, stimulate powers of self-healing, and prevent trauma from becoming chronic (Ruf, 2013). Parents often need help and advice as they "often beat their children out of despair" (Ruf, 2013, p. 121); and are traumatised too, and unable to understand their children's behaviour (Ruf, 2013). Providing an opportunity for dialogue to express their own emotions are essential (Krug, 2015). It is good for parents and teachers to receive psycho-educational counselling and understand that trauma symptoms are a normal response to abnormal events (Krug, 2015). Furthermore, it is also important for parents and teachers to receive advice about trauma and learn basic emergency techniques, such as simple "breathing exercises to alleviate panic attacks or eye movement therapy to break compulsive memories (flashbacks)" (Ruf, 2013, p. 121).

EMP aftercare programs aim to provide sustainable support to avoid re-traumatisation and loss of relationships formed during the intervention (Ruf, 2013). As previously described, under the social cognitive theory establishing strong collegiality and improving collective teacher efficacy by installing strong mentors as role models, provide access to reliable sources of information, and provide a communal goal as focus (Bandura, 1997; Schunk, 2012). According to Goddard et al. (2004), collective teacher efficacy can affect the self-efficacy of students and thus student learning. "As collective teacher efficacy is strengthened, teachers continue to improve educational opportunities for students" (Schunk, 2012, p. 153). EMP supports this notion through establishing child-friendly spaces as part of their aftercare programs to support teachers, parents, and facilitators to gain performance mastery. These communal and collective goals are shared by HCE as suggested by Ginwright (2018).

EMP employs basic guidelines for the pedagogic practices that address trauma, namely:



*Fig. 2.8 Basic guidelines for Pedagogic practices
(Krug, 2015, p. 27)*

The following arts-based activities are typically employed during interventions to stabilise and ‘unclamp’ the freeze response in children that have experienced a traumatic incident.

Engaging in arts and crafts, charitable projects or ecological initiatives can unlock creative potential and encourage active participation, helping individuals move beyond a victim mindset (Ruf, 2013).

Speech and movement exercises can unblock the “stress-induced speech blockages” and harmonise rhythmic disorders (Ruf, 2013, p. 92,93). Ruf (2013, p. 95) notes:

Playing with sounds, words, speech rhythms, verses, and rhymes can help children overcome speech disorder, especially if the sounds are accompanied by gestures and movement. Speech exercises are an important part of trauma work in emergency education.

Artistic activities, such as drawing and painting are alternative ways through which children can express themselves. “When children draw they bring their experiences to paper. Children’s drawings are like diary entries that tell stories” (Ruf, 2013, p. 99).

Playing is one of the best ways to assimilate traumatic experiences. Ruf (2013, p. 114, 115) maintains that “(m)any group games are based on the flight-or-fight-responses and allow children to release blocked energies”; but that this, however, must be adequately balanced with resting times, as free play can sometimes lead to recurring traumatic play. It is important for the teacher to gently lead the child out of the recurring impulse to engage in traumatic play by providing organised games, and artistic or play activities (Ruf, 2013).

Rhythmical games can include singing, dancing, walking or any exercises that include crossing-over limbs or even eye movements. These activities provide synchronisation of movement and rhythm to the frozen reactions after a traumatic experience. Ruf (2013, p. 101) states:

Rhythm can be fostered by giving the day a clear rhythmical structure, by doing rhythmic clapping and movement exercises and playing rhythmic ball games. The disrupted biorhythm becomes readjusted, and the trauma symptoms abate...Rhythm means security, stability and orientation.

Any rhythmical or ring games that are enjoyed in circles harmonise the individual and the group.

Ruf (2013) highlights that circular forms foster a sense of self as part of a greater whole, balancing autonomy with safety and belonging. They promote inner calm, harmony, and confidence. Activities involving circular objects or movements, such as playing with balls, sculpting spheres, dancing in circles, or using toys like marbles, beads, soap bubbles and rings. help children reconnect with their centre.

Circus games and circus arts such as stilt-walking, balancing on beams, juggling, swinging, and rope-skipping, stimulate body movement and balance, and increase body awareness and are “interrelated with our breathing and heart rhythms” (Ruf, 2013, p. 113).

Finger games, therapeutic handwork, handcraft, and string games improve memory and concentration, spatial orientation, eye-hand coordination, and enhance mobility and interaction, even if it is just the fingers (Ruf 2013).

Many of these arts-based methods have proved their effectiveness in regulating and stabilising the shock and stress reactions in emergency situations. What Bernt Ruf calls 'Emergency Pedagogy' is not trauma therapy but seeks "to activate and strengthen the child's powers of self-healing in order to prevent, or at least assuage, pathological developments" (Ruf, 2013, p. 69).

It is clear from neuroscientific research that *very little learning* can happen if teachers are not equipped to help 'uncramp' the trauma in their learners. Access to trauma information and tools to handle traumatic incidents and traumatised learners in schools could profoundly benefit and empower teachers with the immediate effect of creating healthier learning environments.

Educators and therapists often reach the end of their tether when faced with provocative behaviors that leave them feeling helpless and overwhelmed (Ruf, 2013, p. 174).

Addressing feelings of overwhelm and inadequacy of the teachers, informing them about trauma, and empowering them with tools to deal with it, may provide a chance to address the problem facing education.

The Emergency Pedagogic approaches, along with Ginwrights' (2018) healing-centred model, inspired this doctoral research to innovate an arts-based, collective healing-centred model for teacher development. It is designed to support teachers to firstly create safe classroom and school spaces, secondly, provide stabilisation and regulation through artistic opportunities for children to express, process, and integrate difficult memories without re-traumatisation, thirdly, build resilience and hope, and finally inspire personal well-being and agency through collaborative engagement. These stages are seen as an apt way to address the difficulties of trauma, stress, and anxiety in a holistic way.

2.4.4 SEL and Mindfulness in schools

Linda Lantieri (2019) notes that mindfulness programs and Social Emotional Learning (SEL) practices in American schools over the last 20 years, have been successful in alleviating stress and trauma in learners. However, Lantieri (2019) suggests that training needs to focus on

the adults, i.e., teachers, leaders, and staff members of school communities to create greater impact. Lantieri (2019) notes successful approaches in mindfulness and socio emotional learning which focus on self-awareness, social skills, relationship skills, and appropriate and responsible decision making.

Similar to Ginwright's concept of collective HCE, Curtis (2022) emphasises the importance of community care as opposed to self-care. She advocates for the establishment of community care practices that foster wellness and happiness through supporting others. This can be done on micro or macro levels through sharing resources and creating dependable relationships.

While mindfulness practices have proven effective in American schools, they may not be culturally suitable for supporting traumatised learners in South Africa. Draper-Clarke & Green (2023, p. 1) explored African contemplative traditions in Southern Africa, focusing on sound- and movement-based practices rooted in *Ubuntu* contribute to "healing trauma, supporting well-being and enabling human flourishing". These practices were found to enhance self-awareness, co-regulation, "support nervous system regulation, pro-social behavior, community cohesion and sacred sense of purpose" (Draper-Clarke, 2023, p. 19)

These embodied, contemplative traditions and cultural practices could provide much needed appropriate strategies to stabilise and address trauma dysregulation in South African schools. The next section explores Paulo Freire's Pedagogy of Hope which underlines the importance of safe and free educational environments.

2.4.5 Pedagogy of Hope as therapeutic education

Formal education has a legacy of being *directive*, i.e., giving authoritative instructions to children. In the past, teachers claimed authoritative knowledge and thus claimed command of the class often leaving the children feeling disempowered, fearful, and even mentally traumatised (De Beer & Draper-Clarke, 2022).

Paulo Freire (1998), the revolutionary Brazilian educationist and philosopher, influenced educational systems all over the world with his *Education of the Oppressed* and *Pedagogy of Hope*. Freire, critiques education that is the mere "transmission of knowledge from

experts to passive students who are seen as vessels to be filled up”; which Freire calls the “banking concept of education” (Ecclestone & Hayes, 2008, p. 4,5). Freire (State University, 1998, Philosophy of Education, para 8) felt that

“a[A]uthoritarian forms of education, in serving to reinforce the oppressors' view of the world, and their material privilege in it, constitute an obstacle to the liberation of human beings”

For Freire (1998), authentic education is always a practice of freedom rather than an alienating inculcation of skills. Inspired by Freire, hooks (2003) proposes becoming an active participant as opposed to a passive consumer.

Freire (1998) argues for an educational approach which develops the critical faculties of a student as every human being has the capacity for critical thinking and reflecting. In this approach, the teacher does not claim authoritative knowledge and therefore does not need to claim authority, thus abandoning the authoritarian nature of the teacher-pupil relationship (Ecclestone & Hayes, 2008). Ecclestone & Hayes (2008) argue that it is precisely this authoritarian relationship that alienates students from their teachers. Freire advocated for a problem-posing approach in which teachers and students collaborate as co-investigators in the pursuit of knowledge (State University, 1998, Problem-posing method). He also introduced the concept of the culture circle, where learners and facilitators engage in discussions about meaningful themes relevant to their lived experiences (State University, 1998, Culture Circle). Freire thus sought to transform education by suggesting that the teacher and child engage in a mutual, collaborative, and explorative manner to create experiential learning opportunities through culture circles.

About twenty years after his book *“Pedagogy of the Oppressed”*, Freire reflected on his work which then became *Pedagogy of Hope: Reliving Pedagogy of the Oppressed*.

“To attempt to do without hope, which is based on the need for truth as an ethical quality of the struggle, is tantamount to denying that struggle one of its mainstays” (Freire, 1998, p. 8).

Freire talks about the importance of curiosity, of critical thinking and ultimately, hope for learning. This educational philosophy gave way to creating safer learning environments based on democratic principles. Freire implores educators to reinvent 'Freire' within their context and within the context of the learners. This idea to reinvent old oppressive systems to discover models and systems that promote equity, justice and hope for learning is also shared amongst others.

Sajnani (2010), drawing on Lorde (2007), critiques society's reliance on oppressive power dynamics, where dominant and subordinated groups perpetuate inequity by maintaining oppressive, dualistic, oppressive outdated systems of power. Stewart & McClure (2013) emphasise the importance of addressing power dynamics in education, advocating for democratic principles, dialogue, creativity, and collaboration as essential to fostering equity and justice. They emphasise the importance of democratic principles, open dialogue, creativity, and collaborative engagement while acknowledging the necessity of finding distinctive ways to appreciate and incorporate the presence of others in pedagogical practices. (Stewart & McClure, 2013). This makes a strong case for finding pedagogical tools that ensure equity and justice through democratic principles, dialogue, creativity, and relationality.

Freire (1998) described how dialogic pedagogy, which values students as equal participants, facilitates the sharing of power and decision making in the classroom. Secondly, Bakhtin's theory of language helps us recognise that the voices of our philosophical mentors, and others who have influenced our teaching, are ever-present and inform instructional choices (Stewart & McClure, 2013). Both of these approaches allow us to see our teaching and learning process as a collaborative endeavour that is guided and informed by the multiple voices of students, scholars, and mentors. This model proposes classroom situations that provide 'voice and choice' to learners and seeks to find methods that can model dialogue and participation (Mahon, 2021).

According to Jacobs (2005) the concept of hope is part of our discourse, part of our orientation toward the future, and part of how we sustain ourselves in our daily work. Jacobs (2005, p. 784) posits questions to discover what hope means from different perspectives,

i.e., Christian, Freirean, and psychological, but more importantly in relation to education, and concludes that “hope is universally seen as positive, a quality we should cultivate in ourselves as teachers and as human beings”. This is echoed by Bell hooks (2003) in her book, *Teaching Community: A Pedagogy of Hope*, who imagines a classroom, as a place of liberatory possibility, untethered by oppressive structures and injustices and orientated toward a hopeful future through collective, pedagogical action. She writes: “(a)s teachers we enter the classroom with hope” (hooks, 2003, p. xiv).

Investigating the concept of ‘hope’ in the classroom, Jacobs (2005, p. 786) cites the work of Marcel, *Homo Viator: Introduction to a Metaphysic of Hope*, originally published in 1951, who found that hope should not be confused with wants, needs, or ambitions, as hope does not exist on the solitary ego level. Hope should rather be seen as *agape* where it expresses the communal and social dimensions (2005). It becomes the joining together of people into communion which fosters connection through mutual participation and collective engagement (Jacobs, 2005). Marcel, cited in Jacobs (2005, p. 786), noted “the asphyxiating atmosphere of examinations and competition in which our young people are struggling” and emphasised the need to break free of these forms of individualism towards a pedagogy where shared responsibility and communal ideals are instilled. Jacobs suggests liberating spaces based on partnership and mutuality where knowledge is co-constructed, fostering hope in one another rather than focusing on hope-for individual desires (2005).

Xie (2013) writes about a strengths-based approach for mental health recovery; and suggests drawing on personal strengths and resources of clients to complement trauma-informed work. This approach allows mental health practitioners and teachers to acknowledge that every individual has a unique set of strengths and abilities that he/she can rely on to overcome problems (Xie, 2013). This approach aligns well with Freire’s Pedagogy of Hope and the work of EMP related to, what EMP calls ‘corrective experiences’ (Ruf, 2013).

2.4.6 In conclusion

Eccleston & Hayes (2008) critique the rise of therapeutic education depicting education as dominated by therapy professionals. They argue that practices like circle time and peer

mentoring encourage vulnerability and "passive narcissism" While this critique is based on American schools, South African schools face unique challenges, including overcrowding, school violence, and rigid authoritarianism, which undermine relational safety and teacher-student connections. Mncube & Harbor (2013) define school violence as behaviours aimed at harming individuals or property. To address South Africa's education crisis, trauma must be acknowledged and addressed through increased awareness, arts-based responses, and relational teaching practices that foster resilience.

Chapter 1 highlights that providing therapeutic support to all traumatised children in South Africa is unfeasible. However, the literature suggests that caring, well-trained adults can support children through safe pedagogical approaches. It is assumed that fostering healthy cognition, emotions, socialisation, and behaviours in teachers will enhance psychological well-being in learners, classrooms, and schools.

The literature review informed the development of a teacher professional development program that encourages teachers to use healing arts-based practices to establish psychological safe and regulated classroom environments and safe-enough schools where psychosocial well-being is a priority. In addition, it suggests finding alternative artistic methods that can empower teachers to address trauma in a way that will not only support the efficacy of their teaching but will also relieve trauma collectively. Drawing on Ginwright (2018), the key elements and principles of a Healing-Centred intervention are proposed as:

- culturally grounded and viewing healing as the restoration of identity.

The training model focuses on universal artistic practices that are culturally adaptable and flexible in its application to support self-healing; it creates collaborative, relational, and experiential learning opportunities that restores identity through respectful, humane, community-orientated arts-based practices;

- asset-driven and focussed on the well-being we want, rather than symptoms we want to suppress.

The training program suggests and model how to establish positive, strength-based, culturally-sensitive learning engagements that are equitable, democratic, just, accessible and hopeful artistic engagements;

- HCE necessitates supporting adult providers, i.e., the teachers to sustain their own healing and well-being.

The model focuses on a professional development program for teachers, in order to support the child indirectly.

The literature review led to the identification of four key criteria for psychological health and well-being to effectively address trauma and foster resilience in school settings.

- Creating psychological safety through social engagement that is tolerant, creative, and non-threatening.
- Creating regulation and modelling stabilisation of the trauma response.
- Creating resilience and hope.
- Promoting agency, self-efficacy, and capacity.

These 4 core elements informed the following aims for the online teacher professional development program to:

- help teachers understand, have empathy and cope with the high numbers of learners who have experienced trauma;
- give information about trauma;
- provide teaching skills and tools training with which to support children who are traumatised in a classroom environment;
- address the numerous requirements associated with trauma-informed care and meet our diverse social and cultural context;
- be age, gender, and culturally sensitive;
- find appropriate practices that consider both the vulnerability and the resilience of children;
- ensure that the process is pedagogical and not therapeutic; and
- ensure that the process does not cause re-traumatisation.

The next chapter will describe the research methodology that was followed.

CHAPTER 3

Research methodology

The research constituting this doctoral study is directed towards the creation of the HAPPY Infusion teacher professional development curriculum. It is framed by collectivist *Ubuntu* theory and the research problem calls for a blend of arts-based, educational and psychological interventions. The research problem required innovative approaches, as described by Parker (2004), involving a diverse combination of methodological resources to investigate the research questions. This approach broadens the scope of psychology and educational practices by shifting the focus towards experience, subjectivity, and interaction. As a teacher, lecturer, drama therapist and mental health practitioner, I was inspired to find some solutions for the workplace dilemma: How can we support learners burdened by trauma, considering the traumatic environments and the limited access to mental health support in South Africa?

The research originally was intended as Participatory Action Research (PAR), in line with the *Ubuntu* philosophy, as it seeks to foster dialogue between multiple voices to create actionable change. However, the methodology, scope and workflow of the research project was directly and indirectly affected by the pandemic. Similar to the experiences described by researchers Matos, et al., (2023), my approach/design had to change due to conditions imposed by Covid-19 restrictions, such as participant accessibility (both physical and digital), and other strained contextual factors such as the shutting down of institutions. The research process demanded adaptability, openness, and responsiveness from me as a practitioner-researcher. This resulted in changing the research methodology from PAR to Practitioner Research (PR). Practitioner Research appears to be a popular approach in vocational teacher education (Heikkinen et al, 2016) and for mental health practitioners (Parker, 2004). Both of these fields are included in this study. This chapter explains the research methodology and research design that was used.

3.1 Practitioner Research (PR)

Practitioner Research is defined by Dinkelman (2003) as a systematic and intentional inquiry into the practice of the practitioner. Reed & Procter (1995) explain how purely academic research methods often fail to acknowledge and reveal complexities of practice or fit the practitioner's experience in their field. This applied research method thus lends itself to research where practitioners working within the field (in this case, education, mental health, and applied drama) can innovate new models of working through developing their practice while referring to methodological texts for advice and information (Reed & Procter, 1995).

PR acknowledges the practitioner-researcher's practice/work (i.e., experience) is not undertaken from an outsider's view (objectively), rather the researcher is actively involved (subjectively) in the practice that they are researching in an interactive way (Anderson & Herr, 1999). According to Fox, et al. (2007) the *insider* view of Practitioner Research serves a dual purpose. Firstly, it allows the practitioner-researcher to have a clear purpose, most often to solve practical problems (Fox, et al., 2007). In this case the development of a professional teacher development program and curriculum aims to answer the questions: What core elements could be most effective when addressing trauma and building resilience in school settings? How can an arts-based healing-centred teacher professional development program be designed and implemented to support South African learners, teachers and education environments experiencing trauma?

Secondly, Fox, et al., (2007) suggest that this insider view of PR is to play a part in the development and advancement of practice in order to improve the quality of the practitioner-researcher's workplace. In the case of this research, developing and advancing the practice of education through arts-based processes answers the question: What arts-based methods and pedagogical practices could be included in a teacher professional development program?

PR focuses on enhancing practice, teaching and learning, and levels of care, usually implemented on a small scale within a specific context (Campbell, et al., 2004). The improvement of practice includes the outstanding research questions: To what extent can

an arts-based healing-centred teacher professional development program address trauma and build resilience? and What strategies would a future implementation plan have to include to make systemic impact in South Africa?

These questions provided provocations for my own reflexive and self-enquiring work towards an enhanced professional practice. The effectiveness of care in the educational and therapeutic aspects of the program is a central theme of the research and for this reason, the adjusted methodology will still retain dialogical aspects of PAR including participant feedback and reviews.

3.1.1 Reflective and Reflexive Practice

An essential element of Practitioner Research is reflective practice. According to Fergusson et al. (2019, p. 3) reflective practice is

“a crucial skill and method that creates a learning situation and ensures a learning outcome which combines previous experience, specific contexts, and theory-guided practice.”

They note that reflective practice is used for literature on learning, education and professionalism, to explore work-based environments.

The research utilised both reflective and reflexive practice to support 1) the narrative description of the work, i.e., the HAPPY Infusion program, 2) an inductive thematic analysis of the qualitative data, and 3) a reflective and reflexive analysis of the content and implementation of the HAPPY Infusion program.

In reflective practice, the object of the study (i.e., its' nature, actions, and experiences) is carefully specified and reflected upon after the event (Fergusson et al., 2019). It is significant that the study's focus, trauma in an educational setting, was mirrored in its implementation phase, as the HAPPY Infusion program occurred amidst the protests and riots during South Africa's COVID-19 lockdown. The practitioner-researcher thus reflected on what was learnt about educating during traumatic experiences and how to/how not to apply strategies to accommodate and adapt to such experiences.

Reflexive approaches imply a further step; critical reflexivity considers the impact and implication of the learnings on the broader context that includes an in-the-moment awareness of the power structure and potential biases at play. It accounts for the specific nature and limits of the interpretation, what may be learnt from it, and how it can produce meaningful data, thus providing possibilities for innovative research (Parker, 2004). Reflexivity, similar to a personal narrative, entails the deliberate use of reflection to assess one's own biases, perspectives, and motivations in order to cultivate self-awareness during interactions with others (Powell, 2006 cited in Fergusson et al., 2019). This process also requires ongoing awareness of how one contributes to shaping interpretations of reality through language (Xerri, 2018 cited in Fergusson et al., 2019), and awareness of how situational and contextual reflections and interpretations are.

3.1.2 Work-based research

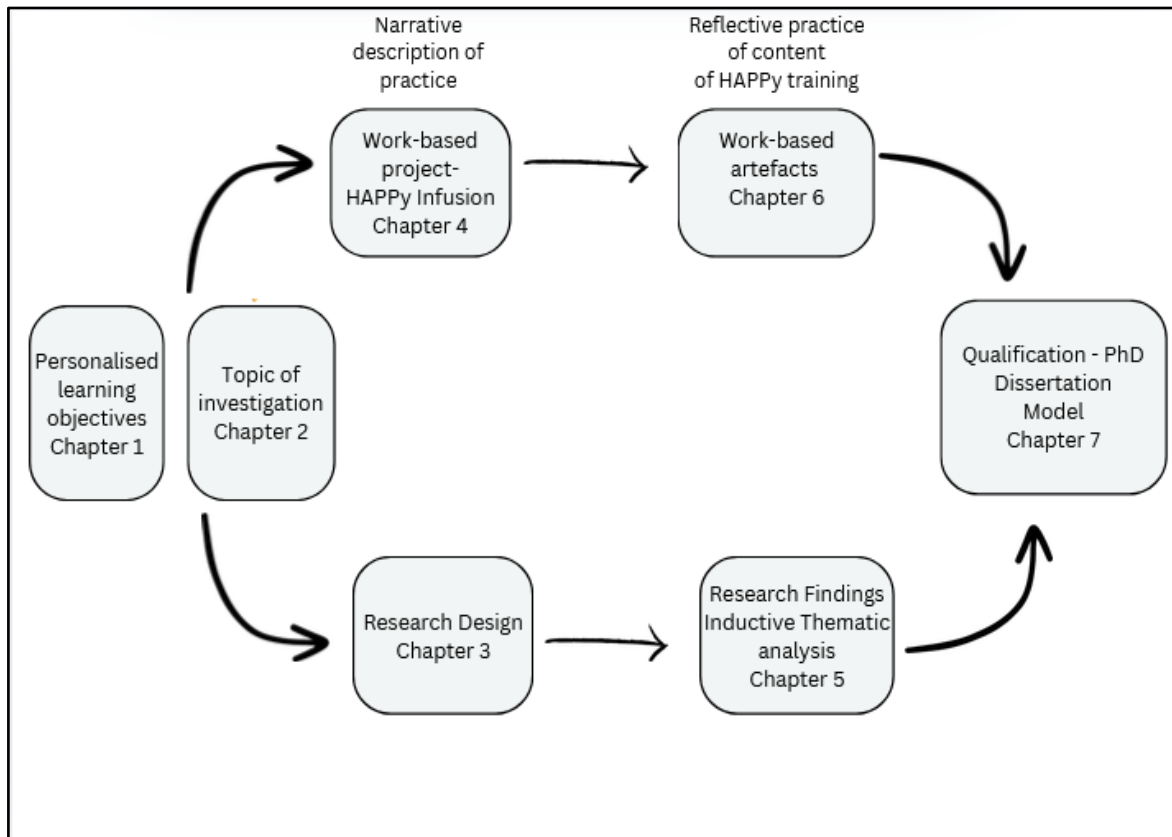
Fergusson, et al. (2019) describe a dual flow framework that displays the development of work-based research as part of Practitioner Research. They note how an advanced research qualification integrates two streams of work-based inquiry and learning.

Stream (A) involves undertaking a project within a specific workplace or environment, guided by a chosen topic of inquiry, in this case, addressing trauma reactions in educational environments. They also explain that a project is structured to address an area relevant to a particular field, industry, or practice. This project integrated three fields: mental health, education and arts-based practices like drama therapy. Similar to the description of Fergusson, et. al. (2019) the HAPPy Infusion program had a clear start and end point, a timeline, specific goals and objectives.

The second stream (B) focuses on research aimed at measuring and investigating the nature, scope, and outcomes of the work, typically using qualitative, quantitative, or mixed-methods approaches. An inductive thematic analysis was used to investigate the qualitative data.

The two streams finally join in the output, an artefact, which in the case of this research project is the suggestions for a teacher development training model.

The dual-flow work-based framework was slightly adapted to suit this research, 1) the work-based research and 2) the primary research findings.



*Fig 3.1 The framework of Reflective Practice and work-based research
Source: De Beer, (2024) adapted from Fergusson, et al. (2019)*

Fergusson, et al. (2019) provides a diagram of the four phases of reflective practice within work-based research. This diagram was particularly useful as a model framework for this research, indicating the flow of work from Phase A to D.

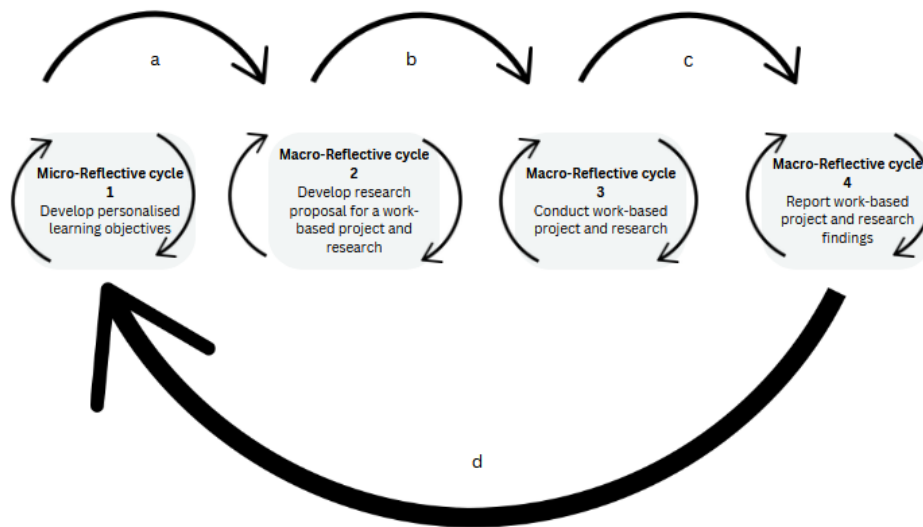


Fig 3.2 Reflective Practice and work-based research
Source: Adapted from Fergusson, et al. (2019)

The flow of work for this research utilised and adapted the workflow as indicated by Fergusson, et al., (2019):

Phase 1 - This phase involved a first **Micro-Reflective cycle**, where personalised learning objectives are developed by reviewing and reflecting on the practitioner’s career experiences and learnings. It included creating a learning profile, defining objectives to guide work-based projects and research, and selecting a focus from these experiences to identify research questions and initiate change in subsequent cycles.

Phase 2 - This phase constitutes a **Macro-Reflective cycle**. Chapter 2 detailed the development of the research proposal informed by the literature review and the content of the work-based model and project. It identified learning objectives for the work-based project and draws on multidisciplinary theoretical fields to guide the research. This chapter (Chapter 3) clarifies the scope and theoretical concerns for the project, including the design of the research for evaluation. It also involved revising and finalising a second proposal to address challenges related to online engagement.

Phase 3 - This phase included a **Macro-Reflective cycle** to conceptualise the final healing-centred teacher professional development engagement. Chapter 4 will describe and reflect

on the practitioner's work-based experiences and the literature review while describing the implementation of 6-hour workshops, *WhatsApp* training, online check-ins, and one-hour interviews. The process and outcomes of the implementation and data collected will be described. The practitioner will reflect, review, and analyse the experience through a narrative reflective description.

Phase 4 - The final phase involves the last **Macro-Reflective cycle** that analyses and concludes findings from primary data collection. Chapter 5 presents the themes and patterns from an inductive thematic analysis of the data. Chapter 6 will reflect on the work-based projects, analysing the training program and content (artefact) in relation to the themes and the literature. Chapter 7 will summarise the findings and provide recommendations for a future implementation model.

The Reflective Practice of the work-based research included a number of assumptions and biases that warrant investigation:

· **Assumption 1: Assumptions around the research model/intervention**

That there is a need for a healing-centred, arts-based professional development engagement on trauma and building resilience.

That there is enough awareness around trauma in schools to welcome such an intervention.

That focusing on addressing trauma and building resilience through a collective healing-centred, arts-based professional development engagement can indeed support learners and teachers in South African schools.

That a healing-centred, arts-based professional development engagement can ascertain if a 'safe-enough' environment can create better educational outcomes.

· **Assumption 2: Assumptions around the role of drama therapy/arts-based methods**

That drama therapy/arts-based methods and interventions can inspire sustainable psychological safety which ultimately leads to a psychologically healthy school community and builds resilience.

That drama therapy/arts-based methods and interventions are equipped to deal with trauma which causes paralysis and a rhythmic dysfunction, relationship and social difficulties and can provide a safe-enough container and ritualised space to support traumatised learners collectively.

That drama therapy/arts-based methods and interventions have the ability to address acute trauma and the stress response phase.

That a drama therapist and/or schoolteacher has the ability to create awareness and stimulate implementation of arts-based methods and interventions in teachers through a professional development engagement that mitigates re-traumatisation.

That a drama therapist can find and model the qualities of safety, harmony and trust, thus creating safe-enough spaces, in which learning can take place. In other words: that the creation of a safe-enough space is a transferable skill.

That a drama therapist can transfer and model healing art-based methods and pedagogical practices to teachers/participants.

3.2 Research Design

Qualitative research methodologies are popular amongst practitioner-researchers, particularly in education and psychology, as they aim to interpret rather than measure the reality, thus finding a holistic understanding “by using various sources for evidence, such as interviews or authentic perceptions” (Heikkinen et al., 2016, p. 4).

According to Alvesson & Skoldberg (2000, p. 1) many empirically oriented researchers in the social sciences still seek true objective reality or social facts whilst others explore “people’s subjective or intersubjective experiential worlds (meanings).” The contextual difficulties experienced that will be described as well as the nature and aims of the investigation make it clear that the research cannot be ‘robustly objective’. However, it can strive to provide a conscious- and an “experience-oriented, interpretive view” as observed by a practitioner-researcher (Alvesson & Skoldberg, 2000, p. 2) during a specific moment in history. The knowledge in this research refers to a momentary glimpse of experience, reflectively

interpreted and communicated. Baum et al. (2006) noted that the observer (i.e., the practitioner-researcher) has an impact on the phenomena being observed.

Objectivity is something that is constructed, which means that we cannot take a seemingly objective account for granted. According to Parker (2004) the most important issue here is that with psychological research, the person carrying out the research always has a certain stance toward the questions that are being explored. Hunches, intuitions, hopes and assumptions about the nature of human beings all play a role in the apparently 'objective' pursuits of a psychologist. This position, whether as empathic involvement or studied detachment, is a form of subjectivity (Hollway, 1999). This is why qualitative researchers often choose to work with subjectivity rather than oppose it (Parker, 2004), embracing the idea that objectivity is a construct. They value assumptions, intuitions, and hopes as tools for gaining new insights. This perspective guides the exploration of the research questions.

Parker (2004) emphasises that effective research is guided by the principles of apprenticeship, scholarship, and innovation. These principles are intended to help qualitative research in psychology move beyond its contested aspects. Qualitative psychological researchers' quest for validity often explores various and different ways to describe their research experiences (Parker, 2004). Accordingly, this study adheres to Parker's (2004) guidelines, as outlined in his article "*Criteria for Qualitative Research in Psychology.*"

According to Parker (2004) research for psychology and community empowerment understands that change occurs all the time. Thus, good qualitative research focuses on change and traces a process. As this research took place during times of upheaval and chaos the practitioner-researcher has taken care to communicate the challenges and changes during the planning and implementation phases, and how both the practitioner-researcher and the participants' understanding of the topic evolved.

Parker (2004) suggests that when addressing neutrality in research, a qualitative researcher in psychology should consider their emotional investment in the topic, address subjectivity, reflect on their positionality, and clarify their moral-political standpoint. Furthermore, the neutrality of the research may be contested by what Parker describes as a 'confessional'

mode, when the story and feelings of the researcher's journey is communicated. The thesis will describe the research conducted and its effects on both the participants and the practitioner-researcher, aiming to deepen understanding and shed new light on key issues. The practitioner-researcher aimed to provide a reflexive analysis that traces the innovation and implementation of the teacher's professional development training model, offering the reader insight into institutional perspectives. To address the issue of neutrality, the practitioner-researcher strived to raise questions, foster disagreement, and encourage alternative interpretations. This approach aimed to prompt critical inquiry into the participants' experiences, whilst ensuring they are not treated as mere objects, as can occur in traditional psychological research.

In reflecting on the research design, I acknowledge how contextual experiences can influence the cognitive, linguistic, psychological, and embodied responses of both the practitioner-researcher and the participants. These contextual factors are embedded in the research process, indicating how it shapes interactions, interpretations, and the overall learning environment. The qualitative data, as related and reflectively interpreted, will be presented to provide insight into participants experiences and responses. Furthermore, I recognise that the research inquiry and the values it modelled will not be neutral but intentionally aimed to exert a positive influence on both the study and its participants.

In conclusion, the data collected provided the practitioner-researcher with information and experiences to develop a deeper understanding of the problem, the effects of trauma, and to answer the research questions as a practitioner in a 'real world setting.' The next section will explain the research plan.

3.2.1 Research plan

There were two research plans. The first plan was for a long-term Healing Centred Engagement (HCE) in two pre-selected Primary schools where there is little to no access to therapeutic assistance. This plan included a holistic, organic and participatory development of a program. This had to be adapted when lockdown restrictions were implemented.

The second plan involved developing an online, healing-centred professional development online program for teachers/participants and implementing it with two groups. The goal was for participating teachers to receive training for two days (3 hours each) and then to report on their implementation experiences and the impact of the methods and practices whilst being supported and mentored by the practitioner for another 2 months (about 40 working days) on a social media platform. A tabled *online* Research Plan illustrates the steps:

Time period:	Professional development focus	Data collection methods:
2 weeks prior to initial Professional development workshop	Anonymous base-line questionnaire on Google survey sent to participants.	Base-line questionnaire prior to initial Professional development workshop
Professional development workshops commence	2 consecutive days of a three-hour group professional development workshop online	On-line Professional development workshop feedback questionnaire
1 month after the Professional development workshop	One-hour individual mentor meeting	On-line one-month base line questionnaire repeated
2 months after the Professional development workshop	One-hour individual reflective interview session	One-hour on-line Interview Guide
To proceed immediately after the Professional development workshops	2 month-long, on-line professional development support on private social media platform for the group	Weekly sharing on private social media platform

Fig 3.3 The online Research Plan

Source: De Beer, (2021)

This next section will describe how data was collected and measured during the implementation of the HAPPY Infusion program.

3.2.2 Sampling

The research required working teachers with internet access to participate online on *Zoom* and a social media platform for the duration of the project. Educational NGO networking platforms were used to invite interested teachers using a short online application form:

Our HAPPY Place Infusion Workshop

Teacher Development on Easing Trauma and Stress Through Healing Arts

NAME: _____ AGE: _____

E-MAIL: _____ PHONE: _____

AGE: _____

1. WHY DOES THIS WORKSHOP INTEREST YOU?
2. HOW ARE YOU INVOLVED IN WORKING WITH CHILDREN?
3. DO YOU THINK YOU WILL APPLY THE LEARNINGS IN YOUR OWN CONTEXT?
4. WILL YOU BE ABLE TO SHARE YOUR APPLICATIONS OF THIS WORK WITH CHILDREN IN SCHOOLS?
5. WILL YOU BE ABLE TO SHARE YOUR APPLICATIONS OF THIS WORK ON A COMMUNITY PLATFORM? (Our community Platform will be private, invite-only, Facebook or similar group for us to share and engage)
6. I CAN ATTEND THE FOLLOWING COURSE

(Please check one box)

12th - 13th July	
22nd - 23rd July	

Signed: _____ Date: _____

Fig 3.4 Participant application form
Source: De Beer, (2021)

While the application process provided the practitioner-researcher with information about the applicants, it did not influence the selection beyond ensuring that all participants were active teachers capable of implementing the program and using an online platform to share their applications in schools. There was limited control over participant selection, and apart from minor adjustments or refinements to the sample, the research sample can be classified as convenience sampling, also known as available sampling (McMillan & Schumacher, 2010). Available sampling runs the risk of producing a skewed or unrepresentative sample.

As a practitioner-researcher, I sent participant information letters and the consent forms to all applicants who are practising teachers (see Appendix I) as well as a base-line data collection *Google* survey.

3.2.3 Data Collection

¹The research relied on Qualitative data and included a number of qualitative data sources:

- Primary source: The researcher as practitioner's journal reflections of observations and interpretation during the training and work-based implementations.
- One-on-one, online semi-structured interviews: individually scheduled for the end of the two months HAPPy Infusion program. The semi-structured one-hour *Zoom* interview was recorded and transcribed with participant consent. It focussed on the areas of program implementation and reflections on participants' experiences. Reflections on the program's impact on participants' lives, workplaces, interactions, and social environment were included. The final one-hour interview served as a mentorship moment, allowing participants to share both workplace experiences and reflections on the HAPPy Infusion program. Due to this mentorship aspect, the interview's semi-structured nature allowed for greater openness and sharing from the participants.
- *WhatsApp* group interactions included reflective check-ins, shared contextual observations, and discussed classroom experiences. This informal sharing platform allowed for the incorporation of narratives, pictures, emojis, links, videos, songs, and games to encourage engagement and foster a sense of community. The use of this platform was aimed at fostering collective support by allowing participants to discuss challenges, celebrate successes, and exchange creative teaching methods, resources, and artistic contributions.

¹ The research initially planned to include quantitative data collection methods, such as an anonymous baseline *Google* survey, a one-month follow-up survey, and a feedback survey after the *Zoom* sessions. Although the data was collected it could not be submitted.

- Two-sessions of *Zoom* online professional development HAPPy Infusion program was recorded and transcribed with participant consent, gathering interactive data.
- Personal communication: (e.g., email or informal conversations with teachers about trauma pedagogy and drama therapy) including follow-up calls and emails regarding therapeutic assistance.
- Qualitative feedback from the online HAPPy Infusion training questionnaire, collected immediately after the HAPPy Infusion *Zoom* sessions.

3.3.4 Data analysis

Three approaches were used: 1) a reflective narrative description, 2) inductive thematic analysis, and 3) a reflective analysis of the program content.

The research was designed to incorporate journal reflections, capturing the experiences and knowledge of the practitioner-researcher as a practitioner during the changing realities of the implementation phase. Although dated, Reed & Procter (1995) note that practitioner-researchers often downplay personal experiences to appear scientifically credible, viewing experiential knowledge as an ‘embarrassment’ rather than a valuable research resource. Acknowledging that bias is inevitable, the research aimed to embrace the richness of personal insight as part of a post-positivist approach.

- 1) Reflective and reflexive practices guide the qualitative analysis, focusing on the development and implementation of a teacher professional development program to address trauma. As a practitioner-researcher, it was important to reflect on the learning experiences within the context of the COVID-19 pandemic, which paralleled the central focus of the study. Reflexivity involves considering the power dynamics and biases present during the program's implementation and examining how these factors influenced the interpretation of the data. Efforts to minimise bias and critique the power relations inherent in the program were carried out with careful attention. As indicated by Denzin & Lincoln (2000, cited in Parker, 2004) the practitioner-

researcher examined how the experiences and interactions throughout the implementation phase generated new knowledge, while acknowledging the potential to challenge existing psychological and educational systems and practices.

- 2) An inductive thematic analysis, using what McMillan & Schumacher (2010) refer to as a template analysis style, was selected, as it allowed for revision during data analysis, an approach necessary due to the unpredictability of the context. The practitioner-researcher chose to follow the steps outlined in McMillan & Schumacher (2010) to carry out the inductive thematic analysis:

a) Qualitative Data Organisation: Provisional codes for data analysis were identified. The research questions and sub-questions, the objectives of the training, the interview guide, and the literature review were used to identify concepts, categories, and themes for the analysis. Furthermore, external influences, such as the online setting and the COVID-19 context, were considered when identifying the initial codes. These provisional codes were applied to provide a starting point. A Code Book was created from the first reading of the data.

b) Data Transcription: The one-hour interviews, the four 3-hour sessions with Groups A and B, as well as the final session of Group A, and *WhatsApp* interactions were transcribed and formatted for analysis.

c) Data Coding: Coded data segments were identified during this phase.

d) Refining and Connecting Codes: Codes were refined, and themes identified from the transcripts of participant responses during data collection (Appendix E Code Book).

e) Forming Themes: The selected qualitative data as themed and coded data segments, was placed into Data Tables (see Appendix F: Data Tables). An inductive thematic analysis was conducted, identifying emerging themes and patterns according to the codes and Data Tables.

f) Discovering and Reporting Patterns: Patterns explaining the relationships between themes were identified and reported in Chapter 5. The practitioner-

researcher then reflected on and interpreted the reactions and responses of participants to the program activities, considering possible agendas and external influences arising from the context.

- 3) A reflective analysis of the challenges experienced is also provided, along with an explanation of how these challenges stimulated the development of new methods for implementing the program.

3.3 Ethical issues

The practitioner-researcher successfully completed the Competence in Research Ethics Workshop offered by the Human Research Ethics Committee (non-medical) of the University of the Witwatersrand. Two key ethical issues were: consent and confidentiality, to ensure the well-being, safety, and dignity of the participants. Free, consented participation without coercion or pressure was required and the teacher/participants had to be well-informed. Teachers/participants were informed about the workshop and subsequent social media interactions leading to the mentor meetings and one-hour interviews in a participant information letter. Participants completed the attached consent forms that explain that information from the interviews, training sessions, personal communication and *WhatsApp* interactions may be collected and used in reporting but that the reporting will be anonymous. Formal written consent forms from teachers, and clearance from the Department of Education were obtained. Protecting the identity of the individuals and the community was of vital importance when doing the write-up.

Not many interventions and research on trauma in schools have been attempted, as the context and population are perceived as vulnerable. Working with teachers on the topic of trauma is sensitive, uncomfortable, and can be 'triggering'. The question was asked whether the intervention should therefore not be attempted, as the risks were considerable. However, asking difficult questions and addressing difficult problems are crucial if beneficial changes are to be made to support teachers and learners. The training program focused on being pedagogical and not therapeutic. Sensitivity towards the risk of re-traumatisation was one of the cornerstones of this engagement, as the practitioner-researcher could potentially remind the participants of frightening, humiliating, and painful trauma experiences. It was

therefore of the utmost importance that the program be conducted by a trained Health Professions Council of South Africa (HPCSA) accredited therapist that would be able to provide support for teachers should it be needed during and immediately after the training period.

The fact that the practitioner-researcher initially intended to gain access to the research participants (i.e., teachers) through the gatekeepers (i.e. principals) gave rise to ethical issues. This was mitigated when the group changed to self-selected, volunteer sampling, after an online invitation on social media platforms. As the context of this research takes place within uncertain traumatic times, the practitioner-researcher was invitational in her language-use. To promote psychological safety and prevent participants from feeling coerced, the researcher emphasised the voluntary nature of participation and informed participants of their right to withdraw at any time during the training period. These conditions and safety protocols were reiterated before the program began.

Another ethical consideration was researcher-participant relationship and the possible power dynamics that could ensue related to reimbursement. It was clearly communicated before the training commenced that none of the participants would be reimbursed for data usage. All communication was invitational in its delivery (including *Zoom* sessions, *WhatsApp* interactions and the one-hour interviews) and used data. Although 'not being paid for data' cannot guarantee a lack of bias, it could have helped mitigate feelings of indebtedness and encourage a more objective stance. Yet, lack of access to technology and other resources could make the research vulnerable to termination.

3.3.1 Distress Protocol

A specific distress protocol was explained at the beginning of the program which included that

- participants' confidentiality and anonymity would be ensured in the final report; and
- participants had the power and the choice to refuse to answer or participate should they feel uncomfortable.

The following distress protocol was offered:

STEP 1:

If a participant experienced a crisis or feelings of overwhelm or anxiety they were instructed to ask for support immediately during the training.

STEP 2:

If a participant felt that the training intervention and self-care was not sufficient, they could ask the researcher/facilitator for an appropriate referral.

3.3.2 Key ethical principles of the intervention

Key ethical principles of the intervention that were adhered to were:

- Confidentiality and consent.
- Autonomy and respecting the rights of the individual.
- Beneficence and doing good.
- Non-maleficence or not doing harm.
- Justice, particularly equity.

Informed consent was obtained through a Participant Letter and Consent Form, and Permission from the Gauteng Department of Education (GDE) to work in Ekurhuleni North was granted (see Appendix J for documents).

Chapter 4

A narrative description of the HAPPy Infusion program

This chapter describes the work-based project through the practitioner's reflective and reflexive lens. I acknowledge that as an older, white, privileged, cis-gendered, female teacher and drama therapist living in South Africa I am inextricably implicated within the structural violence and injustice of systems of my past and my current context. It was therefore challenging to risk being perceived as, or perceiving myself as, the stereotypical 'white saviour,' as described by Knaus (2018). This complexity was further compounded by the need to reflectively and reflexively interpret contextual events and the verbal and behavioural responses of participants from this perspective. Maintaining an ongoing awareness of this dynamic was essential for addressing the complexities it presented.

The chapter also details contextual events that influenced the research process, outlining the changes to the research design. Furthermore, describing the target group, the events of the professional development program implementation, and the HAPPy Infusion content, it aims to describe how an arts-based healing-centred teacher professional development program can be designed and implemented to support South African learners, teachers and education environments experiencing trauma.

4.1 Research context

This section provides a contextual description of the implementation of the HAPPy Infusion program during the 2021 COVID-19 lockdown.

South Africans faced the worst wave of the pandemic during July and August 2021. Hospitals were overcrowded with patients, and the number of people dying from COVID-19 steadily rose to astounding numbers.

The HAPPy Infusion program coincided with probably one of the most traumatising times in South Africa's most recent history. All businesses, institutions, and communities were affected, including schools. In response to school closures, Masonbrink & Hurley (2020), emphasised that children's health and well-being were under threat, especially those living in poverty. There was a call for teachers to adopt innovative approaches for remote engagement and to be equipped with guidelines for recognising early warning signs and indicators of emotional dysregulation. The work-based project had additional relevance and urgency, as teachers required support.

This first teachers' professional development program occurred on 12 and 13 July 2021, whilst protesters and looters took to the streets of KwaZulu-Natal and Gauteng Provinces in South Africa. The looting and protest action began in the evening of 9 July 2021 in KwaZulu-Natal and continued for 8 days, spreading to Gauteng on the evening of the 11th of July 2021. On the 14th of July 2021, further military forces were deployed, as security forces could not stop the continued spread of looting and arson (Vofo Kana, 2022). These were the days that Marcow Speiser & Speiser (2022, p. 73) called the "Days of Rage and Reckoning". They cited Neill (2021, pers comment) who described the events:

Reporters seemed at a loss for words, communities had barricaded themselves in, determined to protect themselves with live ammunition. Looting was rampant as mobs destroyed shopping centers, and broken glass littered streets and neighborhoods.

In the 10-day period between the two work-based projects, South Africans experienced increased political and social tensions in KZN and Gauteng. News outlets extensively reported on the looting incidents, the damage to infrastructure and businesses, the security forces deployed to restore order, and the impact of the unrest on communities and the economy. It was confirmed that the protest led to the death of 354 citizens (Karrim, 2022); but many citizens believed the number to be higher. The destruction of businesses, livelihoods, essential services, farming, telecommunication facilities, and food distribution

centres led to further food insecurity, poverty, unemployment, and inequality (Vhumbunu, 2021).

South Africans were inundated with evocative images and responses from government officials that were shown on news media and social media reports. President Cyril Ramaphosa's remarks suggested the possibility of an attempted coup, heightening the sense of instability and tension in the country. Meanwhile, former president Jacob Zuma testified before the Judicial Commission of Inquiry into State Capture, Corruption, and Fraud, providing evidence related to these allegations (Vhumbunu, 2021). The media further underlined the fact that although the July 2021 protests may have been politically motivated, they were driven by deep-rooted socio-economic challenges facing poor, hungry, and frustrated citizens. Hamish Neill (cited in Marcow Speiser & Speiser, 2022, p.74) called South Africa “a “ticking time bomb”.

Police arrests, interrogations, and public efforts to address the situation and provide support to affected areas, such as street clean-ups, were part of the chaos experienced during these days. The ongoing illness and funerals, as South Africa was the hardest hit by the pandemic on the continent with 99 925 cumulative deaths by October 2021 (Vhumbunu, 2021), added to the stress and anxiety.

The second teachers' development training happened on 22 and 23 July 2021, 10 to 11 days after the protest and riots, also called the 'Zuma protest'. Being immersed in the most severe 'wave' of COVID-19, with social and economic disparities, lockdown rules and regulations, the protest and looting action were but a few of the implementation complications. Even though the whole population (whether 'advantaged' or 'disadvantaged') are equal victims of trauma, the disparity arises in disadvantaged communities where there is less infrastructure and resources. This was where the research aimed to bring change, yet addressing these disparities and creating a psychologically safe-enough space may have been asking for too much.

'Safety first' is the unspoken slogan of many trauma-informed training modalities. I, myself as practitioner reflected on the irony that whilst many of the participants on this course were sitting in what I hoped was *fairly* safe physical spaces (behind a computer) engaging with an

online HAPPy Infusion program, the collective experience in South Africa was unsafe due to COVID-19, the riots and the socio-political unrest.

4.2 Participant group

The target group for the study initially included primary school teachers from Ekurhuleni North, aged 21-65, where there is limited access to therapeutic assistance. Invitations were sent to 279 school principals in early 2021, but only one response was received from an administrative staff member. I felt that factors such as high work stress, lack of digital resources, load shedding, connectivity issues, and anxieties related to COVID-19 likely contributed to the lack of response. As a result, the decision was made to invite participants through self-selection, using social media and Non-Profit Organisations in education.

After consulting teaching and lecturing colleagues, and facilitators in the education field, two training periods were suggested to be most convenient. One at the beginning and another at the end of the school holiday. The invitation that went out on social media communicated the following:

Teacher development on easing trauma and stress through healing arts in education methods



12 and 13 July 2021
10:00 – 13:00

Children that are traumatised, under pressure and stressed out, cannot function, learn or play

Our HAPPy Place Infusion workshop by Welma de Beer 082 372 7898



Our HAPPy Place Infusion workshop






An online workshop that offers teacher development on easing trauma and stress through healing arts education methods and an opportunity to collaborate as part of the community on the Healing Arts Platform: Our HAPPy Place.

22 and 23 July 2021
10:00 – 13:00

Our HAPPy Place Infusion workshop by Welma de Beer 082 372 7898



Fig 4.1 Invitation on Social media networks

Source: De Beer, (2021)

Opening the invitation to the HAPPy Infusion program had a better response rate, broadening the target group to teachers all over South Africa. My view was that there is a need for a healing-centred, arts-based professional development engagement to address trauma and build resilience in South African Schools, and the more than 150 respondents consisting of teachers and teacher assistants appeared to share my view. Most of the 150 people who replied were young teacher assistants. A total number of 58 working teachers and lecturers applied; the large number of assistant teachers could not be admitted to the participants group. I provided a free 3 x 1-hour separate online workshop to address the needs of these teacher assistants. The high response from youth employed as assistant teachers in schools excited me, as the youth appeared to have the awareness of trauma as well as enthusiasm and capacity to address it. The shorter time period of this assistant-teacher workshop and the high participants numbers led to reflections about the possibilities of scaling the work, but I was concerned about re-traumatisation and safety issues that may occur with such large groups online.

I accepted all working teachers with computer access who expressed interest in the training. Among the 34 participants who finally signed and submitted their consent forms, 4 teachers (23% of the cohort) were involved in arts education. The composition of the target group was due to the open invitation. I initially expected private school arts-educators - teachers already interested and resourced in the field, to make up a larger number of the target group. However, this was not the case. The influence of the array of NGO networking platforms through which the invitation was posted, led to over 71% of participants coming from less-resourced schools.

This convenience sample turned out to be diverse and a fair representative sample of the wider South African education system as it included available teachers/participants with diverse backgrounds, skill sets, and needs. The teachers/participants (referred to as participants from now on), represented a diverse range of schools such as high schools, primary schools, special needs schools, home schools, an Early Childhood Development

(ECD) centre, educational NGOs and even a teacher training centre. The participants represented different cultural and ethnic communities from across South Africa, speaking different languages, Afrikaans, English, Zulu, Sepedi, German and Xhosa. The diversity of the groups increased the challenge to establish and model a healing-centred engagement that is psychologically safe, stabilises and regulates trauma responses, builds resilient and hopeful educational communities, and stimulates the agency and self-healing capacity of learners. Whilst the participants shared a common goal, the need to understand trauma, and provide support to learners in difficult times, I questioned how to present a teacher professional development program that was sensitive to diverse background, needs and skills sets of teachers.

Group A started with 16 participants. Two did not complete the program due to connectivity problems; two others stopped as a direct result of the riots; and one principal cancelled due to unexpected work-related commitments, while one left due to feeling overwhelmed. Two participants of the above-mentioned group re-registered for the 2nd course but were again not able to attend. The final number of 10 participants received the full program and continued on *WhatsApp*.

Group B had 18 participants who registered. Seven participants did not arrive or provide any explanation; four discontinued due to connectivity and load-shedding problems. This left seven participants who completed the full program.

There were only three male participants who indicated their interest in the program. Two of them were unable to attend the HAPPY Infusion engagements resulting from administrative work at the school. The third male participant attended the first day but asked to be excused as he felt overwhelmed by the content. During a later telephone conversation, I enquired if therapeutic support was needed. The participant declined, noting that he was 'fine' and that his reaction was the result of prior traumas. He explained: *"I realise during the session the true meaning of trauma and it has more meaning to me now than ever before"*. Two female participants from KwaZulu Natal withdrew due to the rioting. This left two groups of female participants that were diverse in terms of skills, age, culture, language and their geographic location (Gauteng, Mpumalanga, Free State, and Western Cape).

4.3 The HAPPy Infusion program implementation

The program initially felt ill-timed due to contextual events, yet I felt it provided an opportune moment to investigate trauma training during the acute and stress reaction phase of complex traumatic events. The research was initially envisioned as an in-person teacher professional development program where I as the practitioner-researcher would have a consistent presence in the schools for a period of two to three months. COVID-19 lockdown regulations prohibited all interventions in schools thus the research was adjusted to an online engagement.

Re-writing the proposal and timeline for the research led to an investigation into online strategies. The challenge was to provide a psychologically safe, mentored, online space through modelling and collaborative sharing. I frequently deliberated on the importance of safety, taking the context and participants' well-being into consideration. Due to the online adaptation, the research design changed, placing more emphasis on information derived from the extensive literature review.

The Healing Arts Pedagogies and Practices (HAPPy) Infusion program included two sessions of three hours each, for two consecutive days. I initially planned to be available for a period of two months following the implementation of the program, as a mentor/facilitator. The program included collaborative sharing of implementation practices and strategies on a *WhatsApp* group. The program thus incorporated experiential learning opportunities and check-ins, where participants could share feelings, noting and honouring collective contextual experiences, in an attempt to establish safety and social cohesion. This collaborative sharing was designed to offer a safe space for teachers experiencing trauma. The hope was that I could observe participants' interactions on the social media platform for warning signs. Should these signs present, I could refer teachers-at-risk to a therapist according to the trauma protocols. Individual mentoring sessions were initially included in the research plan, culminating in a final interview to complete the research and work-based program.

This work-based program required flexibility and willingness to adapt to circumstances. The research design and implementation were adapted with small changes made to the

curriculum content between the two training engagements. The planned formal weekly online engagements were thus adapted to informal, private *WhatsApp* interactions, where collective mentoring happened. The daily online check-ins replaced the need for a separate mentorship meeting; and concluded with an individual reflective interview that doubled up as a mentorship moment for the participants to express their experiences.

The following table indicates the changes to the research plan in italics.

Time period:	Professional development focus:	Data collection methods:
Two weeks prior to initial Professional development workshop	Anonymous base-line questionnaire on <i>Google</i> survey sent to participants.	Base-line questionnaire prior to initial Professional development workshop
Professional development HAPPy Infusion sessions commence online	2 consecutive days of a three-hour group professional development workshop online	On-line Professional development workshop feedback questionnaire
To proceed immediately after the HAPPy Infusion sessions: online <i>WhatsApp</i> engagement.	<i>40 days online Fun Fact meme support on a private social media platform for the group (i.e. WhatsApp group)</i>	<i>Daily sharing of Fun Fact memes and demonstrations on private social media platform (i.e. WhatsApp group).</i>
8 weeks after the HAPPy Infusion sessions	<i>One-hour individual mentoring and reflective interview session.</i>	<i>One-hour on-line Interview. Baseline survey repeated.</i>

(Italics indicates changes to the planning)

Fig 4.2 The Implemented Research Plan
Source: De Beer, (2021)

The research plan was implemented as follows:

The first group of teachers (Group A) met online for two three-hour training sessions over a period of two days at the start of the school holidays. This was followed by Meme training with the group on a *WhatsApp* group for 40 days.

Ten days after the first group had their training sessions, at the end of the school holidays, Group B met for their two three-hour training sessions over two days. They then took part in their *WhatsApp* group for 40 days. In the *WhatsApp* groups, the participants were encouraged to reflect on how they were thinking about the content of the program and how they were implementing this in their own classes.

Both groups completed a questionnaire straight after the training sessions and then took part in recorded individual interviews with the practitioner-researcher at the end of the 40 days. The practitioner-researcher also recorded the training sessions and kept a journal of her reflections on the process.

Several issues affected the online training sessions that need clarification. I had requested that participants remain visible and audible during both sessions to foster greater cohesion and psychological safety, as well as to allow me to visually assess the impact of the program on participants. However, not all participants were able to comply due to challenges such as load shedding, *Wi-Fi* connectivity, and data limitations. An additional unforeseen issue occurred in the second group (Group B), where four participants joined the session from a single device set up in a school classroom. The laptop camera provided a limited view of three participants with a focus on one participant, whilst the fourth participant was rarely seen. Social and online connectivity issues were a hindrance to establishing social cohesion and collaborative group learning. These occurrences generated important questions for me as a practitioner hoping to establish useful online engagements. For example, what strategies could be implemented to address disparities to online access?

The initial plan was for qualitative and quantitative data to be collected. Quantitative data based on social facts aimed to measure relationships and behaviour, namely 1) a baseline collection questionnaire (*Google* survey) using the Likert-scale to measure the participants' perceptions and attitudes before and after the training in terms of ordinal-level categories, and 2) an online HAPPY Infusion training feedback questionnaire (*Google* survey) issued to measure the participants' experience and perceptions directly after the training. The riots and protest action led to participant withdrawal from both training groups. The anonymous baseline questionnaire forms and the small sample size rendered the quantitative impact data from the baseline training survey skewed and inadmissible. Instead, qualitative feedback from the online HAPPY Infusion training questionnaire, collected immediately after the *Zoom* training, was used as well as all other methods of qualitative data collection.

Measuring the implementation of the program was a further limitation of the research methodology. Due to the differences in school term schedules as well as additional school closures and teacher absenteeism resulting from to COVID-19, implementation of the art-

based practices were difficult to quantitatively measure across the sample. Participants did however, report varying degrees of implementation in their places of work.

4.4 The HAPPy Infusion program content

The COVID-19 pandemic disrupted the intended collaborative and participatory approach to the work-based project (HAPPy Infusion training), leading to a program design primarily informed by a literature review. However, the content was influenced by colleagues and training initiatives the practitioner engaged in, including *Matrixia*, *Our HAPPy Place*, the *Mas'phefumle Project*, *Emergency Pedagogy South Africa*, and the *Masked Hero's Initiatives* (WHO Psychological First Aid course). Further work-based collaboration with organisations such as *Youth@Work*, *Teach the Nation*, *Citizen Leader Lab*, and the *Global Teachers Institute* indirectly shaped the program's content and implementation.

Whilst collaboration with colleagues shaped the content and implementation, the research program attempted to follow the *Ubuntu* frame by providing opportunities for dialogue and discussion with participants. The *professional development program* thus aimed to be accessible, inclusive, equitable, and participatory in sharing skills and support. I set out to ensure that teachers would not only listen and learn, but feel, experience, converse, create and share content. I hoped that participants would experience their own agency to influence and inform the program, by providing an online *WhatsApp* space to have 'voice and choice' fostering social engagement and dialogue by emphasising tolerance and creativity.

With a background as a Waldorf drama teacher, I have always preferred experiential learning—direct engagement with an experience followed by reflection—as a teaching method. I have found that it fosters critical thinking, problem-solving, and the ability to make cognitive connections, however this method of "learning by doing" was difficult to implement online. Reflecting on the experience, I believe that experiential learning online requires more time and specialised attention.

The HAPPy Infusion program contained opening and closing circles, self-care moments, stories and metaphors, theoretical sessions, and an arts-based toolbox. Multiple experiential learning techniques were utilised to implement the content: 1) Boal's Image Theatre could

explore the embodied experience of the ‘cramp’, 2) storytelling and metaphor encouraged deeper understanding of human behaviour through imaginative experiences, 3) creative drawings allowed participants to express and self-reflect on their experience of stress responses, and 4) opening circles, where I modelled verse speaking, gestures, singing, stomping, and rhythmic clapping.

4.4.1 Opening and closing circles

Opening and closing circles were implemented where consistent check-ins and warm-up games stimulated participants' presence and created a synchronised rhythm. These provided a daily ritual at the beginning and ending of the 2 x 3-hour online program. Participants joined in, finding the verse, song, and rhythmic exercise enjoyable and challenging. These games are usually done in circles but had to be done with cameras-on in the *Zoom* room.

4.4.2 Self-care moments

Self-care and ‘presence-ing’ moments were included in the program. Day one included the safety protocol which included mindfulness and breathing techniques, as well as stabilising exercises from EMP to support participants during the program. This was repeated on Day Two with a check-in prompt linked to the story of *M and the Storm*:



“If your mood was the *weather*, what would it be?

Use emoji's to tell us on WhatsApp or write the weather word in the Chat?

5 min

Fig 4.3 HAPPy Infusion content: PowerPoint check-in prompt
(De Beer, 2022)

Similar check-in activities were used in the *WhatsApp* group. Every day started with a check-in activity. This was a simple playful invitation to create self-awareness and group awareness of our emotional states.

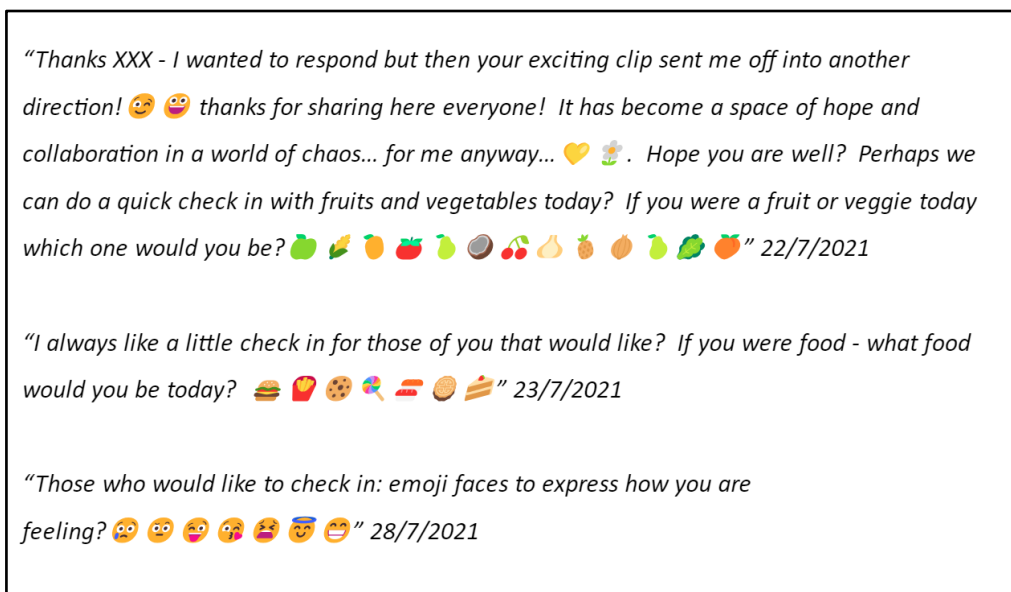


Fig 4.4 HAPPy Infusion content: WhatsApp check-in invitations
(De Beer, 2022)

The check-in invitations were also linked to the program content:

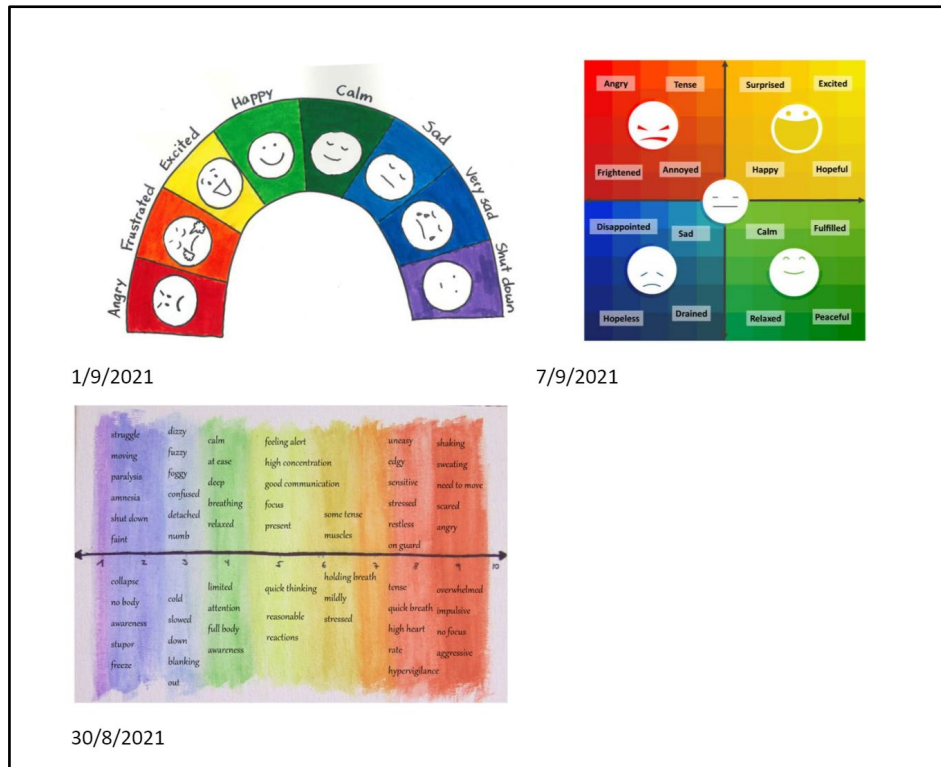


Fig 4.5 HAPPY Infusion content: Morning check-ins (De Beer, 2022)

4.4.3 Stories and metaphors

The stories enabled participants to engage safely and *imaginatively experience* the challenges, symptoms, and behaviours associated with trauma. Key concepts related to trauma are extracted from these stories and presented as a trauma-metaphor. These metaphors serve to illustrate the theory of psycho-traumatology and explain the various problems, symptoms, and reactive behaviours resulting from trauma. The following table describes the stories and metaphors that were utilised:

	Story	Metaphors for trauma
Session 1a	<i>Participants stories: Who are you? Why is this important to you? What do you want from this?</i>	
Session 1b	<i>Weaver of the World Cloth</i>	Trauma as Cramp / Freeze
Session 1c	<i>The girl with the Legacy necklace</i>	Trauma as a Wound Trauma as Threshold to Post-Traumatic growth
Session 2a	<i>M and the Storm</i> <i>Manawee</i>	Trauma as a Storm Trauma as a Loss of Focus
Session 2b	<i>Wolfen</i>	Trauma as a Trigger Trauma as Contagion
Session 2c	<i>Url Konig</i> <i>Towergirl and the Nursery</i>	Trauma that Numbs Trauma as a Relationship disorder: the absence of safety.

Fig 4.6 HAPPY Infusion content: Stories and metaphors
(De Beer, 2022)

Trauma as a Cramp

Tightening of muscles can often be a physical reaction to stress or traumatic events. This ‘cramp’ is a metaphor for trauma adopted from Emergency Pedagogy (EMP) where the ‘cramp’ or ‘frozen state’ causes a rhythmic desynchronisation. This affects the physical and psychological health of the person as well as their social interactions (van der Kolk, 2014; Miller-Karas & Sapp, 2015).

Desynchronisation, or rhythmic dysfunction, can lead to biological disruptions in the body, often described as "paralysed agitation" (Miller-Karas & Sapp, 2015, p. 11). Such dysfunctions, affecting the brain, nervous system, and internal organs, can result in physical health issues if not addressed promptly (Cohen et al., 2013; van der Kolk, 2014). Conversely, releasing stress through relaxation, games, or drama therapy can restore rhythmic balance, manifesting as sensations like “trembling, tingling, stomach gurgling and/or burping (as digestion comes back online), warmth, cooling down, throat clearing, shaking, itching, laughing, crying, and yawning” (Miller-Karas & Sapp, 2015, p. 13).

This desynchronisation, according to Ruf (2013), disrupts our thinking (forgetting and remembering). Miller-Karas & Sapp (2015, p.22) point out that both explicit memory, i.e., “the conscious retention of information” and implicit memory, “the unconscious retention of information” is affected by a traumatic incident. Affected memory not only influences learning but also disrupts our capacity for relationships.

Addressing our traumatic imprints is essential. A cramp reflects an unconscious holding, proving resistant to release through cognitive instruction alone. While cognitive understanding plays a role, movement practices become crucial for releasing this reaction. Ancient communities had an intuitive grasp of this concept, addressing their trauma by engaging in singing and dancing around the fire within healing circles (Draper-Clarke, email 2021.09.07).

The HAPPy toolbox proposed movement, rhythmical activities and consistent daily, weekly, monthly, and seasonal rituals or ceremonies to help ‘uncramp’ a stress or shock reaction. These activities include rhythmical movement activities, songs and verses that can be ritualised, such as opening and closing rituals, seasonal festivals or ceremonies that help to uncramp the stagnation of the freeze response.

Trauma as a Wound

The etymology of the word ‘trauma’ comes from a Greek word τραῦμα (traûma) which means ‘Wound’ (Merriam-Webster.com, 2024). Thinking of Trauma as a Wound explains why Hausman (2006, p. 31) defines trauma as “the injury and lasting damage to a certain structure.” Initially ‘trauma’ only referred to a physical ‘wound’ or injury but more recently the psychological ‘wounding’ is also included when speaking about trauma.

The HAPPy Infusion program included the use of the metaphor of *Trauma as a Wound*. Ruf (2013) describes how there is a similar pain reaction to a psychological wound as to a physical wound. After the trauma the psychological ‘wound’ can become “infected” and it becomes important to “disinfect, dress” or a[d]dress the wounds of trauma (Ruf, 2013, p. 52).

The 'dressing' of the wound comes through expressing the pain, aptly illustrated through the story *The Girl with the Legacy Necklace*. The HAPPY Infusion program proposes that we address the 'wounds' of trauma in learners by creating safe opportunities to express themselves and their feelings. This can happen by allowing them to tell their stories in the way that comes naturally to them, using creative visual forms of expression, creative performative forms of expression and creative games that allow expression. The HAPPY Infusion curriculum also considers and explores the possible dangers when children retell their stories and how to mitigate these.

Trauma as post-traumatic growth

Trauma has multiple effects on the child's growth and development. If left untreated, these effects can lead to cognitive, physical and psychological disorders that can affect overall success in life. However, the metaphor of *Trauma as Post-traumatic growth* proposes that if processed (i.e., digested) trauma can be transformed (i.e., changed) leading to positive change (i.e., growth). Trauma thus can serve as a "catalyst" for positive change or post-traumatic growth (PTG). Enhanced relationships, new life opportunities, a deeper appreciation for life, increased personal strength, and spiritual development (Henson, et al. 2021) are all possible outcomes of this process.

Trauma can mimic and include near-death experiences which are unique and transformational (Moody, 2013). Ruf's (2013, p. 132) research suggests that near-death experiences simulate a "loosening of the life body" or "a partial death" experience. This experience is followed by a panoramic life review and a re-animation, or re-entering of the body, which can potentially change our perception of time and space. This change in perception can allow a person to experience humour, joy, gratitude, empathy, and greater connectedness.

The HAPPY Infusion used arts-based practices that inspire and cultivate spiritual experiences and presence, strengthen social competencies, create connection and stable relationships, and stimulate the experience of self-effectiveness in an enjoyable way.

Trauma as Contagion

Witnessing or hearing about trauma has an effect on the observers or listeners. Our susceptibility to the negativity of others (van der Kolk, 2014) inspired the metaphor: *Trauma as Contagion*. This metaphor resulted from the online program and was introduced in the in-person training.

The HAPPy Infusion program explored the metaphor of contagion through theoretical concepts of secondary, collective, and intergenerational trauma (as explained in Chapter 2). To prevent the 'spread' of trauma, the HAPPy Infusion toolkit suggestion was an approach of self-care or psycho-hygiene (Ruf, 2019); which includes: careful thinking, feeling care, and rhythmic care.

To avoid contagion, careful thinking is applied and includes knowledge and recognition of your own stress or burnout level. It includes well-structured, thought-through preparation when working with traumatised children ensures psycho-hygiene. This includes inquiring about the condition, the situation, the context, the impact of the trauma or stressors. Furthermore, being clear and implementing boundaries that ensure a healthy work-life balance that include spiritual, religious, or meditative practices, are part of the self-care toolkit of a teacher (Ruf, 2019).

Feeling care should include structured reflective discussions, supportive mentorship sessions with colleagues, creating a buddy system, and finding opportunities for expression through artistic practices are suggested (Ruf, 2019).

Rhythmic care of the energetic and physical body through ritualised daily practices e.g., bath, meal, sleep, and movement, should be considered. Ensuring adequate rest and recovery periods or even taking on distracting activities, such as sport, or dancing should be part of a self-care practice (Ruf, 2019).

Cognitive impact of Trauma: Trauma as a Storm & Trauma as a Loss of Focus

The disruption caused by trauma frequently leads to an experience of disorder and chaos, as our fundamental assumptions of the world are being challenged. Human emotions, thoughts, and behaviours become disorganised.

The metaphor *Trauma as a Storm* focuses on the cognitive impact and how dysregulation can adversely affect brain development and brain functioning. The HAPPY Infusion program suggests arts-based activities that stimulate language, memory, problem solving, abstraction-ability, such as drama word games, string games, visual art activities, therapeutic handcrafts, sound, and movement activities.

The story *Manawee and his Dog* depicts how a stressful event affects our cognitive ability to concentrate, focus, and remember. *Trauma as a Loss of Focus* is the metaphor that depicts this shocking moment. The HAPPY Infusion program suggests breathing, and arts-based regulating activities to regulate this acute phase, and a number of arts-based theatre games to stimulate concentration and focus.

Behavioural impact of trauma: Trauma as a Trigger and Trauma that Numbs

Whilst trauma impacts the whole human being, HAPPY Infusion program focussed on two metaphors of the behavioural impact of trauma. Two metaphors were developed to indicate various automatic reactions that lead to behavioural challenges.

The metaphor *Trauma as a Trigger* serves as a reminder of past traumatic experiences, prompting an automatic activation from the body. It can either escalate gradually or erupt unexpectedly. A trigger is a range of stimuli that come in various forms, such as loud noises, specific scents, or even breathing patterns, which can evoke the reliving of a traumatic experience, and activate the stress response from the brain to the nervous system. The story *Wolfen* unpacks such an activating moment. The HAPPY Infusion program uses suggestions from a trauma-informed schools' program (National Center on Safe Supportive Learning Environments, 2024). It suggests recognising behaviours that indicate that the child is triggered, learning how to manage these triggers using an emergency toolbox, self-stabilising and co-regulating, and stimulating sensory awareness using arts-based activities.

The metaphor *Trauma that Numbs* explores behavioural reactions to trauma which can include mobilisation (sympathetic response) and immobilisation (dorsal vagal response) as explored in the story *Url Konig*. The arts-based activities suggested are activating sensory awareness, movement in an embodied, body conscious way, and strengthening resilience through building trust, teamwork, and relationality.

Affective and Relational impact of Trauma: Trauma as a Relationship disorder

The metaphor, *Trauma as a Relationship disorder* deals with the affective and relational reactions related to trauma and stress.

Trauma survivors may experience life as meaningless and empty, an existential vacuum (Frankl, 1963). Morgan (2007, p. 16) describes how trauma survivors “beam” themselves out of traumatic situations and dissociate causing relationship dysfunction. Trauma survivors distrust people, themselves, and their ability to control their environment. They withdraw and become ‘thick skinned’ or ‘too thin-skinned’, struggle with boundaries and cannot keep themselves separate or alternatively, become too guarded or separate from others (Ruf, 2013, p. 24); they struggle to interact socially, as rhythmical “giving and receiving” interactions are disturbed (Ruf, 2013, p. 88). What follows is peer perpetration and violence in schools (Richter et al., 2018); affecting not only the emotional well-being of the individual but also of the whole community.

The HAPPY Infusion program suggests creating understanding and awareness of the problem, arts-based self-regulation, building resilience, and connection. How to create inspiring arts-based experiences, building confidence and self-esteem, and trusting relationships through arts-based activities are suggested.

The metaphor *Trauma as a Relationship disorder* developed two embedded metaphors, namely, *Trauma as a Cry for Help* and *Trauma as a Boundary issue*, since the first engagement. Both metaphors indicate the impact of trauma on our emotional well-being and developing the ability to protect ourselves whilst staying open for relationships. *Trauma as a Boundary issue* explores how boundaries can contain and provide emotional safety. The

EMP suggestions incorporated into the HAPPY Infusion program are to implement practices on physical, relational, language, temporal and biographical levels (Ruf, 2017e).



*Fig 4.7 Creating Safe School Space
(Ruf, 2017e)*

4.4.4 Theory

The literature review provided clarity about *critical content* that was needed for a South African program, namely:

- Definitions of trauma and categories and types of traumata.
- Symptoms and phases of trauma.
- Trauma description (aspects of trauma).
- The course/development of trauma (focusing on the first two phases).
- To understand the effects of trauma on learning.
- The symptoms during the three phases after a traumatic event.
- What happens if a traumatic incident is not cared for in time?
- Guidelines for an Acute Phase Mental First Aid Trauma Intervention.
- Basic concept of self-care and secondary traumatization.

The trauma problem was described and illustrated in the stories and then linked to a metaphor. This trauma ‘problem’ (metaphor) was frequently explained through

neuroscientific theories of psycho-traumatology, including trauma, its symptoms, reactions and how it affects the body, mind and social emotional reactions. Every theory section was followed by a Toolbox of ideas that demonstrated how to address the problem through arts-based methods and pedagogical practices.

A summary of the content of the 2 x 3-hour online sessions:

	Theory
Session 1a Contextual and background information	What is this? What is it not? Aims and objectives? Safety protocols Why is it important?
Session 1b Introduction to trauma:	What is trauma? Trauma categories Trauma types Body reaction to a shock Trauma development Trauma symptoms Trauma as rhythmic desynchronisation and dysfunction
Session 1c Creating rapport:	Invitational Language Voice and Choice Addressing the wound: stories Problem of re-traumatisation Trauma as a threshold that can lead to post-traumatic growth
Session 2a Thinking:	Triune brain Think of the brain as a house Aspects of the human being What happens when fear is introduced? Trauma and brain development
Session 2b Doing:	PSN and ASN Hierarchy of responses Window of Tolerance Triggering Trauma-informed training Responding to triggers Perceptions and hypervigilance Secondary traumatisation -mirror neurons Collective trauma / Epigenetics
Session 2c Feeling:	Dissociation and Numbness Feelling responses to trauma Building resilience Creating safety School as a safe space EMP

*Fig 4.8 HAPPy Infusion content: Theory
(De Beer, 2022)*

4.4.5 Arts-based methods and Pedagogical practices

The HAPPy Infusion program needed to provide rich experiential learning opportunities through arts-based methods to empower teachers to create safe-enough classrooms, allow expression, provide psycho-social stabilisation and regulation, build resilience and hope, encourage agency, capacity and self-esteem.

The program furthermore needed to offer teachers *skills and tools (i.e., pedagogical practices)* that:

- can easily be implemented as part of their daily teaching rhythms;
- consists of basic artistic, drama, and theatre elements;
- can create reflective awareness of trauma in schools.

Finding innovative strategies to share and demonstrate ideas for games, songs, poems, drama and artistic activities, and therapeutic handcrafting ideas online was challenging. Two strategies were implemented:

1) I selected specific games, drama and art activities that were explained to the participants with visual cues from the *PowerPoint*. (The *PowerPoint* prompts, Memes and Video links of the arts-based Toolkit are shared in Appendix D.) However, I also wanted the participants to have an embodied experience of the effectiveness of the methods, so some group activities were facilitated. Due to the time restriction, participants did not have the opportunity to facilitate games or activities themselves. Yet, I invited them to adapt, facilitate and try out their own activities in their classes during the *WhatsApp* training period. 2) Content, like memes and instructional video links were shared with participants. The memes matched the program content. The memes were inspired by online *FaceBook* interactions of the DFL *Our HAPPy Place* Projects' *M3m3Fakt0ry* whilst the instructional videos were of games and activities to address trauma on the *Baratang YouTube* channel made in 2020. (See Appendix D for Meme engagements and links). Some participants shared videos of their own classroom interventions in the *WhatsApp* group, ensuring receiving consent from their learners.

4.5. HAPPy Place Infusion training program

The following program was implemented:

Time	Duration	Topic / Activity	Implementation suggestions
Day 1	180 min	Participant arrives in the online room. Online waiting room preparation. Slide 1	Participants allowed in 15 min prior to the session starting, informal getting to know them and creating rapport.
10:00	30 min	Opening circle: Verse Song Rhythm FORM a circle: Rename with numbers Self-care check-in: Gesture and sound mirroring	Slide: Opening intro Experiential learning of the verse, song and the rhythm Experiential reflective learning
10:30	20 min	Introduction to program History of program and facilitator. What is this? What is it not? ARTS, HEALING, HOLISTIC Why is it important? Our context and observations	Slides: Theoretical Group discussion: Expectations from group
	10 min	Who are you? What do you do? Why is this important to you? What do you want from this? Aim and Ground rules	Slide Negotiating safe space in this training group
11:00	5 min	Comfort Break	Slide
11:05	25 min	What is trauma? Definitions of trauma and categories and types of traumata. The symptoms during the three phases after a traumatic event. What happens if a traumatic incident is not cared for in time? Trauma description (aspects of trauma). The course/development of trauma (focusing on the first two phases). To understand the effects of trauma on learning. Natural need to heal itself What makes trauma stick?	Slides: Theoretical section
11:30	30 min	Trauma as a CRAMP Story: WEAVER OF THE WORLD CLOTH Gesture of a cramp Shock reaction – body reaction NB of rhythms What can be done? Arts-based activities explained and demonstrated	Slides Storytelling and discussion/reflection Image theatre embodied discussion Experiential learning Games and arts-based activities explained and played
12:00 12:05	5 min	Comfort Break	

12:05	25 min	Trauma as a WOUND and THRESHOLD for post-traumatic growth Story: LEGACY NECKLACE Hero's Journey Allowing expression: Voice and Choice The problem of re-traumatizing Creating safety and relationship: invitational language What can be done? Arts-based activities explained and demonstrated	Slides Storytelling and discussion/reflection Theoretical Slides Experiential learning Games and arts-based activities explained and played
12:30	15 min	Integration and discussion: Thinking Doing/willing Feeling Takeaways	Reflection
12:45	15 min	Closing circle: Song Verse	Experiential learning of the verse, song and the rhythm
13:00		ENDING	

Day 2	180 min	Participant arrival into the online room – Waiting room prep	Open room - participants can gather in the waiting room & then let them in 15 min prior to session starting
10:00	30 min	Opening circle: Verse Song Rhythm FORM a circle: Rename Self-care check-in: Weather check-in	Slide: Introduction Trauma: THINKING, FEELING, DOING/WILLING Experiential learning of the verse, song and the rhythm Experiential learning
10:30	15 min	What is trauma? THINKING Metaphor: Trauma as a Storm Story: M and the Storm <ul style="list-style-type: none"> · Disrupts · Activates · Deactivates · Freeze What can be done? Arts-based activities explained and demonstrated	Slide: Regulate, balance, stability Storytelling and reflection Embodied activity & experiential learning
	15 min	Trauma as a loss of focus Story: Manawee	Slide: -Problem solving <ul style="list-style-type: none"> ·Memory ·Focus ·Hearing and listening
11:00	5 min	Comfort Break	SLIDE

11:05	25 min	<p>What is Trauma? DOING</p> <p>Story: WOLFEN</p> <p>Metaphor: Trauma as a TRIGGER:</p> <p>Trigger that <i>activates/mobilise</i> – hypervigilance, Anger, Hyperactive</p> <p>Trigger that <i>deactivates/immobilise</i> – no WILL, no DOING</p> <p>Coming to our sense – perception</p> <p>Finding the middle way</p> <p>What can be done? Arts-based activities explained and demonstrated</p>	<p><u>Slides</u> introduction</p> <p>Storytelling and discussion/reflection</p> <p>Slides: Theoretical section ANS, PSN, Vagus nerve, Hierarchy of trauma responses, Window of Tolerance.</p> <p>Guidelines for an Acute Phase Mental First Aid Trauma Intervention. Embodied and experiential learning</p>
11:30	10 min	<p>Metaphor: Trauma as CONTAGIOUS</p> <p>Basic concept of self-care and secondary traumatisation.</p> <p>Mirror neurons</p> <p>Collective and intergenerational trauma</p>	<p>Slides: Theoretical section</p>
11:40	5 min	Comfort Break	
11:45	15 min	<p>What is trauma? FEELING</p> <p>Story: URL KONIG</p> <p>Metaphor: Trauma that NUMBS</p> <p>AND ANGERS / FEEL INSECURE / ISOLATE AND SEPARATE / ALONE</p> <p>What can be done? Arts-based activities explained and demonstrated</p>	<p>Slides</p> <p>Storytelling and reflecting</p> <p>Theoretical sharing</p> <p>Experiential embodied learning</p>
12:00	30 min	<p>What is trauma? FEELING</p> <p>Story: TOWERGIRL AND THE NURSERY</p> <p>Metaphor: Trauma as Relationship disorder</p> <p>Creating safety and relationship</p> <p>Creating safe schools</p>	<p>Slide – introduction</p> <p>Storytelling and discussion</p> <p>Theoretical sharing Discussion</p>
12:30	15 min	<p>Integration and discussion: Healing stories Doing Thinking Feeling Takeaways</p>	<p>Reflection and discussion</p>
12:45	15 min	Closing circle: Rhythm, Song, Verse	<p>Experiential learning of the verse, song and the rhythm</p>
13:00		END	

Fig 4.9 HAPPy Infusion program

(De Beer, 2022)

4.6 Challenges with collecting, analysing and interpreting data

The complexity of the traumatic events during the two-month online HAPPy Infusion programs also adversely affected the method of collecting, analysing and interpreting the data. The riots and protests caused participant withdrawal, disrupting the original mixed-methods approach. Instead, data were gathered through qualitative methods, including fieldnotes, *Zoom* sessions, *WhatsApp* interactions, and one-on-one interviews, which were analysed using inductive thematic analysis. The research journals offered an opportunity for deeper reflection.

4.6.1 The difficulty of reflective and reflexive practice

This PR aligns with post-positivist thought that recognises multiple, constructed realities, and on diverse participant perspectives when engaging with qualitative methods (de Vos, et al., 2018). As such, it acknowledges that bias is inevitable, and it can be a source of rich personal insight. Reed & Procter (1995, p. 4) observe researcher “embarrassment” and other difficulties of PR, noting that practitioner-researchers often attempt to conceal or downplay their personal experiences and prior knowledge in an effort to make data analysis appear “scientifically respectable”. As a researcher-practitioner, I grappled with feelings of “embarrassment” over my perceived lack of scientific credibility. Reflecting Reed & Procter’s (1995) observations, I initially attempted to counter this discomfort by omitting experiential knowledge and personal reflections from the research process. It required multiple revisions to integrate my reflections as a valuable resource for the study.

My dual roles as a mental health- and education practitioner and researcher heightened my immediate reactions to the COVID-19 crisis and its influence on the study. Regular supervision, team meetings, and collaborative discussions within the *Our HAPPy Place* project and colleagues from other projects were essential for reflective practice, enabling critical examination and adaptability to the evolving context. As Whitaker & Atkinson (2021, p. 82) assert:

“Scholarship requires care, of course, and methodical work (though not the fetishisation of method per se). Reflexivity is never an excuse for arbitrariness or carelessness, justified solely in terms of personal positionality. It does mean working with and living with some ambiguity as well as complexity” (Whitaker & Atkinson (2021, p. 82).

In light of the above I wish to acknowledge the impact of personal experiences, emotions, and intuitions in shaping my understanding and interpretation of the research process, recognising that these factors can introduce unconscious biases and assumptions, as Ilja (2003) suggests.

I used critical reflexivity during the development and implementation of the program to respond to difficulties and biases which influenced the work-based program. I position myself with Whitaker & Atkinson (2021, p. 82) who indicate that research cannot be purely transparent, nor can they apply purely neutral methods of investigation. Whitaker & Atkinson (2021) emphasise that research is shaped by social interactions and negotiations and relies on writing and representation, which are inherently partial and perspectival. Below are my reflections on the biases that I observed during the research process.

Social Desirability bias

The study grappled with social desirability bias, as participants in the online training setting may have tailored their responses to align with socially acceptable expectations, influenced by my dual role as facilitator and drama therapist. Efforts to mitigate bias through a mixed-methods approach was not feasible. Furthermore, establishing clear roles and boundaries conflicted with the training’s aim of fostering relational healing and belonging. To address these challenges, I engaged in critical reflexivity, balancing my roles as an “unbiased” practitioner-researcher and a relational educator/therapist. I furthermore consistently challenged my critical thinking and my own meaning-making processes about the participants’ interpretations. Acknowledging the validity of multiple perspectives, I recognised that although my membership to professional communities shaped my interpretations it did not grant me interpretative authority, therefore I emphasised collaborative knowledge production through engagement with diverse epistemic communities and the participants. By adopting an interdisciplinary approach to practical,

intellectual, and imaginative tasks, and critically examining preconceived notions about arts-based healing, I actively worked to avoid perpetuating familiar assumptions and social bias.

Confirmation bias and outcomes bias

Confirmation bias is the predisposition to favour information that supports existing beliefs, while outcomes bias involves judging decisions based solely on their results rather than the decision-making process.

Confirmation and outcome bias was a concern that could have influenced the data analysis. The research was based on two assumptions: 1) that a positive experience of the arts-based demonstrations will encourage participants to implement these practices; and 2) witnessing the successes of these practices will encourage participants to make them part of their daily classroom and teaching practices. Confirmation bias could lead me to seek expected outcomes and have selective attention that unconsciously prioritises data that supports a preconceived belief in the effectiveness of arts-based activities, while downplaying or ignoring evidence that suggests otherwise and overlooking challenges, limitations, or failures in the intervention. I relied on critical reflective and reflexive practice, and the inductive thematic analysis, e.g. coding, data processing and organising etc. to find a more balanced perspective.

Generalising or pathologising bias

There is a risk of generalising or pathologising bias in practitioner research, especially where trauma is studied in educational settings. To mitigate pathologising bias, the program discussed in detail the difference between pathological behaviours and normal responses to a challenging environment with the participants. To mitigate generalising bias, I continuously included the context of the training, considering the specific historical, social, and political contexts of South Africa. Participants were given the opportunity to critically reflect and discuss their own responses to the challenging environment throughout the program implementation. I frequently found myself reflecting through diagnosing behaviours.

Pathologising bias felt like an occupational hazard, I often found myself reflecting on participant behaviour. But to mitigate this, I focused on placing the behaviours within their cultural and contextual frameworks whilst using person-centred approaches, engaging in self-reflection to identify and challenge personal biases, and encouraging diverse representation and interdisciplinary collaboration.

Cultural Bias

Whitaker and Atkinson (2021, p. 62) recommend that practitioner-researchers suspend their "taken-for-granted cultural categories" to mitigate the influence of *cultural biases*. It is important to recognise how cultural assumptions can shape research practices and lead to the imposition of one's own cultural norms on other groups. In this context I had to become aware of my own background in Western art forms and education, making a conscious effort throughout the program to encourage participants to explore and develop artistic practices rooted in their own cultural traditions. This approach aimed to address trauma responses in ways that were culturally relevant and sensitive to local needs. My engagement with Cultural Sensitivity Training further supported ongoing reflection and self-awareness regarding potential biases.

Although the Covid-19 pandemic and the subsequent socio-political instability were experienced collectively, cultural biases were still present within the groups. To address these, I endeavoured to model an empathic, non-judgmental acceptance of diverse viewpoints. Translational empathy, as described by Dos Santos (1922), was implemented in order to become aware of, and attuned to the complex, multidirectional, and partial nature of the participants' experiences. I thus aimed to mitigate some of my own cultural biases around our shared traumatic experiences, whilst creating greater empathic understanding of the participants' lived experiences.

Ethnocentric bias

Ethnocentric bias occurs when we interpret the behaviour of individuals from other cultures through the lens of our own cultural norms, values, or perspectives. This needed to be addressed when I reflected upon my assumption that arts-based interventions have the same effectiveness across different cultural contexts. Both expressive arts-based methods

and neuroscience provided a universal application without considering unique cultural practices, beliefs, and values which needed to be mitigated.

Two forms of cultural bias were carefully considered:

1. The potential misinterpretation of stories, symbols and metaphors used during the course, particularly in check-ins, due to variations in cultural and individual contexts. While familiar with the South African context, I mitigated this cultural bias by allowing conversation and welcoming diverse interpretations during group sessions and *WhatsApp* interactions.
2. The application of Western neuroscientific theories and psycho-traumatology to interpret individual and group behaviour in South Africa. This was mitigated by my positionality and interpretations informed by reflective and reflexive praxis as a South African drama therapist and practitioner.

Relationship Bias

Relationship bias, which is rooted in the tendency to be drawn to and place greater trust in people we know well or share common interests with, played a notable role in the research. This bias was present in the training, and posed an interesting conundrum, as connection, safety and a sense of belonging was an important hallmark of The HAPPY Infusion training. The *WhatsApp* interactions of Group A showed a sense of belonging that led to psychologically safe and caring relationships that may have impacted the views and feedback of the participants. In contrast, less relational attachment was evident in Group B. Thus, relationship bias played to the research's advantage, as the qualitative data collected offered both greater objective insights from participants in Group B and a deeper subjective understanding from participants Group A experiences of the program. Aligned with Whitaker & Atkinson's (2021) approach, I sought a balance, avoiding the extremes of purely objective or purely subjective inquiry.

Acknowledging, recognising and addressing biases is crucial for conducting ethical, valid, and impactful research in the context of South African schools. Similarly, acknowledging and recognising that reporting on data implies that multiple versions exist, and despite rigorous effort to minimise distortion, error may still occur.

4.7 In conclusion

The HAPPy Infusion program provided insights into the impact of trauma on teaching, learning, and psychological safety. Whilst no evidence suggested coercion, concerns arose regarding the voluntary nature of participation for four teachers from an NPO, as their organisational affiliation was not disclosed beforehand. Despite participants showing no signs of feeling pressured during interviews, I had a lingering sense of uncertainty about their level of voluntary participation. Additionally, the roles of researcher, educator, and drama therapist presented challenges in maintaining a collaborative and equal environment, as these roles occasionally conflicted. However, the program emphasised fostering an educational and participatory relationship with the participants. The next chapter will report and analyse the feedback received from participants.

Chapter 5

Research Findings and Discussion

This chapter will present the findings from the data analysis in this qualitative research study. Firstly, it will present the qualitative comments of the feedback survey that were completed following the two online sessions. Secondly, it will provide a discussion of the themes and patterns that emerged from the data analysis. It will present the perceptions and responses of participating teachers, indicating the program's ability to address trauma and foster resilience.

5.1 Qualitative feedback following the two online engagements

Although the comparative baseline survey was inadmissible, the after-training survey was delivered to training participants via an online *Google* feedback form immediately following the training's completion. These are qualitative comments from Groups A and B from the survey immediately after the *Zoom* training:

Group A	Comments
Respondent 1	None
Respondent 2	It would benefit society on so many levels if this course can be taught on a wider platform.
Respondent 3	Well as adapted to the online format
Respondent 4	It was a wonderful and very educational. The presenter was very professional. The whole experience was very positive.
Respondent 5	Nothing at this point.
Respondent 6	There was almost too much information in too little time. Maybe consider pre reading of theory to allow for more engagement and examples.

Respondent 7	There was a considered balance between information and practice
Respondent 8	None
Respondent 9	-
Respondent 10	Thank you for a great interactive workshop!

Group B	Comments
Respondent 1	The researcher has a wonderful way of facilitating. Great use of metaphor and stories
Respondent 2	The course was well structured and engaging.
Respondent 3	From the workshop I was reminded that paying attention to the young child in helping ease the pain of trauma, also as adults is an opportunity to tap into our past and find underlying traumas that we can start healing from.
Respondent 4	The workshop was very fruitfull and one could do it with your children at home to help with trauma
Respondent 5	No not really apart from the fact that I very glad I took part as this training was very very productive
Respondent 6	The workshop really help me a lot especially at work when it's time of a program that is Protective Behaviour sharing my knowledge with my learners and also manage sharing what i have learn with the other school teachers in school. It boost my, my caring, love, care for children.

The responses from the *Google* feedback form indicated an overall positive response to the sessions and that participants felt that similar courses should be *“taught on a wider platform”* (A2). The course was described as *“interactive”* (A10); with a *“considered balance between information and practice”* (A7) and adequately *“adapted to the online format”* (A3). Valuable feedback regarding time allocation indicated that *“there was almost too much information in too little time”* (A6). A suggestion from a participant was made to provide theoretical pre-reading to *“allow for more engagement and examples”* (A6). Feedback from Group B noted that the course was well-structured and commended the *“great use of metaphor and stories”* (B1). Participants from Group B described it as *“very fruitful”* (B4) and *“very very productive”* (B5); expressing a wish to share the learning with

colleagues and learners, noting how it boosted their capacity to care for and love the children in their classes.

The feedback from the *Google* form was useful to gain an initial understanding of participants' views of the training, the one-on-one interviews and *WhatsApp* interactions provided deeper insight into the program's ability to address trauma and foster resilience. The following sections will look at the themes that emerged through the analysis of the data.

5.2 Themes from the inductive thematic analysis

This section presents the themes and emerging patterns of the qualitative data gathered during implementation. The data was organised into tables (Appendix F) using an inductive thematic analysis process, guided by themes derived from the literature review and structured with the support of the Code Book (Appendix E). Drawing on the chosen themes, the discussion evaluates the program's effectiveness in addressing trauma by (a) fostering a sense of safety through enhancing an awareness and understanding of trauma and mitigating re-traumatisation through (b) stabilising and regulatory practices; and (c) building resilience and hope by (d) cultivating agency, self-efficacy, and capacity among participants.

5.2.1 Safety

This section provides a discussion on the theme of safety. It includes quotes from participants reflecting on their experiences of psychological safety, or its absence, during the program. As the program was conducted online during the COVID-19 pandemic, ensuring physical safety was neither anticipated nor feasible.

Creating understanding and awareness

The HAPPy Infusion program emphasised the pivotal role of safety in addressing trauma. Cultivating awareness, self-awareness, and self-care was identified as a vital first step in promoting and maintaining safety. Participants' understanding and awareness of physical and psychological safety, as well as the methods and practices implemented by both the practitioner and participants to foster a sense of safety in teaching and learning environments, were explored.

The *WhatsApp* training segment started off with participants dreaming, picturing and expressing their wishes of the ideal safe online space. Their sharing were summed up by the practitioner as such:

“Thanks everyone for sharing today. In summary: we are looking for a space that is colourful, wise, naturally beautiful. Where there are stories, music, gratitude and a meditative space. Where we are given voice and choice, where we can share games, experience peace, and creativity, experience well-known, comfortable relationships. A place of soft light and warm colours, quiet soft presence, interesting conversations, warmth. A relaxed and blessed space?” (Researcher: Group A, 14/7/2021).

Although this imagination of safety was in place, contracting clear rules for interaction was more difficult and participants had to be reminded of this. By the end of the week they eventually agreed on these practical rules together. The experience of safety appeared to increase in Group A after this activity. A participant from Group A noted that the group’s *“quite active, and there is a lot of sharing ... there is a lot of valuable, beautiful information that’s being shared”* and their supportive manner reinforces the presence of psychological safety within the group (A13). Another participant from Group A appreciated the absence of pressure to perform and emphasised the connectivity fostered by constant engagement, which helped link learning experiences over time (A6).

Regarding *WhatsApp* interactions, Group A participants valued the whimsical and open atmosphere, where trust and genuine connections were prioritised. This environment enabled honest and agenda-free conversations, creating *“a place where we actually all can just be together, and no one is going to try and pull the wool over our eyes”* (A3).

The data from Group A indicated that participants regarded the online group environment as a safe and inclusive space, conducive to sharing and collaboration, fostering a sense of belonging and building social support. Participant A14 noted: *“Everyone is so involved. It’s like a really safe space, everyone feels comfortable for sharing stuff and taking part. So, I think it’s great”*.

Participants from the sub-group in Group B reported feeling safe and comfortable, as they were familiar with each other and worked for the same organisation. She found it easier to communicate and participate in discussions when together (B6; B10).

"... we sometimes have phone difficulties and network problems. Yes, ... because what was nice about it is whenever we went through things, or when you spoke and you showed us some of the things that ... we were able to, to speak amongst each other and ask, 'Do you understand this?' 'Or do you know this?'... I don't know if you noticed, but there were some times when we were talking a lot" (B6).

The subgroup's sense of safety through familiarity created a separation from the larger group, compounded by connectivity issues. These challenges hindered the overall sense of belonging and safety, as noted by a participant (B8), who highlighted the lack of visual connection as a barrier to closeness.

"... if for some reason you, if I've been sitting in a circle with these women, that I would have really walked away feeling that I knew them. But we would end the session, and someone wasn't even on camera the whole time" (B8).

The same participant reflected on the influence of the above-mentioned subgroup's interactions on the overall cohesion and sense of safety within Group B. She observed that the subgroup in the classroom seemed to struggle with fully engaging, often appearing "a little bit on the backfoot" and not aligned with the rest of the group. Whilst acknowledging their efforts under challenging circumstances, she noted the difficulty this created, occasionally diverting focus and requiring them to consciously refocus on her own experience: *"I have to force myself. 'So don't worry about them. They're not your problem. You just make sense'" (B8).*

The two groups had different experiences of the *Zoom* and *WhatsApp* online communications. A participant from Group A noted that *"when someone needed help, they came in, and they knew this was a safe space or the place to ask, and they got the help they needed for this" (A13).* Whilst a participant from Group B acknowledged the mixed feelings about the online format, noting that it required individuals to actively share or participate: *"You're sitting here in your own little Zoom box, and unless you shared ... you know, that*

seemed a bit of a waste" (B8). She emphasised the difficulty of establishing connection and safety in virtual settings while acknowledging the potential for meaningful engagement among participants who are willing to actively partake. Whilst safety appeared to have been achieved in Group A, it was clear that participants from Group B did not experience a similar sense of safety and belonging during the *Zoom* and *WhatsApp* program.

Participants from both groups reported increased awareness and understanding of the role of safety in classrooms and in wider contexts. One participant reflected on her fear of a past teacher, expressing how even seeking help in simple situations felt intimidating, *"It's simply because, you know, you had fear in asking for help"* (B9). This showed the participants understanding that this *"fear of asking for help"*, or lack of physical and psychological safety in classroom settings, can hinder teaching and learning. Another participant shared how societal judgement and her fear of being labelled led to isolation (B4) and a lack of safety in their community:

"You know sometimes, you stay inside the house because you are just afraid of people out there, what they are going to say when they catch you. Some of them were starting to assume that maybe this person is not well, one, two, three, they started labelling me."

Many participants understood that trauma has become so pervasive in society that it is normalised. One participant noted, *"Children in our society are so traumatised to a point that we have normalised it"* (A9), emphasising the critical need for tools to address childhood trauma. This participant found the workshop valuable for its strategies in identifying and intervening in such trauma. Another participant mentioned the therapeutic potential of imagination and storytelling tools which emerged as a key insight for some, with one participant sharing, *"My imagination can help me to heal me"* (A13).

The role of modelling to foster a sense of safety in the program was experienced and observed by the participants. One participant contrasted the workshop's supportive environment with another course they had taken, remarking on the impact of the facilitator's energy and presence on the experienced sense of safety:

“Both days of your sessions were because you give a type of energy that is positive, but it’s like, it’s grasping, as well. Like, you know, like, I never met you before, before that session, but it was comfortable” (A8).

Another participant reflected on their ability to express themselves openly during the course: *“So yeah, I actually got myself to just open up and offload everything” (B7)*. This showed that the space was safe enough for personal growth.

This realisation of safe environments and connection was instrumental in enabling participants to process and begin to heal from their own trauma. A participant emphasised the importance of self-care for educators, stating: *“It made me feel more equipped to deal with myself. Ek moet okay wees, om okay te kan wees vir my kinders. [translation.: I have to be okay, to be okay for my learners] I have to take care of myself and have the intent in my heart to be that safe space for them, container” (A3)*. This reflects the awareness of this participant that addressing their own trauma reactions are crucial for teachers to provide a safe environment for their learners. A participant emphasised that building trust with learners is essential for them to feel safe and engage in class (A6), stating, *“when they come alone, I work to build a bond so they trust me and feel safe to participate”*.

Many participants observed an increased need for classroom safety during COVID-19, particularly as learners returned to school after disruptions. One participant mentioned the time it took for children to re-adjust to feel safe in class: *“it takes about a week for them to just just remember how to be with one another... and in the classroom” (A3)*. Another observed the similar behaviour in her learners, *“sorting out each other. Yeah, and I think, I think there's a lot of trauma at home”* which affected their behaviour in the classroom (A7). The impact of COVID-19 regulation on classroom safety was further highlighted, with one teacher explaining how school closures led to fewer learners in class, making it difficult to continue lessons and causing confusion (B10). Several participants mentioned the challenges to maintain calm and focus in the classroom, noting the difficulty of transitioning children from heightened excitement to a more settled state (B9). Despite these challenges, one participant expressed hope that over time, small improvements, such as children feeling comfortable enough to participate, would indicate a safer and more supportive classroom

environment *“and that for me is that I have now created a safe space where they are able to engage”* (B8).

Participants discussed instances when they observed learners expressing feelings of being unsafe, with participant A3 saying:

“So, a new girl enrolled while we [i.e. herself and another teacher] were sick with COVID... she's still very anxious to let go ... because now parents can't come into the property... and she is always here first, in the morning. So, I make a point of when she comes in...we don't do anything. We just sit there on the floor, and we breathe together ...” (A3).

The participant demonstrated an understanding of how to respond to a child in need by acknowledging their feelings of unsafety and providing a safe space. Whilst being present and aware of learners' reactions to trauma is important, participants needed to feel able to use practices and arts-based methods to create safe spaces in their classrooms.

Methods and Practices applied to create safety

Participants reported applying several methods and practices to create safe classroom spaces. One participant encouraged the entire class to sing together, creating a sense of unity and *“a bit of a solidarity between the group, which is nice...”* (A6). In terms of encouraging structure and holding, she used a circle outside to encourage collaboration, using games like the 1-2-3 clapping rhythm game and coordination activities to promote teamwork. She used these focused activities and games to help a "buzzy" class learn to work as a team, emphasising that success relied on each student doing their part. She found that incorporating emotional well-being into these arts-based activities enhanced their overall learning experience (A6).

Another teacher used drumming and movement activities instead of singing, during life skills lessons to engage learners in creative, expressive ways. She stated:

“I've done a little bit of drumming. You see, what I do is, I do it during, during life skills, then I take when I do a bit of music, then I do a bit of drumming. We've done moving to music They love it (A7).

Implementing safe relational practices fostered greater self-expression and sharing between learners and their teachers. This was illustrated by a participant who shared how a previously quiet girl opened up about her personal trauma, revealing the loss of her brother and sister, after the teacher fostered a supportive and safe environment (A7). This example highlighted the effectiveness of creating safe and nurturing spaces that enable children to process emotions, build trust, and communicate more openly over time.

Diversity is an important factor to consider when applying methods and practices to establish safety and a sense of belonging. In the one-on-one interviews, participants spoke about creating a sense of safety and belonging in a group by fostering an inclusive, sensitive awareness of diversity. Diversity in the two participant groups was recognised across various aspects, such as age, race, religion, culture, and language. This diversity was also mirrored in the schools and learners that participants were teaching. One teacher highlighted the importance of modelling non-judgmental attitudes, especially for learners from a special needs school, and promoting safety, openness and acceptance(A6). Another participant shared "*Everybody's got a common ground... even if we are different in many, many ways*" (A2), emphasising the value of acknowledging shared humanity despite differences.

Participants were encouraged to design age-appropriate, culturally sensitive movement games and rhythmic activities tailored to their learners' contextual needs. One participant shared her early morning intervention for her class of young adult learners where they could move around, socialise, and engage in conversations whilst doing an arts-based activity like colouring. She mentions their interactions by stating that they "talk about it in their own way" (A2) and maintain a relaxed, safe environment. She emphasised inclusivity, noting, "*So even if you're not partaking in the physical activity, we are always as a group together. Nobody, nobody's excluded*" unless the student needs alone time (A2).

Participants adapted activities to ensure inclusivity in their classrooms. For instance, one teacher shared how she modified the phrase "above me the heavens, below me the earth" to accommodate a Muslim student's discomfort with the word "heaven." She explained, "*I said 'okay... can we change it to sky so that she also feels comfortable?'*" (A5). Through providing information and modelling sensitive application of arts-based methods, the

practitioner invited participants to find their own ways to bridge diverse cultural and religious aspects of school communities in South Africa. The ability to adapt methods and practices is a sign of resilience which will be further discussed under the theme of Resilience.

Methods and Practices applied to reduce trauma reactions.

The training emphasised understanding trauma's impact on behaviour and equipping educators to respond rather than react impulsively. Participants recognised the importance of being aware of trauma responses in learners. One explained: *"That when I come into the class, as much as that boy is getting overwhelmed in a certain way, I can react which does not cause more trauma to that point"* (B9). Another participant observed: *"They snap, and... the teacher finds themselves in the centre of that reaction and behaviour"* (B9), highlighting the need to navigate such situations thoughtfully.

Participants also understood that learners' reactions often stem from past traumatic events unrelated to the immediate classroom context. One participant noted: *"Certain things done in the household can cause trauma that a child might not express at home but might be triggered in the classroom"* (B9). She stressed the importance of parental understanding of triggered responses and advocated for implementing trauma-awareness programs for parents. When asked if she experienced a trigger during the program a participant reported: *"I wouldn't say it was a trigger as such, but it was a travel down memory lane"* (B9).

Participants demonstrated an understanding of the sensitive nature of re-traumatisation and triggering, emphasising the importance of creating calming environments that reduce stressful reactions in learners. One participant explained how introducing calming activities fosters a *"uniform calmness"* that helps children transition from overstimulation and allows underlying issues to surface: *"Now you will be able to support that child... the issues really surface in that calm space"* (B9).

Participants also recognised the foundational role of trauma in shaping behaviour and the need to address it systematically. As one participant reflected:

“Trauma is that foundation, which traced back... only when we can trace it back and start addressing it from the bottom going up, that’s when we can start healing and ...be able to correct it” (B9).

Arts-based methods and pedagogical practices for reducing trauma reactions and secondary traumatisation were shared by the practitioner during the HAPPY Infusion program. These approaches were designed not only to offer participants resources to apply in their own classroom settings but also to foster a sense of safety and support among participants throughout the program. Group A participants noted that the HAPPY Infusion program helped them manage their own trauma reactions. One participant described how engaging in the program (i.e., the Zoom session) created a sense of safety during a stressful time: *“I’ve got a positive connection to those two days” (A6).*

Stories provided a safely distanced yet empathic way of engaging with theoretical concepts. One participant reflected on their transformative power, stating,

“it reminded me of the power of the story. And with, with everything with, you know, the way our world is, and that it’s these, it’s, it’s stories that people especially kids are going to relate to, despite the fact that they feel that the syllabus and the curriculum is all much more important” (B8).

These methods collectively illustrate how arts-based practices can build safety, fostering participation and trust whilst reducing trauma reactions among learners.

The methods and practices that were implemented by the participants had a dual purpose to foster safety and reduce re-traumatisation and/or triggering in their classrooms. Participants from both groups mentioned how fostering psychologically safe interactions with children can reduce trauma responses that hinder learning. They understood the core principle of the HAPPY Infusion program is building relational safety, a method they felt capable of implementing. One participant noted, *“So the most important thing that I do is, I form a relationship with that child, because he will have lots of other years to learn about the noun” (A8)*, emphasising her prioritisation of relational safety over immediate academic focus. She further explained:

"That child needs to come into that classroom and I've always said to my kids, the minute I can feel they're a little bit edgy. I say 'Where are we?' and they say 'we are in our safe space'" (A8)

"They need to know that even if you are not always the same, that you really, truly do care about them ... I used to tell them at the beginning of the year, 'I will love you deeply, I will love you fiercely.' And then they knew that they were safe" (A8).

Participants understood the need for teachers to be approachable and nurturing, in order to be a safe 'container' or haven for their learners. One participant explained that a teacher must be "the mother, the father, the doctor" for their students, creating an atmosphere where learners feel free to trust and confide in them (B5).

"Yeah, and they must trust you as a teacher 'I can talk with her anything and I can feel free to go with her, or hang on her shoulder, or sit on her leg', that is how the learners are in our classroom, they feel really free" (B5).

These insights highlight that fostering relational safety, and trust is essential for creating safety and supporting learners' emotional well-being. One participant described how she addressed the needs of her learners by blending real-life learning with math content, dedicating 20% of the lesson to practical application, *"I feel like that's often neglected in today's syllabus where teachers are basically there to share the curriculum and syllabus and not really there for students (A12)"*. These adaptations reflect the participants' commitment to making her teaching more relational, safe and responsive to her learners' needs, thus reducing trauma reactions.

Arts-based methods and activities, such as opening circles fostered safe engagement and comfort among learners. One participant highlighted the dual benefit of *"warming up both your mind and your body" (A15)* noting the value of consistent rituals for starting and ending lessons through implementing it in her classes. These 'rituals' established structure and routine, assisting her to maintain an approachable and engaging demeanour thus eliminating stress inducing behaviour. Rituals established boundaries without resorting to reprimands or control, creating a safe teaching approach for her and reducing the stress reactions in her learners (A15). Another participant mentioned how the enjoyment and engagement that she observed during activities like the opening circle, reinforced the

effectiveness of these practices and methods in negating the negative effects of trauma (B5). Ritualised openings and closings were consistently mentioned as impactful, helping participants and learners to feel *“a lot more comfortable”* (B8) as a collective. Another participant spoke of the importance of opening and closing rituals, framing them as part of a long-term journey to help learners’ close traumatic chapters in their lives with positive experiences (A2). One participant created a calming and welcoming ritual in her classroom, such as breathing exercises or symbolic acts like *“blowing out the candle,”* to reduce stress and create a grounding and supportive environment. She mentioned using these methods with a specific child: *“So this little girl and I, we sit on the floor, and we breathe and grow and try and grow”* (A3).

Participants observed improvements in student behaviour and participation as a result of implementing arts-based activities. One participant noted the value of frequent check-ins to ensure learners felt supported and connected, a practice she had embraced creatively more than her colleagues (A10). A participant discussed using an open and flexible check-in to encourage learners to share their feelings and experiences without restrictions. *“...this stuff comes out. It just comes out and I've got no limit. If you want to talk about it we talk about it.”* (A2). She noted that this openness allows children to process and discover the impact of their experiences in their own way (A2). Another participant had a similar experience of improved behaviour noting that one of her learners became *“more comfortable now in the classroom and outside, and he is actually participating now in class”* by stepping out of his comfort zone (B7). Another participant noted that creating a different classroom dynamic led learners to open up and share more freely, fostering a sense of community and connection (A12).

Simple activities like breathing exercises and rhythmic games proved effective in reducing anxiety and creating safe communal spaces. One participant highlighted how focusing on simple beats during a music activity helped learners concentrate entirely on the task, creating a sense of safety and enjoyment.

“Simple, simple stuff. And then we did last week, we did, we did beat. So we were doing the four beats and then, and then doing the double beat in the middle and whatever and they love it” (A8).

Another participant noted how similar arts-based methods reduced stress in her learners, especially in younger grades, helping to calm active students before tasks like math tests (A14).

Participants also reflected on challenges encountered while applying these methods. One participant observed that children who most needed the interventions often had significant barriers to participation, requiring persistent effort *“And so I need to keep on, and keep on, and keep on with it for a breakthrough...” (A6)*. She noted how these barriers sometimes revealed the depth of trauma the children were experiencing but emphasised the importance of maintaining a safe space without re-traumatising them. *“But I’ve seen a bit, it’s almost like, within, if you do an activity that I thought would work perfect, I can actually see the trauma more” (A6)*.

To maintain a safe space for their learners, participants noted the importance of implementing self-care strategies to reduce and manage their own trauma reactions especially during challenging times. One participant noted the importance of having a strong support system alongside specific techniques like breathing exercises to maintain emotional balance. She shared how leaning on her family and practicing calming methods helped her navigate anxiety and sadness, *“Because I feel like I sometimes get anxious. Especially now, when there’s so much going on” (A10)*.

Responding to whether she experienced triggering, one participant expressed feeling completely safe due to the thoughtful framing and professional approach of the sessions, stating:

“You framed everything so nicely... you had actually given us a disclaimer about the trigger anyway. And I think because you were so very professional, it wasn’t like, ‘well, how are you feeling today? Let’s lay you down on the couch...’” (B8).

During the program, I used drama therapy techniques to help participants maintain a safe emotional distance from their personal experiences. These techniques included employing stories, myths, and folk tales as effective tools to simplify and communicate complex trauma concepts. The approach aimed to enhance understanding and empathy, reduce the risk of re-traumatisation, and promote a sense of safety. Participants highlighted the self-reflective aspect of engaging with stories, metaphors, and theories, noting that these methods allowed them to process experiences without becoming emotionally triggered. One participant expressed relief at gaining a deeper understanding and a “name” for what she had been through, emphasising that while the experience resembled a triggering moment, the emotional charge was absent. This suggests that the distancing effect of the stories provided a safe space for reflection and processing.

Not all participants responded uniformly to the storytelling. One participant described her reaction to storytelling during the HAPPY infusion program as a blend of distraction and immersion, which I personally would have interpreted as a triggered response. However, the participant noted that she was neither distressed nor triggered rather:

“I have a short attention span. So I would follow the story... And then in between, I’m like, ‘Whoa, what is the story now?’ And then I wouldn’t even know how I got lost. But... I pick up something from the story, and it could lead to a different memory or a different story. And before I know it, I’m lost in this thing that’s going on for me”
(A11).

I would thus argue that the storytelling approach encouraged exploration and connection to personal memories without stimulating overwhelming emotions.

Despite efforts to keep the training light-hearted, creative, and distanced, the content encouraged artistic self-reflection, which occasionally risked re-traumatisation. However, participants reported that such experiences were less intense and offered opportunities for self-discovery. Reflecting on a creative drawing exercise, one participant remarked:
“Sometimes you don’t even know this about yourself” (B6).

A holistic approach to trauma-informed practices aims to create safer, more empathetic environments for teachers, learners, and caregivers. This includes fostering emotional

regulation, exploring root causes of trauma, and providing tailored support to the whole educational environment.

5.2.2 Stabilisation and regulation

This section explores the extent to which the HAPPY Infusion program supported participants in recognising and regulating dysregulated nervous system responses. Recognising and understanding dysregulation is a crucial first step for teachers before they can take action to help regulate and stabilise themselves, their learners and school communities. The importance of acknowledging trauma's broader societal effects, such as poverty, economic instability, even generational trauma, became evident, emphasising the need for holistic arts-based interventions to regulate stress reactions.

Creating understanding and recognition

The HAPPY Infusion program provided participants with a deeper understanding of trauma, its impacts on learners, and its broader societal effects. Participants indicated a general awareness of trauma at the start of the program during the *Zoom* session and many were able to recognise its destabilising effects. One participant reflected on the challenges faced by her learners: *"So all of these families are carrying something. But, you know what, there isn't a human being who's not carrying something"* (A8). Another participant highlighted the prevalence of unresolved issues in families, stating, *"there is a lot of problems in our houses, in our families, and we don't know how to resolve those problems"* (B5).

The sharing of theoretical knowledge about trauma created a more nuanced understanding of trauma reactions. Participant B9 realised how certain incidents from her childhood, which she had not previously labelled as traumatic, had influenced her reactions as an adult: *"Sometimes we do not have the name of or the label to it that this incident could have caused trauma to me"* (B9). Another participant highlighted the complexity of human responses to trauma, noting that *"It's not just cause and effect, that we as human beings are so complex and we [are] all reactive"* (B8). The participant also pointed out *"we often default to the stereotype. We default to a very superficial assessment"*, such as attributing a student's restlessness to something like sugar intake, without considering underlying trauma: *"We would say 'Well, did you have a lot of sugar for lunch?'... not recognising that maybe there's*

a lot more going on there” (B8). After the training, this participant emphasised the importance of teachers not only recognising the symptoms of trauma but also understanding its deeper complexities. She explained that trauma can affect learners from both affluent and less affluent backgrounds, challenging the assumption that only those from disadvantaged schools experience more trauma. She noted that even learners from privileged backgrounds may face emotional neglect, and it’s crucial not to judge trauma based on socio-economic status: “Just because we are an affluent school... doesn't mean that these girls are not traumatised on some level” (B8).

The HAPPY Infusion program fostered an even deeper understanding of the pervasiveness of trauma. A participant recognised how dysregulated states within communities have become normalised. She expressed her concern that children are growing up in environments where traumatic experiences are seen as a regular part of life:

“it becomes a perpetual cycle, that now ... It only takes you and me now who are conscious, and, you know, trying to delve deeper into study ... It seems like, as we going forward, it becomes worse and worse.” (B9).

She reflected on how historical trauma perpetuates cycles of suffering, especially in communities affected by prolonged adversity. She noted how children inherit unresolved trauma from their parents, often without the parents being aware of the harm they are passing on: *“Physically she might know but psychologically, subconsciously, she is not aware... that damage that she is inflicting on the child is the damage that was done to her” (B9).* She noted how normalised this behaviour becomes as *“the peers in the school, they're coming from similar households, similar roles where they're experiencing similar challenges”.* Participant A14 came to the same conclusion, stating, *“We do not even have the ability to recognise it anymore” (A14).* A participant highlighted the issue of desensitisation to trauma, noting that many learners, particularly from low-income and township areas, are affected by both past and present trauma. She observed that these learners *“have become so desensitised to trauma that they feel like it is not a problem, and they just, sort of, have it as an accessory with their everyday lives” (A12).*

The feedback from participants highlighted how trauma environments can negatively impact educational outcomes and contribute to a maladaptive cycle of socio-economic, education and mental health difficulties. Participants recognised the role of Adverse Childhood Experiences (ACEs), historical trauma, and current events in causing dysregulated behaviour in learners. Participant A5, described the challenges faced by children in a low socio-economic area, where many live in overcrowded, impoverished conditions with limited parental support, leading to the children experiencing *“a lot of trauma in their households. Their households are not ideal, it is very bad.”* (A5). Participant A13 pointed out how poverty is a major risk factor, noting that many children experience a lack of support both at home and in school, which compounds their stress and difficulties. She noted that *“everything is against them, the environment is against them, the thinking is against them, the school system is not supporting, yeah. The problem really is then massive, massive, massive, if all of those factors contribute towards their stress...”* (A13). Participant A14 shared a particularly distressing example of a child who suffered from severe abuse, beginning as early as four months old, leading to significant long-term problems. These experiences underscore the profound impact of socio-economic and familial trauma on learners' well-being and education.

Gilman & Huebner (2006) found that fostering environments that support well-being adds to life satisfaction and the ability to control stress; supports emotional regulation and academic abilities (Noddings, 2003; Suldo et al., 2008); and results in less absenteeism and illness (Ruf, 2013; Hellman, 2018). The importance of intervening during the early years of a child's life was emphasised by several participants. Participant B9 emphasised the need for foundational interventions, particularly for children in under-resourced communities, as early childhood trauma can have lasting effects. She described this period as critical, where the environment can either *“break or make sense”* for the child: *“If they are born into homes or societies that are not properly set up, that is the fundamental stage”* (B9). She also pointed out how unaddressed trauma *“can become generational if it's not healed”* (B9) and contribute to a range of societal issues, such as substance abuse, teenage pregnancies, and social instability. This understanding seems to have made quite an impact on the participants as yet another participant mentioned her astonishment about transgenerational trauma and epigenetic studies that reveal the long-term effects of trauma passed down through

generations. She expressed: *"This is something that the kids are going to be carrying for generations to come... that blew my mind"* (B8). This new awareness of the lasting impact of trauma provided a context for understanding the importance of recognising and responding to current challenges in their school communities to foster a better future.

Participants revealed the current challenges that they were faced in their affected school communities during the COVID-19 pandemic and lockdown restrictions. A participant noted: *"For a lot of children, and especially now, during the pandemic, we can assume that the majority of the kids have experienced some form of trauma"* (A15). The immediate traumatic effects of the COVID-19 pandemic were reported by many participants, who described how it destabilised their school communities and contributed to dysregulation among learners. Participant A4 shared the disruption caused by illness in their classroom, explaining that both she and her colleague were diagnosed with COVID-19, leaving the classroom short-staffed: *"I was in the classroom by myself for that week... then someone else had to step into the classroom"* (A3). One participant further emphasised the severe impact of COVID-19, noting that her whole school community was *"severely affected"* by infections, with *"nearly all the teachers now have been infected and like almost half of the parents of the school community have been infected"* (A3). One participant shared how the return to in-person classes created a difficult teaching and learning environment, noting: *"It's quite hectic... from last week, Monday, they all came back to school"* (A7). Other participants highlighted the similar challenges faced upon returning to school, including a sense of restlessness among older learners who set a poor example for younger children: *"The older ones are just avoiding the work... they have to be redirected a lot"* (A3). The participants generously shared how the experiences of COVID-pandemic impacted their learners' education and well-being. During the one-on-one interviews participants recognised a number of dysregulated behaviours such as avoidance, isolation and anxiety.

Participants understood how stress reactions marked the beginning of the dysregulation of the nervous system and identified these reactions in their learners. One participant observed a learner being particularly *"shy"* (A7). Another participant noticed *"a couple of kids that have a stutter or are quite slow in class... struggling in certain academic fields,"* with one

child in particular described as "very melancholic," who withdrew from group activities and "deliberately set himself outside of the circle" during drama classes (A15).

Several participants noted stress reactions linked to academic pressure, such as children crying during maths lessons (B3) or experiencing anxiety related to matric exams. One participant expressed, "the stress is on because the matrics are writing... and the pressures on, so we all feel it, and the matrics feel that anxiety" (A6). Participants observed a rise in children seeking therapy following the COVID-19 lockdown, with many receiving speech, occupational, or physiotherapy. One participant noted, "The children in our class at the moment, a lot of them are seeing therapists... it has become prevalent last year after lockdown" (A3). Another participant highlighted specific struggles, such as concentration difficulties, dyscalculia, dyslexia, and debilitating anxiety, noting that these challenges had intensified post-lockdown: "Our children do struggle already with anxiety... the anxiety is like, debilitating" (A6).

Several participants recognised how COVID-19 regulations further impacted learners' stress levels causing unregulated behaviours in classrooms. Participant A5 observed that classroom management issues were often linked to "learners that are going through different kinds of traumas" (A5). A specific example was shared where a child expressed anxiety about a friend, fearing she had COVID-19, "he was saying, 'I'm really worried about my friend'... And he was like, really frantic about it" (A15). Discipline issues and substance abuse, including incidents with drugs like crystal meth, were observed as stress and trauma-related behaviours (A7). These examples highlight how individual expressions of anxiety reflect broader patterns of distress within school communities. Participants acknowledged the broader impact of COVID-19 disruptions on their school communities and the resulting effects on their learners' mental health. Participant A7 observed:

"There are a lot of parents that have lost their jobs... our children went through a lot of trauma that we are not aware of... they're very shy to say what they feel or what's going on in their life" (A7).

COVID-19 regulations affected participants' ability to connect with their learners. One participant explained that, due to the restrictions, physical contact, which once helped gauge emotional states, was no longer possible: *"Back in the day when you could touch... you can immediately have a sense of an individual and the baggage that they're bringing in"* (B8). Participants noted the difficulty of balancing the connection between personal stability and professional effectiveness with the COVID-19 restrictions in place. Participant A9 recognised the dysregulation and overwhelm in her professional life, she explained the challenges of balancing teaching responsibilities, such as preparing lessons, grading, and attending online classes while also studying for her PGCE. The stress of managing 16 classes in different grades added to the pressure, particularly as her degree was in psychology, not education (A9). The stress of trying to complete the curriculum amid significant disruptions caused by COVID-19 and absenteeism was also noted. One participant shared how taxi violence and illness had a major impact on her ability to teach: *"This term has been extra taxing for us as teachers... with the taxi violence impacting us, the first three or four weeks... there was no work actually done"* (A10). She acknowledged the emotional toll of curriculum stress, sharing feelings of guilt, worry, and anxiety about her ability to support her learners. Reflecting on the overwhelming nature of her work, she recognised the importance of establishing boundaries while still offering support. She expressed the challenge of wanting to protect her young learners but feeling helpless when no progress was made. Highlighting the difficulty of maintaining these boundaries, she noted, *"I think it's overwhelming ... you need to be aware of the fact that you can only help to be the support to a certain point"* (A10).

Participant A10 also described the difficulty of supporting learners, noting the challenges of waiting for external support, such as social workers, to assist learners (A10). Several participants acknowledged the need for broader support to address the instability and damage done by trauma that was affecting children in South Africa. Participant B9 raised concerns about the role of leadership in South Africa addressing these issues, advocating for healing-centred engagement as a foundational approach (B9). Participant B9's advocacy for healing-centred engagement highlights the critical role of leadership in fostering an environment of stability. While learnership is essential for scaling efforts to address trauma

within communities and across the country, teachers could also contribute when better equipped.

There was an expressed need from participants to feel better equipped to support their learners during the pandemic. Recognising the challenges students faced when returning to their communities, Participant A2 said: *“Our older children are gonna go back into the community, that stuff happened to them... so, we need to equip...”* (A2). Participant B9 questioned how professionals, especially teachers, can intervene to heal generational trauma: *“How can we step in, as professionals to try and remedy or correct that which has previously happened?”* (B9). Whilst there was a willingness and urge to assist traumatised learners, the participants showed sensitivity and awareness of re-traumatisation. Participant B6 highlighted the widespread trauma, depression, and challenges faced by children, noting the difficulty in addressing these issues effectively without causing further harm. She explained the uncertainty in dealing with trauma, particularly when one has not fully healed oneself, which could risk damaging the individual further (B6). She noted:

“... in South Africa there are a lot of children that are going through trauma, going through depression, that are going through a lot of things, and this is on different levels that they are experiencing these things. And some of these things, we witness it but we don't know how to address it, we don't know how to deal with it specifically because you are quite aware of the fact that you can either do more damage, or you can help the person by being able to, as I said, not being able to, having been fully healed, then I might even do more damage to that person” (B6).

This observation underscores the complexity of addressing trauma in learners, highlighting the participants' awareness of their own limitations, the potential risks involved and the need for teacher mental health support.

Participants recognised how COVID-19-induced instability affected their mental health and their ability to teach. Participants acknowledged their own experiences of instability and stress resulting from COVID-19. One participant shared about their hospitalisation due to illness, describing it as *“quite scary”* (B9). Another discussed the emotional strain of isolation, noting the challenges faced when their family tested positive and they had to isolate at

home, missing work, yet feeling grateful to be healthy despite these difficult circumstances (B6). Several participants reflected on the anxiety they felt, such as worrying about transmitting the virus. One noted, *"How am I going to live with my conscience?"* (B6), and another spoke about the emotional toll of witnessing others struggle with severe symptoms (B6). One participant shared her struggles with weight loss and mental health, saying, *"It is possible that I might actually not work for some time now and how am I actually going to live?"* (B4), while another stated, *"Sometimes you sit in a corner and scream"* (B5). One participant shared the emotional impact of frequent deaths within their community, describing how the passing of a neighbour due to COVID-19 was particularly traumatic: *"There has been quite a few of them [i.e. people dying], every week. Every week there is funerals, two to four maximum funerals."* (B6). The participant reflected on the difficulty of not being able to comfort the grieving family, highlighting the added trauma of social distancing during funerals: *"Every person that came who wanted to show condolences... has to stand at the gate... it was traumatic"* (B6).

Several participants acknowledged the impact of personal stressors in their lives, noting how the program helped them reflect on these issues. One participant shared how the course had been particularly helpful in her personal life, enabling her to better address challenges at home, especially when balancing her own and her children's needs (B5). Another participant reflected on how the course helped her recognise the difficulties faced by children that cannot always be articulated: *"Even as a grown-up now you realise some of the mistakes or some of the challenges that we have"* (B9). This indicates that the program encouraged deeper reflection on personal stress and its impact on both themselves and the learners they support.

The practitioner/researcher analysed the impact and benefit of the program on the participants. Participants in the program reported a positive increase in self-awareness, particularly in relation to their stress responses. One participant noted that her natural inclination is to plan in response to stress: *"My personality is a plan-maker, so I would definitely start to make plans"* (A7). Another participant described her proactive approach to stress, emphasising resilience and determination: *"I would fight to do things better and just to make it right"* (A15). Others described personal methods for self-regulation: one

participant relied on religious practices, including worship music and Bible reading, to regain focus and understanding (A5), while another found structure and emotional grounding through list-making, physical activity, social connections, and spending time with their dog (A15). These practices reflect a blend of professional application and personal care, supporting their ability to manage stress and maintain balance.

The practitioner/researcher further noted the less effective aspects of the program. One participant mentioned the destabilising effect of re-traumatisation during the program. One participant reflected on

“times where you think that you’ve healed from it, but you haven’t dealt with it specifically, and then there comes a time where you think of it again or you see something similar, something, or there is even someone saying something and it just takes you back to what you have experienced, or the trauma that you’ve witnessed in your life”(B6).

This highlighted the importance of recognising triggers and moments of dysregulation in order to fully heal oneself and to help others (B6).

Participants reported gaining awareness during the program of the pervasive impact of trauma in education and the critical importance of stabilisation and regulation. The program enhanced their understanding of personal, collective, and historical trauma, as well as the disruptions caused by COVID-19. The program helped participants recognise the effects of trauma on themselves, their learners, school communities, and their broader social system.

Methods and practices applied to stabilise and regulate

Participants witnessed the effects in the HAPPy Infusion training and how creative methods and reflective practices shared within the online *Zoom* sessions and *WhatsApp* group inspired emotional expression, sense of community and co-regulation. For instance, one participant found joy and anticipation in attending the *Zoom* session opening and closing circle practice stating that, *“I enjoyed that part, so I was looking forward to the next day’s part (A6)* another noted *“when I walked in, I wasn’t so keen on doing anything because I wasn’t familiar with you guys who already started but once you got to that part, my whole*

heart was enjoying it” (B6). Another participant recognised the dual importance of tools for fostering self-awareness and stabilising personal stress responses, *“you’re not only giving us tools, it’s also the platform to look at yourself”.* Participants saw the use of methods and practices as adaptable to different contexts and people *“It actually gave me a clear idea on how to deal with that student” (B7).* Participants mentioned being able to successfully adopt methods demonstrated in the program such as a *WhatsApp* "check-in" and singing during the opening ritual on *Zoom* to create opportunities for learners to express their feelings (A6)(A10). The adoption of these methods transformed classroom dynamics, promoting full participation and personal enjoyment (B6).

The arts-based practices, stories, and joyful activities implemented by the participants created joyful experiences, similar to Csikszentmihalyi’s (1991) “optimal experience”. Joyful experiences serve as a powerful method to stabilise dysregulation by fostering positive emotions that counteract stress and anxiety. When learners experience joy, they are more likely to feel secure and open to learning, which creates a sense of balance and support regulation in trauma-affected environments. The participants appeared surprised to witness the effects that arts-based methods had on their classes and the joy they derived from it. Participants noted:

“... it is evoking certain emotions in people that people are able to sit and relax and start reminiscing back to their lives where it all began” (B9);

“Firstly, it was surprising for me to see that, just after three days, these kids...were very open about certain things...opening up more about mental health and a lack of support in their community and stuff” (A12);

“some of the things that you taught me, and it worked wonders, I must say, they enjoyed it” (A3);

A large number of participants observed the “fun”, “joy” and “happy” moments it created in their classrooms. A participant observed that whilst the games brought joy it also served as a regulating and co-regulating tool, fostering cohesion and solidarity, particularly among younger, uninhibited age groups who embraced the activities enthusiastically (A15).

Participants frequently highlighted the use of rhythmic activities, movement, and playful exercises as effective strategies for fostering stabilisation and creating a positive

atmosphere. Many reported that rhythmic games, songs, and verse activities not only helped to ground and centre participants but also promoted cohesion, connection, focus and joy within group settings (A3, B11, B2). One participant described the personal and shared benefits of using musical elements like drumming, which were calming and enjoyable for both children and adults, saying *"I love that part because children like noises and stuff"* (B11). Another participant reflected on the uplifting emotional impact of singing, dancing, and stomping, sharing feelings of joy and excitement (B2). These accounts underscore the value of rhythmic and musical interventions in fostering emotional regulation, group stabilisation, and cohesion.

Participants frequently highlighted the benefits of incorporating rhythmic activities and playful movement into their opening and closing circle ritual, a practice used and suggested as a tool in the training. This ritual included the verse, a song, and a rhythmic exercise. The use of rhythmic activities in opening circles have a grounding and centring effect on both children and teachers. The *"step-walking-clapping game"* was particularly mentioned as a helpful and enjoyable activity for learners (B5). One participant described how integrating simple verses like "Above me, the heavens, below me, the earth, and here am I" created a sense of grounding and connection, likening the experience to feeling rooted to the earth. She observed that learners valued and actively sought this practice, demonstrating its positive impact despite its simplicity; *"you won't think that it's got such a big impact on them"* (A14). Participants also witnessed the effects of singing as an effective tool for regulation, co-regulation, and fostering a sense of group cohesion and solidarity. One participant noted that singing together as a class created a unified and supportive atmosphere, strengthening *"solidarity between the group, which is nice"* (A5). Another participant shared how incorporating songs and stories helped uplift children, especially during the challenging times of the pandemic, by providing distraction and emotional relief. *"I can use that to make children feel free"* (B7). While collective singing promotes emotional well-being and a sense of connection among learners, the integration of rhythmic activities into opening and closing routines fostered emotional stability. The interviews revealed that participants developed creative ways to integrate regulating practices into their classrooms.

Furthermore, participants highlighted the value of visual arts and storytelling as regulating and co-regulating tools in their classrooms. Visual arts activities, such as geometric drawing, fostered focus, perseverance, co-regulation, and in A3's classroom inspired collaboration: *"The collaboration... was for me, the best!"* (A3). Participant A8 noted the effects on visual arts in regulating her learners describing: *"it starts with a bit of a buzz. And then suddenly, there's that total silence, then, you know, they're in the zone* (A8). One participant noted recognisable success using arts in her classes by stating that: *"Like the principal and the teacher called me that: 'B9, something is happening when you were in the classroom?'"* (B9), highlighting the noticeable stabilising effects that these visual arts-based methods and practices had on the learners. Storytelling as a method was praised for its ability to inspire creativity, imagination, and solidarity, offering a versatile tool for building cohesion, conveying meaningful themes and providing co-regulation (A10, B8).

The methods and practices taught and utilised in the HAPPY Infusion program were adapted by participants to suit their contextual needs for stabilisation and regulation in their specific teaching and learning environment. One participant introduced a check-in ritual that provided an opportunity fostering connection and dialogue within the broader school community, inspiring other teachers to join (A2). Participants reported integrating the theoretical knowledge into their pedagogical practices while also utilising the tools, methods and information from the training to support their self-regulation and self-care. Participant A11 understood how trauma manifests in the body and the importance of grounding activities in training settings to help with regulation. Grounding art-based activities emerged as a critical stabilisation method for this participant, particularly when transitioning between sessions (A11).

The HAPPY Infusion program introduced creative methods, including rhythmic activities, storytelling, and visual arts, which participants adapted to suit their classroom needs. Joyful practices such as singing, dancing, and playful rituals promoted emotional stability, co-regulation, and connection among learners. Participants observed that these methods fostered focus, cohesion, and resilience, transforming classroom dynamics. They also utilised the tools for personal self-regulation, highlighting the dual impact of the program on

their teaching and well-being. Participants acknowledged the noticeable stabilising effects on their learners.

5.2.3 Resilience and Hope

“...we are on a mission to, to support problems. And we, we are, we are women on a mission. What a huge mission to, to make a change, to change things in our society to make our society better...” (B9).

Resilience and hope were expressed by many of the participants in this training, evidenced by the above quote by participant B9. Hope was expressed by B9 through her desire for change, to “support the problems”. Participants demonstrated their resilience proactively by simply participating in a research study during the school holiday and COVID-19 lockdown, a period marked by heightened uncertainty, personal stress, and added responsibility. Their willingness to engage in the study not only highlights their commitment to professional growth but also their dedication to address trauma within their classrooms and communities.

This training aimed to help teachers understand that adapting their approaches and teaching practices in easy and simple ways can address trauma, support learning and ultimately build resilient and hopeful collective responses to traumatic incidents. One participant highlighted her ability to transform trauma reactions into resilient responses, stating, *“I would freeze and panic and go into myself and then I would get the resolve ... ‘kyk hoe ek mos die ding regmaak’ [translation: just look how I fix this thing]”* (A3). This section reports to what extent resilience and hope was evident and fostered during the online HAPPY Infusion engagement by implementing, adapting and changing teaching practices.

Creating understanding and awareness about resilience and hope

The HAPPY Infusion program aimed to deepen participants' understanding of trauma, equipping them to address trauma responses in themselves and their learners while fostering resilience and hope. To instil hope the program sought to promote cohesive pedagogical practices, implement arts-based methods and encourage resilient peer support as a sustainable collective intervention. Grounded in Freire's (1998) Pedagogy of Hope, the

program taught that mutual, collaborative, and exploratory practices, or "culture circles," can inspire hope and strengthen resilience in learners and communities. This section examines the extent to which these participants understood the importance of fostering hope and resilience in themselves and their learners.

Trauma can create a barrier when attempting to foster resilience and hope, especially in challenging contexts especially when safety cannot be ensured. Participant A3 highlighted context specific challenges they observed such as a lack of engagement or guidance from caregivers who are unable to provide support at home, *"So they lie in front of the TV and they veg out because mommy's sick, mommy doesn't know"* (A3). Another participant highlighted stress-related classroom behaviour which can have an emotional toll on educators explaining that:

"This week has been hectic. The children are progressively getting negative and hurting, and self-hurting, and aggressive, and violent towards each other, and violent towards themselves, and frustrated. And it's like, emotionally extremely draining on us as well" (A6).

When teachers are 'drained' of energy due to the 'hectic' behaviour in classrooms, they struggle to foster resilience and hope. One participant reflected that *"this session has given me a broad idea of how I can notice if a child has some kind of trauma or if they have some kind of stress. It has really, really helped me"* (B2). Another participant noted patterns observed in young children at Early Childhood Development (ECD) sites, highlighting that trauma responses can behaviourally manifest as both socially withdrawn or overly aggressive during play, saying:

"there are cases of children who seems, who come across, who come across as bullies, they're forever aggressive. You don't know why, there hasn't been any person who instigated it, but they are forever aggressive".

She cautioned against labelling these children as inherently problematic, advocating instead for understanding the underlying causes of their behaviour (B6). This shows a deep understanding and empathy towards learners.

In some instances, participants identified trauma as a pervasive issue within their educational settings, deeply affecting many learners' ability to be hopeful and resilient in the future. Participants B9 highlighted *“that it becomes a generational cycle”*, where children from traumatised households normalise harmful behaviours, perpetuating these patterns into adulthood (B9). This trauma cycle was further explained by Participant B9 as children internalising the behaviour of their home environment and then mirroring learnt behaviour when encountering similar issues at school (B9). Participant A5 observed that her learners *“households are very, very bad and when I saw your post, I think, they experience a lot of trauma, and they don’t know how to deal with it”* (A5). She emphasised the importance of teaching children as young as seven or eight to recognise and express their emotions, highlighting the need to equip them with skills to navigate their emotional experiences (A5), in other words to build resilience.

Participant B6 emphasised the need to address the root causes of trauma, noting that unresolved issues hinder children's development (B6). Participant A6 described a child's disruptive classroom behaviour, including wetting himself and fighting, having stemmed from a "fight or flight" response triggered by his inability to comprehend class content. This highlighted the importance of addressing emotional distress rather than relying solely on disciplinary actions (A6, B6). The necessity of tackling the underlying causes of trauma was mentioned by Participants B6 who noted that while immediate interventions might offer temporary relief, unresolved issues would continue to impede a child’s growth and potential (B6). She stated:

“... finding the reason for the behaviour and dealing with that specifically because you know ... you can talk to the child ... in that moment in time, but if ... the root cause hasn't been dealt with, or been given attention, that thing ... is definitely going to continue, and it's going to be a barrier for the child in the future” (B6).

By developing a comprehensive understanding of trauma, educators can adopt strategies that not only mitigate its negative impacts but also build a foundation for resilience and hope.

Participants understood and observed how arts-based methods and pedagogical practices can foster resilient responses. The HAPPy Infusion program explained how building resilience through increasing peer support a critical approach in trauma-informed education is. Peer support fosters a sense of connection and counteracts feelings of isolation. Participants observed how arts-based methods created a network of mutual support, where learners feel safe to express themselves and seek assistance when needed. For instance, Participant A8 noted how a grieving child found joy and temporary relief from his troubles through a clay art activity, enthusiastically engaging with his peers. *“He was just running around the class borrowing, sharing, bossing everybody...”* (A8). Participant B10 observed how incorporating music in the classroom helped a previously traumatised child feel at ease, fostering a tension-free and joyful environment that encouraged participation.

“So he wasn't like that, mos scared or traumatised like he used to be... he feels that there is no tension in the room... and everyone enjoys, and then he comes along” (B10).

Similarly, a participant described how personalised attention and arts-based exercises helped an introverted child overcome his shyness and engage more comfortably in activities *“So, I actually made him comfortable. I actually did everything with him just to get him out of his comfort zone”* (B7). This foundation of mutual support strengthens self-worth, enhances problem-solving skills, and provides a collective buffer against adversity.

A powerful tool for fostering a sense of security and self-worth is acknowledgement, particularly for learners navigating trauma. Building resilience through acknowledgement involves creating an environment where children feel genuinely seen, heard, and valued. One participant highlighted the role of pedagogical practices in fostering resilience by recognising and celebrating learners' unique strengths and giving each an opportunity to excel in their own individual way. She realised *“I think maybe we spend too much time trying to make everyone the same so that everyone feels appreciated instead of enhancing the things that make all of us unique (A15).* By being seen and heard, children learn to trust themselves and others, which is foundational to resilience and long-term emotional well-being.

Participants echoed this understanding, recognising the significant influence their attitudes and interactions have on shaping learners' responses and fostering a supportive environment. Participant A3 noted that learners are highly perceptive of their teacher's emotional state, observing that *"they can sense that something's not well. Some of them might start acting out, you know"* (A3). Another participant highlighted the importance of starting the day positively, observing that the tone set in the first few minutes can shape the entire day: *"If you come into the class with a frown and a bad attitude, that's what your day is going to be"* (A2). Another participant emphasised the value of being present and attentive to learners, to *"get through the day"*. She said: *"all they need is for me to be present, to see them, to acknowledge them, to listen to them, to love them"* (A10). Additionally, participants reflected on the need for educators to address their own unresolved traumas, recognising that *"we need to be open to getting help and assistance"* and healing is essential for providing holistic support to learners (B9). Holistic support can only be provided by understanding trauma's contagious nature and how the teachers can shape emotional and behavioural patterns within and beyond the classroom.

Storytelling is a tool that can counteract emotional and behavioural patterns by inspiring resilience and hope. Participant A8 highlighted the value of storytelling in reframing struggles as opportunities for growth. She explained how during a Zoom session the gift of storytelling created a reflective space or *"hindsight"* that revealed the potential for a better future even amidst adversity (B8).

"I was just saying it has been a hard year, and you know, they are all gifts and we need to take these struggles and these hardships and I know that how I deal with it is going to only serve me better in the future. But when you're there, it's hard to do that and, obviously, hindsight is a beautiful thing. Yes, to realise that your future can be better." (B8)

Participants observed how storytelling could teach resilience and perseverance. For example, one participant reflected on how stories offer tools to children to cope and overcome challenges. She noted: *"they can also learn that, as you said, that with adversity, we can also overcome that. It's making the trauma real, that they are more than just their*

trauma, and we can overcome, we can listen, we can share” (A4). The *Manawee* story told as part of The HAPPy infusion program was described by a participant as a source of hope, reminding listeners to persist despite difficulties such as lockdowns, power failures, and other hardships, reinforcing the belief that *“we’re still gonna make it”* (A13). Practical applications of storytelling in classrooms were also shared. Activities included creating resilient superhero personas for younger learners, where children designed props and costumes, puppetry, verses and storytelling exercises that encouraged not only resilience but also problem-solving and creativity (A15). Another participant reflected on a shared story in *Zoom*, recognising that the use of metaphors and hyperboles have the ability to articulate real trauma that adults often overlook. She noted the importance of truly listening to children, saying *“that came out for me quite strongly in this story, how often we don’t listen to children”* (A11). These creative activities not only fostered resilience and imagination in learners but also demonstrated the practical application of tools and strategies that participants felt better equipped to use after the training.

Participants noted that while the HAPPy infusion training placed the responsibility for action on them, it provided valuable tools and knowledge to address challenges and build resilience. Participant B7 pointed out how the training provided insights into understanding and responding to the diverse traumas their learners face daily offering practical strategies for support as *“this is something we are facing every day”* (B7). Whilst Participant B5 expressed gratitude for having access to session materials for further personal learning and development (B5), the implementation of resources and materials was a contentious matter. Participant A13 highlighted the challenge of transitioning from online training to practical application in contexts where there is a lack of resources, saying:

“that’s the biggest challenge, is that people are great to support and be there online or whatever, but now go and do, it is a completely different ballgame. And, when I, just sharing a couple of those, like the storytelling one, someone said, ‘Yeah, but I don’t have a doll at home, so I can’t do this activity’. So immediately, it’s like, ‘if the situations are not absolutely ideal and perfect, then I can’t apply it.’ Yeah, and I think, in your communication, you know, it needs to be really clear that if you don’t have a ball, use a matchbox” (A13).

A participant working in a well-resourced school that utilises arts-based methods noted that these approaches provided in the program were insufficient to fully address the complexities of trauma experienced by learners in her class. She reflected, “... *they are still going to be traumatised because life is traumatising,*” explaining that while small interventions, such as reading a story, can have a significant impact on children with limited resources, those accustomed to a well-resourced education may still struggle if their underlying trauma remains unresolved (B3).

Many participants expressed hopes for fostering resilience in learners while also enhancing their own growth as teachers. Participant A2 shared, “*I want my children, or not my children, but my children, when they go home, they feel empowered, because they know what to do.*” Another participant hoped to build learners’ “*confidence and good self-esteem, and that they are contributing to something*” and making positive contributions to their communities. Participants also reflected on their personal development, with several emphasising the importance of feeling equipped, empowered, and capable of fostering resilience and hope in their classrooms. Participant B7 noted that the training was particularly helpful for working with traumatised and special needs learners, while Participant A9 acknowledged the significant responsibility of “*taking care of the children around us*” and shaping their lives. There were also calls for further interventions and training to support teachers in this journey (A13). One participant highlighted the challenge of overcoming the “*saviour complex,*” that building support systems and accepting imperfection are essential for both teachers and learners. She explained:

“It becomes difficult to think we have to take the trauma away from the child or prevent them from ever experiencing it. In fact, it’s more about resilience, tools, strategies, and having the support system to turn to” (A15).

A participant from Group A suggested that their resilience stemmed from their group cohesion and shared passion for their work, emphasising that their motivation goes beyond financial gain:

“I think we do it because it brings hope and it brings change, and it enriches others you know, other people. Sets children on a course for the rest of their lives. I think

that is what it is. It is not about just doing the work, but it's about investing in the future of, of children" (A3).

Methods and practices applied to foster resilience and hope

The HAPPY infusion program emphasised that arts-based practices can foster hope and build resilience by cultivating mutual, collaborative relationships in both learners and their communities. Arts-based practices, which foster cohesion, trust, and teamwork (Rooney, 2004), were reported by participants as encouraging reciprocal support and building resilience. Participant A5 shared how she could apply these practices in her classrooms with different age groups:

"...there are things that I can really, can I say, apply in my classroom, especially to the little ones, and then from a further perspective, I can really apply it with other children who I have in an HOD position. So, I can do it with the younger ones and the little bit older ones, the grade 2 and 3s. So, there are really things that I can really apply and it makes it very helpful..." (A5).

A participant noted the effectiveness of arts-based practices in promoting teamwork (*"getting the group together"*) and communication in both learners and teachers, *"allowing the teachers and the children a different way of communicating"* (A13). Participants reported on the use of arts-based methods to foster collective healing in their classrooms. One participant noted: *"I think we did that 1 2 3, that was really fun. We usually try everything"* (B3). Another participant shared focusing on rhythm and patterning to help learners overcome challenges such as handwriting speed and endurance (A6). Others incorporated activities like mirroring, group games, music and body movement exercises, such as skipping or hopping, to stimulate brain development and promote healing, noting that *"trauma work doesn't have to only be with children who have been traumatised, because I think everyone benefits in the class from those activities"* (A15).

Participants' ability to implement, adapt and change their lesson plans to include arts-based practices during traumatising times are seen as a direct indication of their own resilience. One participant talked about her ability to adapt and create her own interventions because

she understood the principle behind them, *"...we don't need just to focus on the activities, but the principle. If we understand the principle, the activities are tools to play around to assist with the progress. But if the principle is you understand it, then you can do well, not only an activity, but the activities are endless"* (A2). Participants demonstrated resilience by not only implementing but also adapting and modifying lesson plans and activities to incorporate arts-based methods. Despite challenges, participants furthermore adjusted activities to suit different age groups, such as using free play sessions (like *"jungle drums"*) and improvising lessons with younger children, noting that *"I do have to, like, improvise a lot of it"* (A3). The ability to improvise and adapt shows flexibility and resilience to respond. One participant incorporated rhythm exercises to enhance working memory without drawing attention to the adaptation, *"the rhythm and stuff, I could adapt and add it to the work I was already doing"* (A6), while another implemented a music ring with morning circles for younger children to help them learn patterns (B10). Others adapted visual resources and adjusted activities, such as replacing hugs with foot tapping, maintaining social distancing (A3) whilst cultivating connection. Another participant improvised by using *"the pictures [i.e., memes] that you posted, and then I took it from there"* (A2). These flexible approaches demonstrated how participants creatively integrated new strategies into their existing practices. One participant noted: *"...when I get a tiny gap with them... then I do something, I do some movement, even if I make it up, even if it isn't one of the, one of the set things"* (A8). Participants also creatively adapted materials, such as using a popular song for heart drumming, despite her initial reservations (A6), and made adjustments to fit their goals within the bounds of their professional roles. She notes: *"I'm very aware that I must keep things on to a life skills basis"* (A6). Participants reported that collaborative arts-based activities and group discussions provided opportunities for learners to share their experiences, creating a network of mutual support and resilient peer-groups.

Yet not all participants could implement, adapt and demonstrate resilience and hope consistently throughout the two-month program. Some participants highlighted challenges in implementing arts-based practices, with others admitting only limited application. Participant A14 described limited opportunities to incorporate games due to the pandemic's impact on playtime. Illness and exhaustion also disrupted implementation for some, *"I think I had two weeks of being able to implement what I've learned and the gap now with the*

illness, then I wasn't able to move forward. But I will still implement..." (B9). Another participant noted the high workload, however she mentions that *"I do sneak in a game in class when I have time. And when I can. I will do something like that for them to help and just to calm down and just to get back into their selves"* (A14). Participants in the study reported systemic, contextual, and logistical challenges that hindered their ability to implement arts-based methods effectively. A significant systemic issue was the rigidity of the academic curriculum. Time constraints and curriculum demands were recurring themes, as one participant expressed difficulty in integrating activities amidst a curriculum that is *"packed, packed, packed in here"* (A8). She emphasised that the curriculum's expectations for grades one, two, and three were *"not developmentally aligned,"* placing undue pressure on both teachers and learners (A8). Additionally, the Department of Education's strict guidelines often left little room for creative or arts-based approaches. One participant explained that the rigid structure of pre-selected content and questioning frameworks imposed by the education department restricted opportunities for creative teaching (A10).

These systemic challenges were further intensified by the contextual pressures brought on by the COVID-19 pandemic. The pandemic caused frequent disruptions, such as unexpected school closures and fluctuating schedules, which made it difficult to maintain consistency in implementing arts-based practices. One participant expressed frustration at the constant interruptions, noting how schools were repeatedly closed just as progress was being made (B6). Social distancing protocols also created logistical difficulties. Group activities integral to many arts-based methods, were restricted to maintain physical distance between learners (A10).

Institutional resistance and logistical challenges further complicated implementation of arts-based methods to foster resilience and hope. In some schools, leadership prioritised academic performance over arts-based activities, reflecting a lack of understanding of their benefits. One participant described seeking permission from their principal to implement such methods but encountered resistance rooted in the perception that these activities detracted from valuable teaching time (A10).

Subject specificity also played a role in implementation challenges the participants mentioned. Participants that were drama teachers found it relatively easier to incorporate

arts-based activities into their lessons due to the creative and performative nature of their subject. However, they acknowledged that integrating such methods into other subjects, particularly with older age groups, could be more challenging. Furthermore, interruptions such as projects, holidays, and exams often left little room for play-based activities, forcing teachers to postpone implementation (B8). The same participant also expressed frustration at being unable to implement or test new ideas immediately, particularly impacted by COVID-related school breaks. She described reading through materials and thinking they were excellent but had to put them "*on the back burner to implement at a later stage*" due to scheduling constraints. This delay reduced her ability to provide timely implementation feedback (B8).

These challenges highlight the complexities of implementing arts-based methods in education, including systemic constraints like rigid curricula, disruptions from the pandemic, and subject-specific or role-based limitations. Participants faced numerous obstacles, highlighting the need for structural adjustments, institutional support, and flexible frameworks to help teachers integrate arts-based approaches across different contexts and subjects.

Despite these challenges, participants reported applying the arts-based methods that "*worked wonders*" (A7) creating positive outcomes and manageable moments, which re-established hope in participants. Others demonstrated a commitment to eventual practice by retaining resources and ideas for future implementation (A14). Participants who struggled to implement practices in their schools successfully applied and adopted arts-based methods in their personal lives, highlighting their potential for supporting individual and familial healing. One participant shared how they implemented these methods in their family, recognising signs of trauma in their child and using the practices to address them (B10). Another participant described using breathing and grounding exercises with their 14-year-old daughter, noting that her understanding of the activities' purpose made them easier to implement effectively (A11). These examples underscore the versatility of arts-based methods in fostering resilience and emotional well-being beyond the classroom setting.

Whilst many participants showed their ability to adapt, change and implement art-based methods and pedagogical practices to restore and foster resilience, Corey (2014) and Bandura (2019) notes that resilience is further increased when agency, self-efficacy, and capacity is built.

5.2.4 Empowerment: Agency, self-efficacy, and capacity

“...the intention of a workshop like this is not necessarily to take trauma away ... all we can do is give them the strategies and the tools to go forward and deal with their trauma in a better way. You know, to make different choices and to do more, and know that they can, and they do have that potential to achieve more than their circumstance” (A15).

Participant A15 in the quote above, emphasised the importance of promoting the integration of arts-based methods and pedagogical practices to facilitate participants' agency (i.e. making independent choices), their self-efficacy (i.e. believing in their ability to succeed), and their capacity (i.e. take action and perform effectively). In other words, these art-based methods and pedagogical practices are used to empower participants by enhancing their individual or group sense of control and capability. Helping participants understand the importance of fostering agency, self-efficacy, and capacity in their learners was essential as last steps to addressing trauma and building resilience. Implementation and thus integration of arts-based methods during the program provided opportunities for participants to develop these qualities within themselves.

Creating understanding and awareness about agency, self-efficacy and capacity

“I am a grade one teacher, I have had a certain anxiety disorder from a very young age without really knowing what it is. So, this really enables me to be the type of teacher that I needed when I was their age” (A14).

Participant A14 explained how the HAPPY Infusion program deepened her understanding of trauma, empowering her to recognise and respond to her learners' needs. This sense of empowerment and capacity was shared by participant A11 who mentions:

“I know this is for children and for learners, but today I learned quite a few things because, as a coach, I do sometimes find that I’m a first liner, I keep some mental health ideas in my toolkit” (A11).

The theoretical concepts were effectively internalised through embodied toolkit practices, which participants found memorable and empowering. Participant A3 shared how the training assisted her to *“just to be confident in my ability to contain whatever is happening”* (A3), and to integrate the knowledge into her teaching. Another participant noted that: *“Learning the re-traumatisation of trauma was very interesting for me, it is really nice to hear all of this and to go think about it and how you can work with it”* (A14). Most participants' ability to reflect, make choices, and determine how to safely engage with trauma demonstrated how theoretical understanding enhanced their capacity and fostered a sense of self-efficacy. The next sections demonstrate to what extent the HAPPy Infusion program content i.e. methods and practices, could empower participants to integrate practical tools that promote agency, self-efficacy and capacity in themselves and their learners.

Methods and practices applied to foster agency, self-efficacy and capacity

“... this is about helping the teacher and giving the teacher tools. But it's also about empowering ourselves and giving ourselves tools. And it's also about sharing with other people. And in this case, particularly other women who are facing life. And life's not easy. I mean, South Africa, life is not easy” (A13).

As participant A13 noticed, the program aimed to empower teachers by providing them with tools while simultaneously fostering their own agency. In this research, 'agency' refers to participants' or learners' ability to act independently, make choices, take action, and influence outcomes. It involves autonomy in personal, social, and educational contexts, allowing active engagement in learning. Participants recognised trauma in their own lives and demonstrated agency and self-esteem to acknowledge that they need support.

Participant B6 shared that the program helped her become emotionally stronger and better equipped to support others. She emphasised the importance of prioritising her own well-being before assisting others: *“So now I feel I'm in a better state and a better space. And now*

I'm able to, to, to at least help the next person" (B6). This personal transformation enables her to positively influence the lives of others and the world around her. Participant B7 demonstrated a strong sense of agency, expressing her ability to apply and share the knowledge gained, both within her community and with colleagues at school (B7).

... some of the tips I can take back to people who have problems in my community. I am so willing to share what I have learned with other people also, even at school when we have time, and some of my colleagues. It was really helpful, even for me. It wasn't only about the trauma, it can help with our children (B7).

The intended action in the above quote illustrates the participants' ability to make decisions and take action, using the skills learned to bring about positive change in her environment.

Asking participants to innovate, adapt and share their arts-based activities and pedagogical practices with others on the *WhatsApp* groups, presented an opportunity to enhance their agency and self-esteem. Participants extended their learning and took action by sharing activities, such as story games, focus and concentration games with other participants (B3, A6, A3). The collaborative sharing on *WhatsApp* not only fostered a supportive learning environment but also demonstrated their confidence to share their work with others. Thus, showing a belief in their own ability to successfully accomplish tasks and handle challenges.

Many participants discovered a particular artistic element they favoured and creatively utilised it to address trauma in their classrooms. Participant B9 noted: *"So the beauty of what we are discussing in that training and learning and researching as well, it also incorporates music as well, that the arts themselves are the most healing"* (B9). She explained how teaching music made her realise that *"it is evoking certain emotions in people that people are able to sit and relax"* (B9). Participant B9 reflected on her own ability to address trauma reactions in her learners through using sound and music.

Participants displayed initiative in addressing trauma within their schools. One participant, in particular, demonstrated resourcefulness and agency by actively seeking ways to support her learners. She said:

...last week, I went to my HOD and I said okay, we have musical instruments in the school. And then she took me to the storage, and I know where they are and I've 'gapsed' [Translated: taken] some and whatever. So, we're going to be doing some work with tambourines and whatever and then eventually, with xylophones, and so on (A8).

Another participant shared a personal experience in which a student confided in her about struggles with depression and feeling judged by teachers. This participant took the initiative to advocate for the student by emailing her colleagues, encouraging them to approach the learner with empathy and understanding. As she explained, “... *it's not just her being naughty, and she didn't know how to get that message across to her teachers*” (B8).

Participants noted the program's potential to shape outcomes and create a broader impact within teaching communities, emphasising its relevance. Several participants expressed interest in expanding the training into community-led initiatives, with the aim of “*making this knowledge available to everybody*” (A13). Participants highlighted the value of the training, with Participant A12 indicating how the program equipped her with skills to facilitate similar initiatives in the future. Another participant, motivated by her personal experiences of anxiety, expressed a desire to address the needs of others in her community facing similar challenges (B4). These examples illustrate the participants' resourcefulness, empathy, and determination to create supportive environments for learners facing challenges.

A participant from a private high school took action and launched a podcast on the school radio station focused on trauma, self-care, and alternative approaches to addressing stress and anxiety. The participant made crucial decisions to design the podcast in short segments “*because I think it's relevant, I don't want to risk people not listening. So, we've now decided to make these very short little segments*” (B8). These actions highlight the participants' commitment to spreading knowledge and fostering supportive environments for both educators and learners. These actions indicate the possibility of such a program's ripple effects on broader teaching communities.

Agency or the ability to enact change is dependent upon structures or forces that either enable or limit individuals' capacity to act, often discussed in connection with power, choice, and constraint. The trauma-informed principle of providing 'Voice and Choice' to increase agency was taught during the program (Mahon, 2021). Participant A4 stated: *"This was a very fruitful session... I work with future teachers... this is what I wanted to do"* (A4), demonstrating her ability to make choices, act independently and influence outcomes. Similarly, Participant B6 communicated with her mentor teacher in her school about the training, seeking opportunities to secure a platform for implementing trauma-informed practices more freely (B6). Another participant demonstrated her own agency and choice to change her plans when she implemented an art activity in her class which gave greater freedom to her learners:

[I] said to them today, 'let's take our book and let's just finish it'. And we'd done a butterfly for symmetry, it had gone through to the next page and then we did something else there. And they actually, my class, really enjoyed the freedom of 'I can do some more insects' or 'I can do this, tracing through work and finish the first page'. They loved it. They liked that thing of freedom. And they said that it was great (A8).

Participant A8 felt empowered when she observed how simple drawings brought joy to her learners, knowing she was building their agency through giving them choice and a chance to express themselves. Similarly, another participant demonstrated agency by introducing *"coffee in the morning"* at her school. This initiative created a supportive space where learners could prepare coffee, engage in an artistic activity and participate in open discussions. She mentioned:

"I've got older children, and I want them to be empowered... and let's say independent in a way. So, if it is, to be able to make their own coffee in the mornings, and the responsibility ... if you have ... if you might mess, clean it and you ... you wash it ... That's also my safety reasons, but it's life skills, but it also agency, it's all of it (A2).

The participant highlighted how this activity fostered independence, responsibility, and a sense of safety among learners. By providing opportunities for voice and choice, the session

encouraged learners to share personal reflections. Rather than following a rigid agenda, conversations emerged organically, allowing learners to express themselves freely. As Participant A2 explained:

"Yeah, but if you want to talk about stuff, we talk about stuff. And if you woke up at four o'clock, we also had 'Why did you wake up at four o'clock?' Another one is: 'I watched the movie until 11 o'clock,' and then we talk about it" (A2).

This participants' creative adaptation of the Voice and Choice principle demonstrates how a simple arts-based pedagogical intervention can help learners take ownership of their thoughts and experiences, whilst supporting their growth and well-being. The positive effects of this initiative soon spread:

"other teachers in the school have started to see that we do coffee in the morning and the teachers are joining us. And they sit with the learners and so, having coffee, and it's a good time for just talking about stuff..." (A2).

This initiative appeared to have not only improved the learner's competencies but also enhanced the relationships between teachers and learners, extending beyond Participant A2's class to the wider school community.

The HAPPY Infusion program appeared to have inspired agency in three participants, motivating them to continue their studies. As one participant noted *"I really think, as teachers, we do need to upskill because the challenges that are coming is just so much"* (A3). Demonstrating the ability to shape their own lives, two participants indicated that they plan to pursue studies in drama therapy and art therapy, while another expressed a desire to *"start the journey"* (A11) of exploring therapeutic approaches to enhance educational practices. This suggests that participants felt informed, empowered, and confident enough to make decisions that could transform their lives and teaching practices.

The data further highlighted how creative pedagogical strategies employed in the HAPPY Infusion program led to greater self-esteem and thus the experience of self-efficacy in the participants. Self-efficacy, in this research, refers to the belief in our ability to succeed, the confidence in one's own skills and capabilities in influencing, motivation, behaviour, and

perseverance (Bandura, 1997). Participant A3 highlighted Group A's active engagement on *WhatsApp*, reflecting their altruism and commitment to overcoming contextual challenges. She noted their determination to adapt teaching practices and succeed despite the complexity of their environment. She said:

I think it is because the people in this group are actually very passionate about the job...I think we do it because it brings hope and it brings change, and it enriches others you know, other people. Sets children on a course for the rest of their lives. I think that is what it is. It is not about just doing the work, but it's about investing in the future of, of, children (A3).

Participants demonstrated their self-efficacy in assimilating and applying the program's theoretical concepts. Participant A7 noted that she was able to persist through the difficulty of integrating the theory '*digesting it a little bit, by little bit*' and applying the practices as she needs it "*Like, as I get bombarded with a situation where I think, 'okay, now what can I use?'*" (A7).

Despite numerous challenges such as unreliable internet access during online sessions, participants regarded the HAPPY Infusion program as an essential resource for supporting South African educators during a pivotal moment in history (A11). Access to program materials, such as *PowerPoint* slides, enhanced participants' confidence by allowing them to review the information at their own pace. When asked if the program was overly theoretical, one participant demonstrated her perseverance, stating: "*I printed them out, and I went through them again. So no, I don't think it was too much information in ... No, not at all, I found it very, very interesting. And I learned a lot*" (A7). Another participant developed personal strategies for managing feelings of overwhelm, such as focusing on the visual aids i.e., memes that were shared during the program, using them as a starting point for learning and creating classroom experiences (A2). These experiences demonstrated the participants' ability to engage effectively with the program content while adapting it to suit their individual needs.

The program appeared to enhance participant's belief in their self-efficacy and capacity to succeed in addressing trauma. One participant noted that it equipped her with the skills

needed to facilitate similar initiatives in the future (A12). Another, motivated by personal experiences of anxiety, expressed a commitment to addressing the needs of others facing similar challenges, stating: *"So, I decided to fill that gap as I am speaking"* (B4). Providing opportunities for participants to test their agency and strengthen their self-efficacy simultaneously contributed to building their overall capacity.

Building capacity here refers to the process of developing and strengthening the skills, abilities and resources of participants to effectively achieve their goals and address challenges. It involves enhancing the capabilities of people through training, education, support and the provision of tools and/or resources. The aim is to enable them to function more effectively, make informed decisions, and improve their competencies and quality of teaching and learning.

The data suggests that the HAPPy Infusion program developed, enhanced and strengthened the skills and abilities of the participants. Several participants reported feeling informed and empowered to develop their own strategies for addressing trauma-related issues in their classrooms (A7, A5, A6). One participant described using visual tools, such as laminated emoji faces, to help learners express and share their emotional states at the start of class, fostering a supportive environment (A7). Additionally, one participant felt confident enough to share her newfound understanding of secondary traumatisation with colleagues, highlighting the importance of this knowledge in recognising and addressing the emotional experiences of learners (A5). Participant A5 reported making informed decisions by successfully adapting their classroom practices to address trauma and enhance student well-being, noting that her learners enjoyed activities such as *"backward counting"* (A5). Another participant shared how she modified her activities to be classroom-focused by integrating rhythm to support children's cognitive engagement, rather than to have a small-group-focus (A6). These examples suggest that capacity building, through knowledge acquisition and practical application, enabled the participants to adapt their approaches to better support their learners, make informed decisions and function more effectively in their classrooms.

It can be summarised that the participants' capacity for compassion and care was enhanced through the HAPPy Infusion program, as the program fostered greater awareness of

themselves in relation to their learners, colleagues and even their family and community members. Participants highlighted the impact of fostering relationality to stimulate self-confidence in learners. One participant emphasised the importance of building meaningful relationships and that shaped their relationality by acknowledging learners each morning and maintaining openness to conversation, noting the value of forming connections beyond the classroom *"I'll always try and be open to conversation with them"* (A10). Another participant reflected on her influence in addressing and supporting learners, particularly in initiating conversations about their well-being. She mentioned her attentiveness, sharing an example of closely monitoring a mentee who recently experienced the loss of a parent due to COVID-19 complications (B8). Open conversations, attentiveness and relationality are actionable examples that illustrate how empowered participants can build their learners' confidence and impact their well-being.

Participants were also able to stimulate self-efficacy by fostering confidence in their learners. A participant shared a particularly meaningful moment where a quiet, underperforming learner provided profound insights during a storytelling activity. The learner's response demonstrated abstract thinking but also allowed the educator to acknowledge and affirm his contributions, boosting his confidence: *"And I could give him the feedback. Like, 'can you guys hear how amazingly clever, this boy has just answered?'"* (A6).

Participants further highlighted their successes in implementing practices aimed at fostering self-esteem in their learners. Participant B14 successfully implemented opening and closing circles as a daily ritual, observing a significant positive impact on the learners. Participant B10 described incorporating a *"morning circle"* with music and rhythmic activities as a method to create a positive start to the day, *"I tried that, even in class and the children enjoyed it very much"*. She also integrated music and rhythmic activities into her classes, noting their success in engaging children, strengthening the skills and abilities and building confidence (B10). One participant emphasised the power of storytelling as an arts-based practice, which reminded her of the therapeutic potential of narratives (B8). Participant B5 emphasised the value of storytelling, noting that *"using the 'telling story'"* allows some learners to connect with and understand its messages, building their confidence (B5). These

success stories demonstrate the effectiveness of art-based method implementation in building self-esteem and confidence in learners.

Another participant focused on promoting a process-oriented pedagogical approach to her classes. She taught both her learners and their parents that success is not solely about the final product, but also about the growth and learning involved, which she believes contributes to building the learners self-esteem (A15). This strengthened her learner's belief in their own ability to successfully accomplish tasks or handle challenges by reframing the outcomes. These innovative arts-based methods and pedagogical practices provided effective ways to build self-esteem and confidence in both learners and educators.

In conclusion, participants shared how they used arts-based methods and pedagogical practices to empower their learners and foster agency, self-efficacy, and capacity. Participants adapted and innovated arts-based practices, providing suggestions and feedback on improving the teaching and learning aspects of the HAPPy Infusion program. The analysis of the data indicated that the participants' sense of agency, self-efficacy, and capacity, were increased. It was evident that in empowering their learners and colleagues, they also empowered themselves.

The participants in this training demonstrated that trauma in the classroom does not have to be a 'story of doom.' Despite challenging circumstances, they effectively and creatively implemented teaching practices to address trauma. The next section will report back on their suggestions.

Methods and practices applied: Training suggestions

The program invited participants to reflect on their experiences and voice their opinions by providing training suggestions to enhance the HAPPy Infusion program, for its long-term development. Reflective criticism and suggestions for program development provided participants with an additional opportunity to enhance their agency, sense of self-efficacy and capacity. Participants' suggestions highlighted key structural elements that influenced the effectiveness of the HAPPy Infusion program implementation, such as timing, online and interactive support, content load, language, and relevance.

The flexibility of holiday timing was praised for allowing full engagement without competing demands over the two days of *Zoom* training (A2, A10). However, Participant A2 noted that managing daily *WhatsApp* responses for the following 40 days during the school term was challenging due to time constraints. While online training was appreciated for its practicality, *WhatsApp's* immediacy was seen as both beneficial and distracting. Participants B3 and B8 suggested using *FaceBook* as an alternative platform to facilitate more intentional engagement. Some participants (B10) felt that interaction during the training could be improved, as they experienced limited engagement with their peers. Participant A13 advocated for a blended approach combining online and in-person engagement to better support teachers. Others highlighted the benefits of the program's interactive format, with *Zoom* sessions serving as a catalyst for personal growth and professional insights (A2, A13). The program was credited with promoting a significant mindset shift and inspiring actionable plans, such as integrating new strategies into existing school frameworks (A2, A8).

The depth, complexity and intensity of the content emerged as a recurring theme. Participant B8 described the material as "*quite intense*" but well-organised and engaging, suggesting the implementation of longer breaks and extending the program from three to four hours on Saturdays to better accommodate personal needs. Another participant reflected on the pace of the program, stating that the three-hour sessions felt rushed and passed too quickly (B8). Some participants recommended reducing repetitive elements, allowing more time for discussion, and considering modular delivery over several weeks to deepen understanding and application (A13, A15). As a practitioner, I also felt the content was rushed, and an extra hour per session could establish a healthier and more balanced rhythm.

Time allocation and scheduling posed significant challenges when planning the program, as participants' varying school timetables and school closures influenced their responsibilities and availability. While some preferred intensive, shorter sessions, others would have benefited from slower, consistent engagement with greater flexibility. There is no single approach that suits everyone, and finding the right balance requires adaptability and thoughtful scheduling to ensure accessibility and effectiveness for diverse needs in future planning.

Participants from both groups spoke to the interactive and embodied learning strategies, stating that they valued the engaging nature of the embodied activities rather than the passive listening to presentations often utilised in online programs. Participant B2 shared her positive experience with the opening rhythm activity, stating that, although she was not accustomed to dancing or movement-based activities, she found it enjoyable. Another participant noted that actively participating in these interactive activities helped them retain the content, understand its practical applications, and feel re-energised for the session (A11).

The accessibility of language was praised by Group B participants, with even proficient non-native English speakers finding the discussions and materials clear and easy to follow (B6, B8). The program was commended for its clarity and relevance across diverse teaching contexts (A7, A14). The researcher believed that this element can be further developed, particularly through the involvement of facilitators from different linguistic and cultural backgrounds.

Overall, participants highlighted the program's relevance in addressing community challenges and promoting trauma-sensitive practices. However, some expressed a desire for content expansion. Participants from Group B requested more tools and felt that topics such as neuroscience and trauma awareness warranted expanded coverage, particularly for their broader applications in education and personal life (B5, B9). Participants widely acknowledged the value of the training and its practical impact, drawing attention to the overall importance and need for such programs in South Africa to support teachers. They also expressed a desire for broader participation, such as engaging their entire teaching staff and incorporating parent involvement to ensure holistic support for learners (A10, A13, A15).

5.3 Patterns that emerged

Participants experienced safety, managed their emotions, and built resilience in different ways during the course of The HAPPy Infusion program. As a practitioner, I observed that safety was maintained either collectively through group co-regulation or individually through self-regulation. Analysing the qualitative data revealed distinct patterns in how each

group experienced and created safety, regulation, resilience and exercised personal agency. These differences between groups were influenced by the stages of trauma development, which shaped their learning and coping strategies. The following section will explore these patterns and their impact on participant experiences, engagement, and overall program outcomes.

5.3.1 Creating and Maintaining safety: A collective learning response

Group A managed to establish collective safety and cohesion during the acute phase of trauma, despite the contextual challenges posed by protest and looting action during the days of their online *Zoom* sessions. Participants perceived the training as a reprieve from the chaos, with one noting *“For that few hours, it was like sweet ... being able to switch off and be in a safe space and get away from the world that was so scary”* (A6). The shared experiences of stress and uncertainty during the protests and looting appeared to foster solidarity, reflecting the phenomenon of “flocking” described by Ebersöhn (2012). Flocking, as a collective response to adversity, promotes emotional intimacy, resource-sharing, and social harmony, which likely contributed to Group A’s collective resilience and social engagement.

The *WhatsApp* interactions following the *Zoom* sessions demonstrated relational solidarity and a focus on mutual support, aligning with trauma-sensitive practices. The Trauma-Sensitive School Training Package (2024) principles were evident in the group’s social dynamics: validation, support, and reassurance were consistently practiced. Clear intentions, flexibility, and consultative approaches fostered a collaborative environment. Additionally, a particularly engaged participant modelled openness and empathy, setting a tone of strength and care that encouraged others to share authentically. Positive reinforcement, the absence of assessment pressures, and a simple, clear structure further contributed to the psychologically safe space. Participants’ daily stress level check-ins and shared personal updates sustained their co-regulation, fostered greater emotional intimacy and stronger bonds.

By the program’s conclusion, Group A participants continued to use the *WhatsApp* space to share, support and celebrate until mid-2022, reinforcing its role as a safe, supportive

environment. This demonstrated the potential for positive attachments and collective resilience to emerge during acute trauma phases. Group A's dynamics showed how groups can foster psychologically safe and collaborative learning environments that promote co-regulation through social engagement and resilience, even in the face of significant external stressors.

5.3.2 Working with dysregulation and inequality: An individual learning response

Group B's training began ten days into the Stress-response phase after the riots and looting, which heavily affected the group's ability to establish collective safety and cohesion. The challenges in confirming participant attendance foretold the group's ongoing struggles with social engagement and communication as only 11 participants out of the 18 that registered attended, with 4 dropping out due to connectivity issues.

Participants from Group B cited various practical barriers to communication and interpersonal connection such as time constraints, and personal hardships, i.e. illness and family deaths. These communication challenges were compounded by systemic issues including unequal access to resources and technology, cultural differences, and language diversity. For example, many participants used school email addresses, which became inaccessible when schools closed, further limiting their engagement. Participants experienced challenges in their workplace, frequently reporting communication difficulties related to large, diverse class sizes, resource scarcity, and time pressures, all of which affected their ability to engage fully with the program. One participant commented on the limitations of sharing a laptop: *"We couldn't read some of the stuff properly, but once you demonstrated, we could proceed without any problems"* (B10). These limitations faced by Group B underscored broader systemic challenges within South Africa's educational landscape, particularly during the COVID-19 pandemic, highlighting the inequities and complexities of South Africa's diverse educational landscape.

The practitioner observed significant barriers to establishing a safe relational space and social engagement amongst the participants in Group B, including 'Zoom hiding' and unequal access to resources. Despite repeated invitations for participants to turn on cameras, resistance to visibility persisted. A notable dynamic emerged when four participants, sharing

a single computer from their workplace, formed a sub-group. Their face-to-face interactions were visible to the rest of the group, eliciting mixed reactions. One participant expressed discomfort with the subgroup, describing them as:

"... not distracting, but I just didn't... I was like, they were obviously trying their best in very difficult circumstances. But I kind of felt they weren't, they weren't, where we were, you know, they were kind of either always a little bit on the backfoot"
(B8).

Participant B8 acknowledged the challenging circumstances faced by the practitioner and the group and highlighted the isolation of participating from separate *Zoom* rooms compared to the connection she might have felt in an in-person setting (B8).

The formation of the sub-group, while fostering a **sense of belonging and interaction** amongst themselves, had a negative impact on the formation of a cohesive group. I reflected on these dynamics and acknowledged my own feelings of exclusion from the sub-group's joyful social interactions during a period of social isolation. Participant B6 of the sub-group explained that working together in the same group allowed for easier communication, particularly when dealing with technical issues like *Wi-Fi* and network problems. This in-person collaboration enabled them to clarify concepts among themselves and build a stronger connection (B6). Another participant from the subgroup described the experience as positive, highlighting how discussions led to personal sharing and mutual understanding (B4). The formation of the sub-group highlighted inequalities in device access while also demonstrating the benefits of in-person interaction for learning and safety, whereas the rest of the group had access to technology but lacked opportunities for face-to-face social engagement. It became clear that these inequalities in both device access and social interaction affected the group's sense of safety and coherence. I considered possible ways to address these disparities, but doing so presented both ethical and practical challenges. Some possible interventions included enforcing the research agreements by requiring individual devices and excluding participants who cannot comply, or restricting in-session interactions and enforcing rotating screen access in the subgroup. However, I realised that implementing these measures could undermine the research objectives of fostering social

cohesion, equality, and autonomy, while also potentially reinforcing exclusion and judgment. Ultimately, I chose not to intervene, prioritising the fragile sense of safety and cohesion that was present. Consequently, Group B's sense of safety and social cohesion remained compromised.

The failure to establish **social cohesion** during the initial *Zoom* sessions had lasting implications, as Group B participants demonstrated minimal engagement throughout the following 40-day *WhatsApp* meme-sharing activity. One participant noted, *"I didn't feel there was enough interaction... even on the WhatsApp group, it is just certain people responding"* (B10). Responses to daily prompts were inconsistent with minimal sharing of work, concerns, or mutual support, highlighting a lack of collaborative responsibility for learning and the absence of a safe, supportive environment. Notably, the two participants who initially contributed actively eventually stopped.

Participants were clearly facing significant external challenges. It was only in the one-on-one interviews that participants began to engage and share their experiences. I considered whether participants' reluctance to share their challenges and successes with the group may also have stemmed from feelings of inadequacy, their focus on 'survival', or normal cultural and social responses to adversity. I examined potential reasons for their reluctance to engage socially, with the most significant factor being the absence of a safe, supportive environment. The elevated levels of collective and personal stress, anxiety, and unresolved trauma, consistent with the Stress-response phase in the 10 days following the riots, may have contributed to the lack of social engagement. Additionally, my own emotional resilience and ability to 'hold space' during that time may have unconsciously influenced the group cohesion and engagement. In contrast to Group A, who 'flocked' and co-regulated, Group B struggled to create a collective learning space and responded to external challenges in a more personal and individualised manner. This response by Group B demonstrated the ability to exercise agency, navigating challenges independently while still benefiting from the program's structure and support.

Participants from Group B demonstrated self-efficacy in adapting and implementing the teaching methods and arts-based practices in their classrooms, with many reporting that the program helped them navigate personal challenges:

“I personally think if it wasn’t for the workshop, then I don’t know if I would have been able to go through it and be as emotionally strong as I can see myself now. It started with me before I could start with anyone else” (B6).

“The course was very helpful, especially in my personal life, especially at home. I learned a lot, really. In your house, if something is happening with yourself or your children, you don’t even give attention to the problem happening around you. So, especially in my personal life” (B5).

Group B’s individualistic approach to learning and managing trauma reactions during the program challenged my assumptions around creating a Collective Healing Centred Engagement (CHCE). I presumed that cohesive participation and social engagement, which leads to co-regulation, collective healing, and learning, was the only effective systemic way to address educational challenges in South Africa. As a practitioner, I aimed to create collective opportunities for learning and healing. However, as a researcher, I observed that participants absorbed and processed information differently depending on their trauma response phases. This led me to recognise the importance of a flexible approach that considers personal learning styles, varying trauma responses, and local resource constraints for effective program modelling.

5.4 In conclusion

The following summary sheds light on the complex relationship between trauma, safety, regulation, resilience, empowerment and learning.

Participants navigated safety, emotional regulation, and resilience in distinct ways throughout the program. My observations, supported by the data, indicated that safety was either maintained collectively through group co-regulation or individually through self-regulation. Analysing the qualitative data thematically revealed clear patterns in how each group experienced safety, regulated themselves, and exercised resilience and agency. These patterns were most likely shaped by the stage of trauma development each group was at when they began their engagement. These patterns influenced their learning strategies, engagement levels, and overall program outcomes. The findings underscore the complexity

of teaching in traumatic contexts and highlight the importance of early intervention in fostering safety and positive group dynamics, as seen in Group A's experience of "flocking" (Ebersöhn, 2012). The HAPPY Infusion program demonstrated the effectiveness of arts-based practices in fostering safety and collaboration, particularly within Group A, which stabilised and co-regulated in the secure, online learning space to build collective resilience.

In contrast, Group B faced numerous challenges including the absence of safety and unequal access to learning resources. Despite this, Group B participants adapted individually, self-regulated using self-care practices to build personal resilience. Furthermore, participants from both groups developed increased agency, self-efficacy, and capacity, gaining the tools and strategies needed to address trauma in their learners. The challenges with safety and collaboration, reflected the broader educational fragmentation caused by the COVID-19 crisis in South Africa, where unequal access to education further exacerbated disparities in learning experiences.

Overall, the program successfully helped participants increase their understanding of trauma's impact on learning, showing the potential of arts-based methods to reduce re-traumatising practices in schools and e-learning environments.

The next chapter examines the arts-based methods and pedagogical practices that were developed and included in the HAPPY Infusion program to address the challenges encountered in teaching and learning.

Chapter 6

Reflecting on HAPPy Infusion content

In this chapter, the practitioner-researcher reflects on the challenges encountered during the implementation of the HAPPy Infusion program and summarises the arts-based and pedagogical content developed to address them. This reflection or analysis of the program content draws from data collected, insights from the literature review, and the practitioner-researcher's field notes.

6.1 Challenges that influenced the HAPPy Infusion model

South Africa's inherited socio-political context continues to shape the educational landscape, with systemic inequalities, poverty, community violence, and intergenerational trauma contributing to widespread stress and anxiety among both learners and teachers. These challenges place significant demands on schools to address socio-emotional needs alongside academic responsibilities.

The COVID-19 pandemic exacerbated these pre-existing issues, deepening socio-economic disparities and disrupting learning environments. Participants in the study identified fear of death, illness, and grief as major emotional barriers, further inhibiting engagement with educational material. Despite the challenges, the pandemic offered a unique opportunity to observe the deep impacts of trauma on teaching and learning. The heightened stress and anxiety highlighted the risk of these responses escalating into mental health disorders if left unaddressed. These observations underscored the urgency for an intervention and informed the development and implementation of the HAPPy Infusion program.

As detailed in Chapter 5, participants encountered significant challenges in implementing arts-based practices during the HAPPy Infusion program. These included personal issues, systemic constraints and socio-political challenges. These difficulties were compounded by the COVID-19 pandemic. The emotional toll of personal health issues such as illness, grief

from frequent funerals, exhaustion, hospitalisation, mental health struggles and the fear of spreading the virus severely impacted participants' ability to engage with the program. Consequently, this weakened the sense of safety and trust necessary for co-regulation and collective healing.

Systemic constraints such as school closures and enforced social distancing measures limited implementation but also brought about institutional resistance among leadership to implement arts-based methods thus prioritising academic outcomes. COVID-19 protocols, including class rotations, social distancing, and masks, disrupted typical classroom dynamics, making it difficult for participants to test new methods effectively. Logistical issues such as interruptions from exams, projects, and holidays delayed the opportunity to test and refine activities. Time and workload constraints with competing demands, packed schedules, such as exams and project deadlines, further limited their ability to apply the tools provided by the program.

It was challenging to determine the exact number of participants who managed to implement the arts-based practices based on the interview data, as each participant faced challenges at different times. However, the feedback from both groups revealed that all participants implemented some aspects of the training during the two-month period. These challenges emphasised the complexities of education in a traumatised environment and the critical need for flexible, supportive interventions.

Despite the challenges, the training aimed to create safety, regulate and stabilise and create collective resilience and hope, empowering participants to implement, experiment with, and integrate healing arts-based practices into their classrooms. The next section examines the four key criteria for psychological health and well-being identified in the literature review and analyses how the HAPPy Infusion program addressed these challenges using arts-based strategies. It includes my reflections about the qualitative data and the content creation process, drawing from my dual role as researcher and practitioner.

6.2 Safety

Safety encompasses both physical and psychological dimensions, as the nervous system responds similarly to both. The benefits of educational environments that foster psychosocial well-being is improved studying, psychological health, and the integrity of personality for both teachers and students (Antonova, 2013). While physical safety, i.e., free from violence, drugs, alcohol, and weapons, is crucial in South African schools (Kaminer et al., 2013; Burton & Leoschut, 2013), fostering psychological safety is equally essential. Psychological safety enables learners to experience community and belonging without resorting to harmful coping mechanisms. Kislyakov et al. (2014, p. 285) describe psychological safety as being “free of mental or physical violence,” while Torralba et al. (2020) define it as a state where individuals feel comfortable expressing themselves and sharing concerns without fear of shame, ridicule, or retribution. This study primarily focused on psychological safety, which is the intended meaning when safety is referenced. This section mainly referenced the article of Kislyakov et al. (2014) against whom I am evaluating the work.

To establish psychological safety, the practitioner needed to explore ways to make an online educational environment sufficiently safe, flexible, and adaptable to address immediate contextual needs. Ensuring equity through the implementation of democratic processes that are accessible and culturally sensitive was essential. A critical overarching concern for such a program was the prevention of secondary traumatisation or re-traumatisation. Creating psychological safety in the classroom requires the establishment of a safe-enough space, by a safe-enough teacher facilitating safe-enough learner interactions and delivering safe content.

6.2.1 A safe-enough space

The HAPPY Infusion program aimed to establish a "safe-enough" space within the South African education context to facilitate meaningful learning. Navigating issues such as communication, power dynamics (equality and accessibility), and cultural nuances (diversity) in South Africa is inherently complex. These issues were further amplified by

COVID-19-related anxieties, making it especially difficult to create an environment where individuals felt secure, accepted, and free to express themselves without fear of judgment or harm. The online landscape presented another distinct challenge in cultivating a safe-enough online environment free from hostility. It might be assumed that economic, ethnic, cultural, and gender differences would diminish in relevance, with physical violence being a non-issue. However, traumatic incidents during and after the training highlighted economic, ethnic, and cultural disparities among participants. Moreover, as the group was entirely female, gender-based violence emerged as an unspoken yet pervasive issue.

6.2.1.1. Social-psychological safety criteria

Kislyakov et al. (2014) monitored an educational environment according to the social-psychological safety criterion. This study found that economic, ethnic, cultural, and gender conflicts lead to "ecological dislocation," which requires both systemic and individual efforts. Key systemic actions include implementing a) ongoing professional development for educators, b) inclusive curricula, c) fostering a diverse teaching staff, while an individual effort would be d) creating a supportive and responsive learning environment that promotes a sense of belonging and helps alleviate feelings of dislocation. These key systemic and individual actions were implemented during the HAPPy Infusion program:

Ongoing professional development for educators: The first aim of this study was to develop, implement and evaluate the HAPPy Infusion teaching professional development program. The second aim focused on developing a sustainable, ongoing implementation strategy for the program.

Implementing an inclusive curriculum: To create safe-enough spaces through arts-based activities, it was essential to promote multicultural equality by fostering reciprocity and care. This involved recognising and addressing trauma-inducing factors, such as social disparities that amplify trauma responses in teaching and learning environments. Additionally, it required integrating diverse cultural perspectives into the curriculum to ensure representation, relevance, and inclusivity. To address this, the HAPPy Infusion program intentionally incorporated a diverse range of cultural stories to encourage open discussions on differing perspectives. A creative and balanced curriculum was implemented with peer-

supported informative systems from the *WhatsApp* group, prioritising practical - rather than political solutions to problem-solving challenges.

Fostering a diverse facilitation team: Language played a key role in fostering equality and accessibility within the program. While Afrikaans-speaking participants comfortably used their mother tongue on occasions, isiZulu and isiXhosa speakers faced language barriers, which the practitioner assumed may have hindered relational safe engagement. These challenges underscore the importance of a diverse facilitation team to address cultural and linguistic needs. Future programs should prioritise expanding the facilitation base to enhance diversity, inclusivity, and cultural sensitivity.

Stereotyping and microaggressions in educational settings can create hostile environments and impact self-esteem, a sense of belonging, and overall well-being (Sue, et al., 2007). Given the trauma-focused nature of the program, participants were particularly supportive and respectful in their interactions. No overt aggressions or unconscious prejudices were observed in the online space. However, a more diverse facilitation team would be better equipped to identify and address subtle microaggressions.

Creating a supportive and responsive learning environment: Kislyakov et al. (2014), argue that creative educational environments fostering humanness and relationality provide enhanced psychological safety. In order to create a supportive and responsive learning environment I thus prioritised creative approaches, as outlined by Robinson & Aronica (2015). Trauma-informed schools successfully implemented child-centred plans and raised awareness of trauma-informed care (Hellman, 2018; Robinson & Aronica, 2015). Similarly, the HAPPY Infusion program raised awareness of trauma and healing-centred care by creating a safe and caring environment and providing training. As a practitioner I modelled respectful interpersonal communication and experiential teaching methods. Participants, particularly Group A, demonstrated the ability to support and collaborate creatively to address the abovementioned challenges in their classrooms. They shared resources, challenges and successes on the *WhatsApp* learning environment establishing a caring, collective peer-supported environment. HAPPY Infusion training actively encouraged participants to support their learners, each other and aimed to build positive practitioner-participant relationships.

The HAPPy Infusion online group processes, furthermore, required responsive actions; actions that addressed emerging needs rather than merely reacting to painful stimuli. A collective sense of responsibility was essential to foster an environment where all participants felt equally valued and respected, enabling them to express themselves and respond to others with care. Balancing the principles of free expression, which encouraged open dialogue and the sharing of creative solutions, with the need to mitigate potential harmful online behaviours, necessitated innovative strategies. These included vigilant monitoring of interactions and the integration of creative, embodied experiences within a conceptualised *matrixial* space, as innovated by Dr. Gayatri Kumaraswamy during that time (De Beer & Gayatri Kumaraswamy, 2020b). The Matrixial online space will be discussed later in this chapter. However, in Group B, the practitioner's inability to monitor all participants in the *Zoom* sessions compromised the effectiveness of these strategies. It also implied providing them free opportunities to voice or express themselves and their choices. The group members from both groups democratically chose to use the *WhatsApp* space rather than the *FaceBook* suggestion.

Although many participating teachers implemented art-based methods in their classroom, none of them were able to initiate a healing-centred (i.e., trauma-informed) program in their schools. Many recognised the importance of an intervention, only two were able to innovate some similar initiatives; one participant launched a self-care radio program on her school campus (B8), and another initiated a morning coffee session to support her learners (A6). My hopes for increased *WhatsApp* engagement, even greater implementation of the arts-based practices, and the completion of all the feedback surveys were not achieved. However, the COVID-19 context reinforced the importance of taking an actively respectful stance. The prevailing existential focus on 'death' enabled me to prioritise patience, compassion, and positive interactions over educational or research outcomes. I accepted and respected participants' challenges, including poor connectivity, illness, and trauma reactions, which underscored the need for a tolerant and empathetic approach. The HAPPy Infusion program established a supportive, responsive and respectful online space for exploring learners' frustrations and successes under a practitioner's guidance.

As practitioner I agree with Kislyakov et al. (2014) who found that tolerant, creative, and interpersonal or relational communication facilitates psychosocial well-being in educational environments. Tolerant is defined as sincere respect and acknowledgement of the other person, an active moral position and psychological readiness to establish positive interactions. The creation and implementation of a safe environment during the HAPPY Infusion implementation, relied on the level of tolerance experienced by both participants and myself. Tolerant interactions and acceptance, regardless of differences and expectations, are listed indicators of safety (Pogodina, 2006 cited in Kislyakov, 2014). The HAPPY Infusion program managed to facilitate a space of tolerance and acceptance amongst participants. The participants' responses, especially of Group A (see Chapter 5) indicated that they experienced a feeling of psycho-social well-being in the online space.

The HAPPY Infusion program created a supportive and creative educational environment that aligned with Yasvin's (2000) cited in Kislyakov et al.'s (2014, p. 290) principles of psychological safety, characterised by facilitating "openness, freedom of thoughts and actions" in participants. The program attracted highly motivated and resilient participants who, despite the challenges posed by COVID-19, displayed a strong commitment to professional development and supporting their learners. They also demonstrated remarkable adaptability and flexibility in providing support to themselves, their peers, and their colleagues. The program invited participants to adapt and implement creative approaches shared during the two-day sessions and *WhatsApp* group interactions, fostering emotional upliftment, self-actualisation and problem-solving. Teachers collaborated effectively (particularly in Group A) by sharing successes and challenges with great openness and vulnerability. Many teachers reported on the successful adaptation and implementations using creative practices in responding to the trauma and stress as indicated in Chapter 5.

Characteristics of a safe space: According to Hunter (2008) a safe space possesses four characteristics: a) physically free from any danger; b) a temporal structure with clear boundaries that prevent potential emotional harm; and c) an invitation for innovation and experimentation and d) familiarity.

Most of the HAPPy Infusion online program could have taken place in participants' physically safe spaces, free from immediate physical danger. However, the presence of the COVID-19 virus, Gender Based Violence (GBV) as well as the protest and looting actions impacted the experience of physical safety during the program.

The HAPPy program clearly created a temporal structure with clear **boundaries**. The course outline clearly indicated that there will be 2 X 3 hours *Zoom* sessions and 40-days of *WhatsApp* interactions. The practitioner carefully explained the steps to take in the moment of experiencing discomfort related to triggering and re-traumatisation. Persistent discomfort following the *Zoom* session was to be followed up by a referral. These provided clear communication and boundaries to create psychological safety.

The HAPPy Infusion program adopted a **structured approach**, incorporating an online communication platform (*Zoom*), digital tools (*PowerPoint*), and a social platform (*WhatsApp*) to foster a safe and collaborative online learning space. While this was largely achieved without overt hostile incidents, Group B faced significant challenges in fully engaging with *Zoom* meetings, *PowerPoint* slides, and *WhatsApp* interactions. They encountered significant challenges due to a number of reasons including unequal accessibility and resource inequities, contributing to what Morrisett (1996, cited in Fisher, 2010) defined as the digital divide.

The program demonstrated that, despite the structural implementation of **equal and consistent** online learning content, resource inequities stemming from disparities in funding and infrastructure created barriers to meaningful participation and, in some cases, led to discomfort among participants. This sentiment was mirrored by participants who noticed how resource limitations in certain schools impeded their ability to adequately support both learners and colleagues.

The program invited imagination, innovation, and experimentation on *Zoom* and *WhatsApp* within a firm structure. The *Zoom* sessions invited collective embodied participation, whilst the *WhatsApp* invited participants to adapt, innovate and experiment individually whilst implementing the arts-based tools in their classes.

Increasing familiarity or relationality creates safety. Here we are talking about familiarity with the program and content, but most importantly relational familiarity between the practitioner, participants and learners. The daily check-in and meme sharing increased familiarity. In order to establish a safe-enough, inclusive and non-threatening environment the HAPPY Infusion program accommodated diverse perspectives, experiences, and identities. This was engaged through creative practices that emphasised the recognition and celebration of differences while mitigating potential conflict. Key strategies included establishing social contracts and daily rituals that promote safe communication, as well as encouraging respectful interactions to maintain cohesion and psychological safety.

As HAPPY Infusion program facilitator I recognised the need for respectful interpersonal communication and interdependence. It modelled respectful yet caring communication and utilised creative experiential teaching methods to foster interdependence. These approaches, as advocated by Robinson & Aronica (2015), are opposed to linear, standardised, conforming, and compliant education. Aligning with Robinson & Aronica (2015) Kislyakov et al. (2014) highlight the importance of communication skills in fostering psychological safety and wellness in educational environments. These skills include trustful, person-oriented interactions, kindness, democratic communication to maintain emotional well-being, and the ability to develop effective strategies for active engagement with others.

Torralba et al. (2020) argue that punitive learning environments lead to personal failure, social isolation, and emotional distress, undermining learning through disengagement, avoidance, and feelings of shame or guilt. In contrast, non-punitive environments that emphasise praise, acknowledgement, and support empower learners to engage, admit mistakes, and view failure as part of the learning process, fostering active participation and destigmatising failure. During the implementation of the HAPPY program, the practitioner modelled a non-punitive environment characterised by praise, acknowledgement, and a tolerant, non-judgemental attitude. However, this approach created challenges for data collection, as some participants did not complete surveys nor respond to online invitations and questions. Despite this lack of cooperation priority was given to modelling an inviting and understanding attitude.

Safe educational environments encompass key aspects, such as safe teacher interactions, safe learner interactions, and safe content.

6.2.2 Safe-enough teacher interactions

Effective teaching extends beyond mere techniques; it emerges from the behaviours, attitudes, and values of the teacher, which collectively form the teacher's hidden curriculum.

Torralba et al. (2020) highlight that psychological safety in educational environments relies on group dynamics and interpersonal relationships. Teachers should avoid superiority, suppression, and aggressive communication, instead promoting trust, truthfulness, and integrity to create supportive environments. Despite the practitioner's efforts to model these principles and foster psychological safety online, achieving this proved challenging.

Creating "safe-enough" environments that balance self-protection with optimal social interaction (Kislyakov et al., 2014) is a skill teachers should model in their classrooms (Torralba et al., 2020, p. 668). The HAPPY curriculum incorporated foundational communication training, such as social engagement cues and invitational language, which rely on reciprocal "give-and-receive" interactions. Participants were encouraged to engage socially and model safe behaviours by being visible on screen and sharing their experiences, challenges, and successes.

In the online setting, Group A responded well, whilst Group B struggled with sharing and interacting on *WhatsApp*. The practitioner reflected that this behaviour might stem from a desire to avoid ridicule. However, it was more likely influenced by factors such as heightened tension, stress, anxiety, and overwhelm caused by COVID-19, protest actions, access disparities, or physical conditions like illness. It might even have been the result of the muted conversation in the subgroup that caused distrust and engagement issues, limiting the appropriateness and effectiveness of vulnerability sharing during the *Zoom* sessions. There is a further possibility that Group B required more intensive support as they might have been dealing with unaddressed trauma from the protest and looting 10 days earlier.

In Group A a strong interpersonal trust emerged through vulnerable sharing during the *Zoom* sessions, further reinforced by the practitioner's selective sharing of personal experiences.

The prevalence of "social hiding" during online *Zoom* sessions highlighted trauma responses among participants especially in Group B, where this behaviour undermined the sense of safety. Addressing it directly risked being perceived as indifferent, heartless, or even aggressive and superior. This could hinder creativity and psychological well-being. Consequently, the practitioner chose not to address it, underlining the difficulty of fostering safety during traumatic times when heightened sensitivity often inhibits authentic and truthful interactions.

Safe teachers create social-psychological safety through personal communication (Kislyakov et al., 2014). The HAPPy Infusion curriculum included a theoretical section on the content and delivery of teachers' communication which includes speech, facial, gestural, and postural expressions and attitudes. Drawing on Porges' Polyvagal Theory (2019) for optimum social engagement and noting how direct communication, that includes micro-threats such as abuse, manipulation, and unstable social relationships, negatively influences social safety (Kislyakov et al., 2014, p. 298). I was thus exceptionally careful that no micro-threats were present in my communication, especially when inviting participants to engage with the surveys and the *WhatsApp* group.

Torralba et al. (2020) highlight the role of leadership in fostering psychological safety, noting that educators, as temporary 'leaders', can encourage participation and provide supportive responses. They noted how role modelling can become part of the culture of a learning environment and is transferred through implicit social interactions and socialisation. The HAPPy Infusion program exemplified this by inviting engagement during online sessions and daily *WhatsApp* meme sharing. Responding immediately to Group A's contributions was sometimes challenging, as responses and sharing occurred at all hours of the day. However, the collaborative nature of the group allowed participants to support one another, and I provided assistance as promptly as possible. In contrast, Group B's limited participation made offering support more difficult. Acknowledging participants in the group was crucial. During the online *Zoom* sessions, everyone's names were visible on the screen, except in Group B, where four participants shared a single laptop. This setup made it challenging to provide individual support to those who were not visible and hindered my ability to consistently monitor the educational environment.

Kislyakov et al. (2014) emphasise the importance of teachers constantly monitoring the educational environment to identify and address socially dangerous behaviours and violence, which enhances safety. In the HAPPy Infusion program, monitoring was limited to participants visible on screen, posing challenges during online training, particularly when bandwidth and *Wi-Fi* connectivity did not allow screen sharing. In addition, when *PowerPoint* presentations were shared all participants did not remain visible.

To address this, the program incorporated reflective sharing moments during and at the end of each session to gather participants' experiences and feedback on the program content. Another method was to monitor the group through *WhatsApp* interactions and check-ins every morning. Constant monitoring or critical reflective practice should ideally encompass fostering qualities in learners that enhance their psychosocial well-being within a group setting (Kislyakov et al., 2014). The HAPPy Infusion *WhatsApp* interactions encouraged self-reflectiveness and self-awareness with the morning check-ins.

Ensuring safe attitudes requires significant teacher presence, which can be challenging during traumatic situations. Despite conscious efforts to remain present during online *Zoom* sessions, maintaining consistent presence and balancing equal participation with timekeeping proved difficult, as was the case in the *WhatsApp* space.

Safe teachers demonstrate emotional flexibility, integrity, trustworthiness, and democratic communication, fostering healthy social interactions and self-aware, reflective learners (Kislyakov et al., 2014). The practitioner aimed to model similarly safe attitudes, to create a safe learning environment yet had to adapt these principles to online platforms like *Zoom* and *WhatsApp*.

6.2.3 Safe-enough learner interactions

In the thesis, "learners" typically refers to the students of the participant-teachers. However, in this context, it also includes the participants as learners. Building safe and supportive interactions was essential for creating a secure educational environment—both between teachers and learners and among participants, the practitioner, and one another.

Kislyakov et al. (2014) highlight that factors like learning environments, self-efficacy, care of self and others, and psychological well-being foster a sense of safety. The HAPPY infusion *WhatsApp* training allowed participants to explore and create a safe learning environment by collaboratively negotiating their ideas and needs in Groups A and B, providing experiential learning for application in their classrooms. The following memes were shared on the *WhatsApp* groups to initiate conversation about safety and social contracting:



*Fig 6.1 Creating safe spaces
(De Beer, 2021)*

Participants shared hand-drawn pictures, images (a participant shared the picture used in Fig 6.1), songs, photos, words, ideas, extracts from fairytales, videos from social media, and even verses to create their safe space. One participant even wrote and posted a poem:

*“Come into our circle
Join us with hand and heart
See through clear eyes
And centred souls.
Capture every breath, ponder on paying kindness forward*

*Sit on a pillow of down and velvet
Watch dust flecks and specks of sun sparkle intertwine
Light a candle with your positive vibes
Make a wish for you and one for mankind.
Sit on a pillow of love and resilience
Welcome to our circle” (A3).*

While Kislyakov et al. (2014) indicate the importance of harmonising cultural and inter-ethnic relationships, preventing xenophobia, and strengthening tolerance for a socially safe educational environment, these themes were seldom discussed. Instead, the impact of COVID-19 and related regulations dominated the focus of both groups. Sloan (2018) on the other hand, highlights that a safe space encourages creative vulnerability, requiring ongoing negotiation of boundaries for respectful and inclusive interactions. This negotiation demands equal contributions and power-sharing. Notably, Group A actively engaged in establishing their online safe space and shared creative reflections on their vulnerabilities, whilst expressing their safety needs symbolically. This was copied and summarised by the practitioner in the following text:

“In summary: we are looking for a space that is colourful, wise, naturally beautiful. Where there are stories, music, gratitude and a meditative space. Where we are given voice and choice, where we can share games, experience peace, and creativity, experience well-known, comfortable relationships. A place of soft light and warm colours, quiet soft presence, interesting conversations, warmth. A relaxed and blessed space” (De Beer, Our HAPPY Infusion WhatsApp, 14.07.2022).

Group B did not engage with the invitation, and a day later, one participant requested: *“The boundaries I would like is that only one inspirational/tip/guide is shared a day otherwise I lose track” (B8).* During the first week, participants from Group B negotiated limiting meme sharing to weekdays.

Kislyakov et al. (2014, p. 289, 290) emphasised the importance of fostering a "positive verbal space" with "speech purity" and "speech culture" among students. The HAPPy Infusion aimed to create trustful, personality-oriented interactions that promoted polite, kind, and authentic communication. For instance, the ending message in Group A's *WhatsApp* conversations was crafted to be insightful, kind, and authentic: *"I want to thank you all for being such caring, insightful, and wise participants."* Unfortunately, Group B did not replicate this conversational flow, leading to feelings of hopelessness as my invitations for discussion and conversation were hardly taken up. Daily self-care practices were needed for the practitioner to maintain emotional balance during this process. In order for the language in Group B to remain authentic a more formal and polite message was crafted: *"I want to thank you all for being participants of this research."*

Conflict prevention was unnecessary in both groups. However, Group B required a collaborative problem-solving moment and compromise to decide on a social media platform for the meme program, with two participants having to adjust their platform preferences.

6.2.4 Safe responsive content

Social-psychological safety involves teaching safe responsive subject content. The HAPPy Infusion program offered sensitive, non-violent learning content creatively presented through distancing techniques. Efforts were made to maintain predictability with consistent rhythms in the delivery, yet the program was flexible enough to respond to participants' needs.

As a practitioner, I facilitated daily check-ins to promote cooperation and negotiated creative techniques to achieve socially significant goals, such as closure, as outlined by Kislyakov et al. (2014). Group A requested a short closing ritual, with one member proposing a method:

"I thought could we maybe have a Zoom session together again, and we can do a song and we can do... just to go do closing? Because you know, we all have one

another's numbers, but life gets busy...we're going to lose touch eventually... I value connection a lot" (A3).

This led me to create a closing story that represented our time together which was shared during a final Zoom meeting. This story celebrated and validated everyone's contributions, using the metaphor of "weaving stories" from the program's opening story, *The Weaver of the World Cloth*, to bring the experience full circle and provide closure:

"You might remember our Old Weaver Woman of the World cloth, but what you have not heard was how she was assisted by three other, wise women weavers that started weaving this new cloth story with her. These three arrived one fresh evening at her cave front and announced that they had lived some stories that were ready to be woven into the world cloth. The four of them sat down and started to weave the story of 16 people who came together on a day when the sky fell. The story told that these 16 people came together and created a golden bubble during a dark time. The story contained some sadness about how some of the 16 fell off and out of the bubble as time went on. But the story also told how the 11 that were left, brought some incredible gifts to the group. Some had big smiles, with young, passionate, vibrant, and confident energy that spilt over and ignited new life and hope in the rest of the group. Others were upright, focused, honest, open and filled with warmth, care, and love in their holding and acceptance of each other. There were ones who were strong, carrying great authority, and focused, and some who were the wise ones, solid and grounded in their life experience yet still open and excited to learn even more. Then there were the ones braving the cold, with beautiful hair, with excitement about the future weaving and learning. All in all, a formidable group of people. Although all 11 had to continue with their work in the world, they kept their connection through an invisible string of golden light. It was through this incredible golden light that they started sharing even more of their gifts. The incredible wealth of their knowledge, and the humble way they carried so much in their hearts and heads, and shared so open-heartedly with the rest, astounded many. The four weavers acknowledged that they were not able to see it all, but they saw enough to know that even though the

sky fell, humanity was still strong and able to pick up the pieces of the sky and create the beginnings of a most beautiful new world cloth”.

The final story offered a creative and symbolic reflection on learning and social interactions while honouring participant contributions, emphasising the importance of creating safe, responsive content to foster a secure psycho-social environment.

Kislyakov et al. (2014) found that complex psychological-pedagogic support, such as fostering communication skills, tolerance, and creative potential, enhances learners' subjective well-being. Such support promotes psychosocial well-being in an atmosphere of non-violence and pro-social behaviour. The HAPPY Infusion research aligned with Kislyakov et al.'s (2014) findings, advocating for humanised educational processes through arts-based content that 1) promote peace, balance, and stillness; 2) fostered humane attitudes, non-violent methods of conflict resolution, and cultivating a spirit of no-threat. While the theory of invitational language was included in the first iteration of the online programme, a more in-depth exploration of non-violent communication training was introduced later during the six-day in-person iterations, where more time was available. The HAPPY Infusion content included the 3) development of personal qualities, arts-based skills and abilities through positive feedback and safe opportunities to practice storytelling, singing, movement, and problem-solving. Additionally, it promoted 4) positive social interactions that excluded coercion, conflict, and mistrust (Sitarov & Maralov, 2012), with drama games and playful improvisational activities supporting collaboration and teamwork.

Bayeva (2006), cited in Kislyakov et al. (2014), points out the necessity of educational content that fosters personal-trustful communication and supports the development of moral and cultural values, as well as a sense of self. While it was challenging to find trauma-related stories without violence, the HAPPY Infusion program adopted a trauma-informed pedagogical approach, which included a 'trigger warning' at the start of stories that contained violent content.

The research supports Ruf's (2013) finding that creative content helps release emotional blockages and resolve inner struggles. Jones (2007) agrees as creative content, such as metaphor and storytelling, is distanced and de-personalised. The theoretical and arts-based

content in the HAPPy Infusion program was creatively presented through activities such as drawing, singing, storytelling, and drama therapeutic games in the online version. In the later in-person program, additional creative modalities, including painting, clay modelling, musical instruments, and play-acting, were incorporated.

The delivery of content can similarly impact our experience of safety. In the arts therapy field, artistic practices are grounded in collaboration, empathy, positive regard, respect, warmth, genuineness, self-disclosure, and the management of transference and countertransference. These principles are consistent with those of other therapeutic practices (Sue & Sue, 2008) and align with the facilitation aims of the HAPPy Infusion program. Consistent repetition and stabilising rhythmic activities are crucial for safely delivering content, as seen in Waldorf schools and EMP. The HAPPy Infusion program adhered to these principles, with data showing it could foster safe-enough psycho-social well-being in a creative online environment. The program content promoted non-violent communication, modelled tolerance, and delivered content through stabilising rhythmic structures.

Van der Kolk (2014, p. 81) notes, "being able to feel safe with other people is probably the single most important aspect of mental health." As a practitioner I observed safety to be the most vital factor for learning and teaching. The following section details the arts-based methods used to ensure psychological safety during implementation.

6.2.5 Approaches to create safety, equality, and a sense of belonging.

Establishing safety in teaching and learning environments is crucial for addressing trauma, as learning cannot occur without a regulated nervous system (Ruf, 2013; van der Kolk, 2014). A safe-enough environment fosters psychological safety, allowing for regulation and stabilisation, which are essential for building resilience, promoting agency and ultimately meaningful learning. The research was focused on how psychological safety can be established in educational environments using arts-based practices. The following

approaches of the HAPPy curriculum were developed and implemented during online and in-person sessions from 2020 to 2022:

- Creating Form: Providing 'Matrixia safety' (*Our HAPPy Place*).
- Creating safety through distancing and empathy: imagination, metaphor, and story (drama therapy).
- Creating structure: safety through a structured, rhythmic approach (EMP).
- Creating a safe-enough space: safety through embodied playing (drama therapy).
- Creating safe content: bite-size trauma information.

Creating Form: Providing 'Matrixia safety'

This section explores how the HAPPy Infusion program implemented 'Matrixia safety' through form, equality, and fostering a sense of belonging. The 'matrixia' was conceptualised as a womb-like, transformational online space of safety, and developed by Dr Gayatri Kumarswamy, during 2020. De Beer & Gayatri Kumaraswamy (2020a) implemented and investigated safe online training in the *Our HAPPy Place* project at Drama for Life (DFL) University of Witwatersrand (Wits).

The 'matrixia' as described by Gayatri Kumaraswamy is a relational online space that is co-held. A matrix generally refers to columns and rows of numbers that form a rectangular shape, similar to the rectangular array of *Zoom* rooms during a video conference call. A matrix can also refer to a social, or cultural environment. However, Gayatri Kumaraswamy, inspired by Ettinger's (2006) matrixial borderspace; Lawrence's social dreaming Matrix (Manley, 2014); the film *The Matrix* (Wachowski & Wachowski, 1999); and *The Myth of the Saptamatrikas* (Goswami et al., 2005), creatively integrates the words matrix and matriarch to create a safe, dream-like space 'Matrixia'. Matrixia is a conceptual space that utilises creative imagination, presence and intuition to create safe collective, collaborative interactions that support co-learning and co-thinking to create new knowledge. Gayatri Kumaraswamy's 'matrixia' inspired the possibility of creating a safe online 'form' to contain the HAPPy Infusion program (De Beer & Kumarswamy, 2020a).

Finding a form

Children affected by trauma often experience life as boundaryless and out of control. Safe boundaries can be established through a conceptual 'form' or 'shape' (Staley, 1988), which acts as a symbolic structure to contain chaotic feelings. The circle has been used throughout history in tribal and sacred rituals to restore and strengthen communities (Quincey, 2022). EMP uses 'circles' as a symbolic shape to safely contain the group when working with children facing trauma. A physical circle, used in rhythmic ring games, folk dances, and movement activities, represents this conceptual container, bringing form and order to the group.

The circle form as such creates community. Circular forms counteract the trauma victim's tendency to withdraw and become isolated. The circle offers protection and can become a 'safe space' (Ruf, 2013, p. 116).

The HAPPy Infusion program embraces circle work, recommending that all in-person teaching occur in circles. This approach fosters safety, as all members are visible, equal, and included. Unlike traditional classroom setups where learners are seated with their backs to one another, leaving them vulnerable to activities happening behind them, the circle promotes safety, inclusion, equality, relatedness, and a sense of belonging. Using a circle is key to establishing safe communal in-person learning spaces.

The circle is also integral to Waldorf education, particularly for storytelling, as "circles and spheres have played important educational roles in all cultures" (Ruf, 2013, p. 108). In Waldorf education, stories often feature symbols like spheres, beads, or circles. The curriculum includes regular 'circle time' in the morning, where age-appropriate activities, games, singing, movement, and speech exercises are conducted with a "graduated degree of challenge" (Quincey, 2022). A table listing the benefits of safe circle activities follows:

Cooperation	Body geography	Right/left brain integration	Rhythmic activity	Expansion and contraction (relaxation)
Social skills building	Retained reflex integration	Mathematical sense/skills	Fun stamina	Physical education (movement)
Memory capacity enhancement	Coordination	Concentration	Spatial awareness	Balance

*Fig 6.2 Benefits of safe circle time activities
(De Beer, 2022 citing Quincy, 2022)*

The circle symbolises harmony, confidence, and inner calm (Ruf, 2013). As a sacred form representing wholeness and unity (Quincey, 2022), it provides a refuge and enhances self-experience (Ruf, 2013). Drawing from EMP, the HAPPY Infusion curriculum incorporates the use of the circle shape in visual arts activities, such as form drawing and painting, to promote inner calm, harmony, and confidence during in-person training. Although the *Zoom* screen could not create a physical circle in the online learning space, the circle shape was incorporated into *PowerPoint* presentations and memes to convey unity and wholeness. As Ruf (2013, p. 104) notes, "circular forms enhance the self-experience that was weakened by trauma."

While safe circles are recommended for in-person work, the matrix concept is increasingly being used even in classrooms. Quincey (2022) observes that younger teachers have opted to do movement activities at their students' desks, believing that this approach is less disruptive and still effective. A matrixial space of care and relatedness can thus be created using this form or shape. The key factor may be the teacher's intentionality, which ensures the focus and safety of the interactions, regardless of the shape or form used.

During the *Zoom* sessions, participants formed a rectangular matrix on the screen other than a physical circle. They were encouraged to remain visible and audible, not only as a protective measure but also to foster safe community interaction. Providing participants with a number to support easy hand over in check-in activities and increase a sense of

community were incorporated online to enhance participation. However, challenges such as limited connectivity hindered the creation of cohesion and rhythm with these activities.

I reflected on the possibility that some participants could be using excuses resulting from tiredness, burnout, and worry or “Zoom fatigue.” By 2021, the negative impact of video chat platforms on the mind and body, were being researched by researchers from the Stanford Virtual Human Interaction Lab (Ramachandran, 2021). They found that many people resorted to using avatars or pseudonyms for protection, but this hindered connection within the group, making it difficult to establish a safe, collaborative online learning space, as envisioned by the Matrixia concept. The request and compliance from participants to be visible and audible played a crucial role in establishing online matrixial safety.

Group A's ability to uphold boundaries and create a caring e-learning environment demonstrated that matrixial safety is achievable. The group dynamics showed how 'form' and boundaries can foster a sense of belonging while coping with surrounding trauma. The supportive environment, or 'flocking,' played a significant role in encouraging Group A members to be more open, vulnerable, and authentic in their interactions with each other. Additionally, Group A demonstrated the capacity to be protective, caring, and firm in maintaining the social boundaries of the group. As a practitioner I observed that safety in learning environments is more achievable when participants can co-regulate and have the resources to maintain structure or 'form'. While Group A successfully created a matrixial space of belonging and safety, this was harder to establish in Group B due to disparities, inequalities, and hierarchical dynamics.

Coping with disparity, inequality and hierarchy

Disparities, inequality, and hierarchy can undermine the sense of belonging, security, and connection in learning environments, leading to exclusion, isolation, and marginalisation. This, in turn, hampers engagement with both the content and peers. Unequal access to devices made it particularly challenging for members of Group B to participate in the online platform, fostering a sense of exclusion within the group. This highlighted how fragile safety can be in learning spaces when inequality exists.

Visible exclusion, as seen in Group B, creates divides that inhibit authentic engagement, preventing connection and collaboration. To promote greater equality and a collective learning environment, I frequently acknowledged the benefits of the diverse representation of participants and emphasised the importance of fostering a communal space where diverse understandings, experiences, and practices could be shared. However, the invisibility of participants in Group B, hindered the creation of a safe and collaborative space and without a safe container or form, group safety was compromised.

Addressing disparity, inequality, and inherent hierarchy likely required clearer communication and authentic engagement to maintain social boundaries and uphold a firm structure/form. However, this was not achieved, and even reflective group practices failed to foster a sense of belonging or safety among participants in Group B. Additionally, I reflected on how the ability to establish cohesive and safe groups may have been influenced by the participants' potential experience of trauma just 10 days prior, which was likely unaddressed. This suggests they were in the stress-reaction phase of trauma development, making it more challenging to establish a sense of safe community.

I reflected upon the invisibility of participants in Group B, through no fault of their own, and how that hindered the creation of a safe collaborative and communal learning space. Without a safe container or form, safety was compromised moving forward. Addressing issues of disparity, inequality, and hierarchy required clearer communication and authentic engagements. This was not possible in Group B and the practitioner found that even reflective group practices could not provide a sense of belonging nor the experience of safety.

Creating safety through distancing and empathy: Imagination, metaphor, and story.

As a practitioner, I was concerned about the risk of secondary trauma, re-traumatisation, and triggering issues that I had personally experienced as trainee in trauma training workshops. While attending various in-person and online workshops, I noticed that facilitators often used real traumatic incidents as examples to stimulate empathy or explain trauma stages, trauma symptoms or types of traumata. Although this approach aims to enhance understanding, it can unintentionally cause secondary traumatisation and trigger

participants' memories, risking re-traumatisation. I was particularly concerned that trauma survivors, who are often hypervigilant and sensitive to triggering (Weiss, 2007), might respond by dissociating from their feelings, leaving them disconnected from their experiences and peers during the *Zoom* sessions.

To avoid re-traumatisation, I deliberately refrained from sharing real-life trauma examples and provided trigger warnings for potentially sensitive content. Instead, I used stories, myths, and metaphors within a safe, imaginative context to help participants understand trauma. This approach encouraged self-reflection and awareness without needing to recount real traumatic events, reducing the risk of triggering or re-traumatising participants. It also allowed trauma-related information to be conveyed empathetically, without causing dissociation.

Safe distanced storytelling encounters: A second narrative

Stories, including legends, tales, and myths, engage the imagination in a safe and distanced manner, fostering empathy in the listener. As Watts (1996) suggests, "the story is a strong container," and a vigilant facilitator can create a secure environment for safe exploration. According to Jones (1996), imagination, metaphor, and storytelling can broaden one's perspective on others' experiences and help make sense of personal experiences. He further emphasises that empathy and distancing are fundamental principles in both drama therapy and storytelling (Jones, 1996).

According to Jones (2007), empathy involves safe emotional resonance, involvement, and identification with others, engaging emotions. In contrast, distancing is a drama therapeutic tool that fosters a safe, distanced perspective and engages cognitive processes. Storytelling is distanced whilst providing a safe empathic position and therefore carries the potential to prevent unnecessary triggering and re-traumatisation. The distanced yet empathic position elicited by storytelling provides participants with an opportunity to empathically engage with difficult information and content.

Jennings (2021) highlights how the structure of a story, with its clear beginning, middle, and end, offers comfort and security through repetition and predictability, which can have a calming effect, particularly for those in distress. Using stories, folktales, and myths to explore

trauma reactions from a distanced and empathetic perspective provides safety while encouraging healing and preventing secondary traumatisation or re-traumatisation. The HAPPy Infusion curriculum integrated storytelling, imaginative drama games, positive visualisations, and artistic activities to foster the creation of a second narrative.

Aligned with Jones' (1996) concept of a dramatised character as a 'disguised self', the HAPPy Infusion program encouraged participants to engage with characters from the stories. In the online format, participants were guided to 'experience' these characters using imagination and empathy. This approach created the necessary psychological distance, enabling participants to safely explore challenging content.

In contrast, the HAPPy in-person program went one step further, utilising dramatic enactments, allowing participants to engage through embodied characterisation. This program had the time and space for deeper engagement with stories, where embodied interaction with characters enhanced understanding of difficult content. Through these distanced yet immersive enactments, participants gained new insights into trauma experiences, enriching their personal learning. My observations revealed that participants' movement, speech, responses, and emotions shifted when adopting a "dramatic identity" in person. Jones (1996) explains that such enactments provide freedom from habitual patterns of self-perception and interactions with others, creating opportunities for experimenting with alternative ways of being, behaving, and relating. This process, referred to as the "second narrative," fosters new perspectives and potential outcomes in real-life contexts. I noted that reflective moments following these enactments often resulted in greater personal insights and a more enlivened understanding of theoretical concepts.

The safety of using symbols and metaphors: Safe content.

According to Jones (2007), drama therapy enables the creation of symbolic and metaphoric realities, offering clients a unique way to engage with life challenges. Symbolisation, as a therapeutic tool, helps clients recognise and express issues while enhancing their understanding of how to relate to others and "understand the world" (Jones, 2007, p. 254). Similarly, the HAPPy Infusion curriculum incorporated symbols and metaphors to introduce and develop content, using an imaginative approach to foster a deeper understanding of

foundational trauma concepts. The metaphors conveyed theoretical knowledge and were presented in a scaffolded manner for clarity and progression.

The HAPPy Infusion online utilised eight metaphors to introduce and explore various aspects of trauma in a relatable and non-triggering manner. These included: *Trauma as a Wound*, *Trauma as a Cramp*, and *Trauma as Post-Traumatic Growth* to explain the nature and recovery from trauma. The curriculum also addressed the cognitive impact of trauma through *Trauma as a Storm* and *Trauma as a Loss of Focus*. Behavioural effects were explored using *Trauma as a Trigger* and *Trauma as Contagious*. Finally, the emotional and relational impact of trauma was examined through *Trauma as a Relationship Disorder*. The metaphors were presented sequentially to build understanding in a structured and progressive manner.

HAPPy Infusion online program Metaphors		
Day 1		
Introduction to the course 1 hour	Trauma as a Cramp 1 hour	Trauma as a Wound Trauma as Post-traumatic Growth 1 hour
Day 2		
Behavioural Impact: Trauma that Triggers Trauma that Numbs 1 hour	Cognitive impact: Trauma as a Storm Trauma as a Loss of Focus 1 hour	Affective and relational Impact: Trauma as a relational disorder 1 hour

Fig 6.3 The HAPPy Infusion Metaphors (online)
(De Beer, 2024)

The HAPPy Infusion program transitioned into a six-day in-person format. Some very important findings and developments occur from this process which is relevant to the program model. The in-person iteration introduced 10 trauma metaphors and expanded on embodied dramatic enactments and included teacher arts-based facilitation skills to address trauma. Notably, *Trauma as a Threshold* was added, while *Trauma as a Relationship Disorder*

was subdivided into *Trauma as a Boundary Issue* and *Trauma as a Cry for Help*. These changes enhanced the program's structure and participant safety.

Trauma as a Boundary Issue was strategically placed at the beginning of the course to experientially teach and model the social contracting of safe boundaries in a creative manner. *Trauma as a Cry for Help* was placed near the conclusion to explore the emotional impacts of trauma, providing a cathartic arc reminiscent of a dramatic narrative. Additionally, *Trauma as Post-Traumatic Growth* was positioned at the end, providing a redemptive conclusion by emphasising the potential for growth following trauma. This progression fostered a sense of healing and closure, resulting in enhanced safety and deeper engagement for participants.

The following table indicates the order of the 10 metaphors and changes that were discussed to increase the safety.

HAPPy Infusion in-person Metaphors					
Day 1		Day 2		Day 3	
Introduction to the Course	Affective Impact: Trauma as a Boundary Issue	Trauma as a Cramp	Trauma as a Wound	Trauma as Contagious	Cognitive impact: Trauma as a Storm
Day 4		Day 5		Day 6	
Cognitive Impact: Trauma as a Loss of Focus	Behavioural Impact: Trauma as a Threshold	Behavioural Impact: Trauma as a Trigger	Affective Impact: Trauma as a Cry for Help	Trauma as post-traumatic Growth	Assessment and reflection

Fig 6.4 The HAPPy Infusion Metaphors (in-person)
(De Beer, 2024)

The practitioner observed that metaphors made learning more accessible, relatable, and memorable for participants yet safe. Metaphors activate scenarios through stories, transporting images from the emotional right hemisphere of the brain to the analytical left

hemisphere, enabling verbal and relational articulation (Solomon & Siegel, 2017). Metaphor and storytelling function as tools for distancing, providing protection against re-traumatisation (Jones, 2007).

The HAPPY Infusion program utilised multiple stories to illustrate different responses to trauma. For instance, *The Weaver of the World Cloth* depicted a character demonstrating a healthy trauma response by maintaining social engagement during a chaotic event. Conversely, *The Url König* highlighted the severe consequences of an unhealthy trauma reaction, exemplified by a father's numbness leading to his son's death. Additionally, stories like *The Crescent Moon Bear* explored the moral dilemmas when faced with trauma reactions in our loved ones.

As mentioned before, the HAPPY Infusion program used storytelling to explore trauma metaphors, making complex neuroscientific concepts clear and accessible. An in-depth example is provided below to demonstrate how this was accomplished:

The story of the *Girl with the Legacy Necklace* is the story used to illustrate the metaphor of *Trauma as a Wound*. It tells the story of a young girl who lived in a village where all the girls were handed a legacy necklace as they came of age. Hers was exceptional and the jealous girls of the village tricked her to throw her necklace into the lake believing that she would appease the monster who threatened their village. Distraught, realising her folly, she gets lost in a forest. Here she meets an old woman covered in sores who promises to recover her necklace for her if she kisses each of her wounds. The young girl finds enough compassion to kiss and heal the old woman's wounds while the 'Old-one' cries out in pain, then sighs with relief. Healed, the old woman throws the girl into the lake where she finds herself breathing underwater. Her legacy necklace is recovered and restored to her, even more beautiful than before.

This story holds two key symbols which were explored during the reflective session after the storytelling: (1) Expressing the pain as illustrated by the old woman's cries and sighs of relief. The metaphor of Trauma as a Wound underscores the importance of expressing pain to support psychological healing; (2) the healing kisses that act as a metaphorical

"disinfectant". The metaphor Trauma as a Wound suggests that we can foster regulation, stabilisation, and support self-healing through caring actions.

Creating a safe-enough space to witness a story: Safety for learners.

Re-traumatisation occurs when individuals are consciously or unconsciously reminded of past trauma, leading to a re-experiencing of the initial traumatic event. This can be triggered by specific events, attitudes, expressions, or surroundings that replicate the circumstances (such as loss of power, control, or safety) of the original trauma. It may also occur when a child feels *compelled* to re-tell their experiences.

The HAPPY Infusion program emphasises the risks of children recounting trauma, as it may lead to re-experiencing the original event. However, narrating trauma can also help learners understand their experiences and construct a cohesive, meaningful storyline, provided they share willingly and without pressure (WHO, 2013). The HAPPY Infusion program emphasises the importance of teachers ensuring that storytelling is voluntary and highlights the value of arts-based and imaginative healing stories as safe alternatives for emotional expression.

Reflective practices during *Zoom* sessions encouraged participants to use stories and metaphors to express themselves, fostering accessible, distanced, and safe discussions. These practices enabled participants to reconstruct their narratives, establish their identities within the group, and elicit caring empathic responses, promoting a sense of belonging. Group A experienced enhanced attunement and connection, with symbols, stories, and metaphors providing a safe space for navigating vulnerable experiences.

Marcow Speiser (1998, p. 81) highlights that storytelling, as “a ritualized and bounded form” can create safety by articulating the inexpressible and unimaginable and thus contain “many aspects of the human experience”.

Creating structure: Safety through a structured, rhythmic approach.

The HAPPY Infusion curriculum employs a repetitive and predictable structure to foster safety, as outlined by Ruf (2013). Each three-hour session consisted of an opening ritual, check-in, self-care activities, metaphor discussion: incorporating a story and reflection,

theoretical knowledge, arts-based toolkit practices, a final reflection, concluding with a closing ritual. This consistent rhythm established a secure and engaging learning environment.

The two figures below provide an overview of how each session included a rhythmic and predictable structure.

Day 1						
Opening ritual and check in	Self-care	Introduction	Motivation			Reflection Closing ritual and check out
		Break				
		Metaphor 1	Story 1 Reflection	Theoretical Section 1 Reflection	Demonstration and toolkit Practices 1	
		Break				
		Metaphor 2	Story 2 Reflection	Theoretical Section 2 Reflection	Demonstration and toolkit Practices 2	

*Fig 6.5 The HAPPy Infusion program Day 1
(De Beer, 2024)*

Day 2						
Opening ritual and check in	Self-care	Metaphor 1	Story 3 Reflection	Theoretical Section 3 Reflection	Demonstration and toolkit Practices 3	Reflection Closing ritual and check out
		Break				
		Metaphor 2	Story 4 Reflection	Theoretical Section 4 Reflection	Demonstration and toolkit Practices 4	
		Break				
		Metaphor 3	Story 5 Reflection	Theoretical Section 5 Reflection	Demonstration and toolkit Practices 5	

*Fig 6.6 The HAPPy Infusion Program Day 2
(De Beer, 2024)*

Micro-planning in the HAPPy Infusion program incorporated activating and calming moments, reflecting regular breathing rhythms, as recommended by Waldorf teaching (Avison & Rawson, 2014). The program included two set breaks to allow participants time to integrate and assimilate their experiences.

Creating a safe-enough place: Safety through playing.

Post-trauma healing occurs when a child feels nurtured, comfortable, and within a safe-enough space, where they can begin to heal and tell their story (Jones, 1996). These 'therapeutic spaces' include resources like books, toys, and an attuned adult, enabling children to explore and process personal, social, and political stressors safely. The research sought to explore the possibility of creating a similar safe-enough space in educational settings, focusing on the essential elements required for this environment.

Drama therapist Phil Jones (1996) highlights two key elements of a safe space: an attuned adult and objects for play. He suggests play being integral to a person's developmental and expressive continuum (Jones, 1996). This continuum includes not only children's play but also experiential and embodied playfulness in adults, which allows individuals to represent trauma and express trauma responses (Jones, 2007). Emergency Educator, Ruf (2013, p. 107) concurs that the presence of an attuned adult is crucial for children to assimilate experiences, as without one play may lead to "traumatic play" which impedes progress and creativity.

After a disaster, traumatized children need an adult companion who encourages them to play while gently leading them out of the traumatic play situation (Ruf, 2013, p. 107).

Van der Kolk (2014, p. 27) further emphasises that healing depends on experiential knowledge, stating that "you can be fully in charge of your life only if you can acknowledge the reality of your body, in all its visceral dimensions." Thus, establishing embodied and expressive play opportunities is proposed as a means to create a safe space for healing. The

HAPPy Infusion program emphasises the importance of play in fostering a safe psychological environment for learning and teaching, highlighting the teacher's role as an attuned adult who inspires and facilitates these embodied and expressive play opportunities.

The HAPPy Infusion program faced challenges in facilitating embodied and expressive play in an online environment, relying on sensory elements like visual and auditory cues from participants. Despite these obstacles, the program successfully adapted some arts-based embodied games and activities for implementation in *Zoom* sessions. These activities introduced playfulness, lightness, and joy, enhancing engagement and group safety, with additional play opportunities extended through *WhatsApp* interactions.

The concept of a safe play space, or "temenos," fosters transformation and possibility through imagination and wonder (Janse van Vuuren, 2007). While the *WhatsApp* space, used in the training, cannot be considered a sacred space, it successfully facilitated imaginative and 'whimsical' play aligned with therapeutic approaches that leverage creativity for personal growth. Group A utilised this platform to create a safe, imaginative space, while the in-person HAPPy Infusion program curriculum enabled role-play, dramatic enactments and embodied play experiences, helping participants gain insights, develop coping mechanisms, and explore new perspectives on the challenges they were facing.

Creating safe content: Bite-size trauma information.

I would argue that besides play and inclusive arts-based practices, cognitive understanding can foster a sense of safety. Van der Kolk (2014, p. 19) highlights how identifying and naming symptoms brought relief to Vietnam veterans, stating that

systematically identifying the symptoms and grouping them together into a disorder finally gave a name to the suffering of people who were overwhelmed with horror and helplessness.

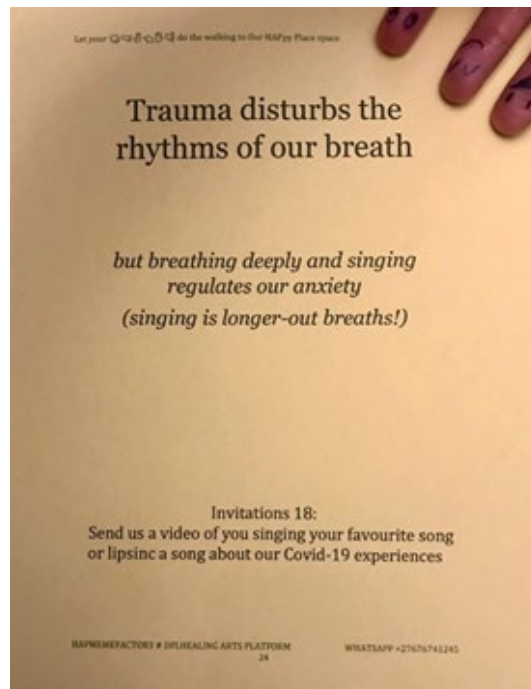
This underscores how identifying and meaning-making are processes in and of themselves that can create safety. To facilitate this, the program provided theoretical information in an accessible format to minimise fear and overwhelm, utilising the Waldorf three-fold approach to explain trauma responses across thinking, feeling, and physical aspects for easy

comprehension. Additionally, eight metaphors were developed (discussed above) to segment the program into manageable components, while arts-based practices, metaphors, symbols, and distanced stories, paired with clear, simple language, were employed to promote embodied learning and understanding.

An innovation of the *Our HAPPy Place* project was the use of memes shared via *WhatsApp* as a tool to disseminate knowledge and meaning while fostering collaboration and psychological safety. Massimini & Delle Fave (2000), cited in Seligman & Csikszentmihalyi (2000, p. 9), explored the relationship between psyche and culture through meme production, which they describe as being “affected by human consciousness.” Brodie (1996, p. 5-8) defines memes as “a cognitive idea” and an “internal representation of knowledge” that serves as a “basic unit of cultural transmission” through imitation. Seligman & Csikszentmihalyi (2000) further explain that individuals, as self-organising systems, and continuously involved in the selection of memes to define their individuality and shape their future, motivated by adaptation, survival, and the desire to reproduce optimal experiences that make them feel fully alive, competent, and creative.

As a practitioner, I contributed to the 2020 DFL project *Our HAPPy Place*, which utilised digital pedagogies to address the traumatic social impacts of COVID-19 and tackle disparities within the Wits learning environment. I proposed creating and sharing HAPPy memes on social media platforms like *Facebook* and *Instagram* to support distressed students. This collaborative effort created a *M3M3Faktory* from Tamara Guhrs’ and meme designs from Manola Gayatri Kumarswamy’s (Guhrs et al., 2020).

The meme challenges combined neuroscientific theories of psycho-traumatology (Porges, 2018) with arts-based practices from EMP (Ruf, 2013), expressive arts therapy (Malchiodi, 2016), and drama therapy (Jones, 2007), presenting a trauma fact, an arts-based solution, and an invitation for engagement.



*Fig 6.7 Meme invitation 18 (first iteration)
(De Beer, 2020)*

The *Our HAPPy Place* project sparked imagination and interactivity by providing online witnessing and artistic recognition, while democratising knowledge that was accurate and accessible. It utilised existing social media platforms, whilst ensuring factual, healthy, and psychologically nurturing information to ensure equality.

The HAPPy Place Infusion research developed 40 memes to align with the program's progression, incorporating curated links to artistic practices that demonstrated games and activities that provided relief, stabilisation and self-healing. Repeating key theories through easily digestible daily memes during the 40-day cycle was valuable, particularly when participants expressed their overwhelm and struggles to absorb the learning content. These daily memes, edited to be more visually engaging and less wordy, helped participants understand key theories.



Fig 6.8 Meme invitation 2 (Group A and Group B)
(De Beer, 2020)

One participant expressed appreciation for gaining a deeper understanding of the brain and its functions, highlighting the value of incorporating neuroscientific insights into the program to add "gravitas" and emphasise psychological and neurological foundations. *WhatsApp* sharing was also valued by participants, with one noting the comfort of connecting with others in the same field despite working with different learners.

The sharing fostered supportive relationships and encouraged the practice of "giving and receiving," which helped break isolation and create safety. The use of memes and breaking the program into smaller, scaffolded units addressed accessibility issues and positively influenced a sense of safety and belonging, particularly in Group A.

In conclusion, the practitioner-researcher acknowledges the complexity of creating a safe, tolerant, creative, and non-violent space. While participants from both groups showed tolerance and acceptance of changing external circumstances, with no instances of violent expressions, maintaining an invitational and playful atmosphere was challenging when participants were unresponsive. The research findings highlight the difficulties in establishing safety in diverse groups, yet feel that the methods innovated did indeed contribute to the creation of a safe-enough space to learn in.

The next section investigates the importance of regulating the nervous systems' trauma reaction and encouraging balance and stabilisation to support self-healing and psychological health.

6.3 Regulation and stabilisation

The HAPPy Infusion program took on the challenge of modelling stabilisation and promoting regulation and co-regulation of trauma responses during COVID-19 disruptions. Drawing on Albert Bandura's (2001) Social Cognitive Learning Theory, it demonstrated how individuals learn through observing and imitating others' behaviours. Additionally, neuroscientific insights on mirror neurons (Figley, 2002; van der Kolk, 2014) provide information as to why modelling is effective, and why teachers can co-regulate learners.

Modelling inner attitudes such as balance, presence, patience, and focus can be challenging in educational environments during upheaval. School closures, irregular attendance, and COVID-19 safety protocols (e.g., mask-wearing and social distancing) disrupted learning continuity and learners' turn-taking caused dysregulation. Participants reported how the loss of stability, predictability, and consistency negatively impacted learners' cognitive abilities (focus and attention), emotional functioning (sadness, anger, numbness), and behaviours (withdrawal, aggression, lethargy), but also affected their own stress levels. Participants faced personal challenges, including overwhelm, stress, burnout, and resistance to institutional changes. Concerns included time constraints for completing the curriculum, diverse learner needs, limited resources, and the mental health effects of COVID-19 on participants and their ability to regulate themselves and their learners.

Providing a consistent and regulated model of a teacher in this context proved challenging. Upon reflection, it became evident that Group A members and I were able to establish a moderate level of co-regulation, as the shared experience of navigating the challenges together fostered a sense of mutual support. However, I recognise that addressing these difficulties requires a systemic and collaborative approach, including ongoing professional development, institutional backing, and a shared commitment to promote positive regulatory practices.

Stability and regulation in educational communities can be created through sustained modelling by psychologically healthy educators. In South Africa, where many children face unstable environments, positive teacher role models play a vital role in reconstructing

supportive settings. Such modelling can counteract behaviours that hinder healthy development. Given the country's elevated rates of violence and ACEs, the importance of modelling (Bandura, 2001) is particularly relevant for addressing trauma. The research results suggest that the HAPPy Infusion program can foster stabilising behaviours in participants, demonstrating that a balanced and calm teacher, i.e., a psychologically regulated teacher, can effectively regulate and stabilise their learners.

The HAPPy Infusion program promotes psychological health and wellness, defined as being open, calm, receptive, aware, clear, and peaceful. These qualities are observed through the lens of emotional, cognitive, and behavioural health, as well as relational and social interactions. A sustainable and generative model should prioritise ongoing support for teachers to maintain their psychological health. Figure 6.8 below provides an illustrated representation of psychological health.



*Fig 6.9 Wheel of Psychological Health
(De Beer, 2023)*

Stabilising and regulating the nervous reactions are the second step towards addressing trauma and establishing psychological health.

6.3.1 Approaches that created psychological health through stabilisation and regulation of the trauma response.

The following approaches were implemented to create stabilisation and encourage regulation:

- Using imagination, metaphor, and story to release, stabilise and regulate: language provides release.
- Regulating and stabilising toolkit practices and play.
- Mindfulness and contemplative practices for self-regulation: structured rhythmic approach.
- Cultivating cooperation and social engagement: Our HAPPY Infusion activation and interactivity.
- Stabilising creative activities that regulate: activating memes.

Using imagination, metaphor, and story to release, stabilise and regulate: Language provides release.

Trauma impairs neocortex functioning, particularly the frontal cortex responsible for imagination (van der Kolk, 2014). Trauma thus hampers our ability to imagine; any instances of shock, pain, or distress may impede access to the imagination (Pendzik & Raviv, 2011). Incorporating imaginative activities into trauma interventions is essential, as they stimulate areas of the neocortex and thalamus (Malchiodi, 2020b).

Pendzik & Raviv (2011) emphasise imagination as an importance in enhancing physical and emotional well-being and enabling therapeutic transformation. Imagination, as a robust psychological strength, fosters positive attitudes and outcomes when activated (Pendzik & Raviv, 2011). Van der Kolk (2014) highlights its role in contemplating new possibilities, particularly for children. Similarly, Lahad et al. (2010), cited by Pendzik & Raviv (2011),

identify imagination as a fundamental coping mechanism, stating it is crucial for navigating stressful situations and engaging with the world in a stabilised and regulated way.

Jennings (2021) indicates that storytelling engages the motor, sensory, and frontal cortex, stimulating neural pathways in the brain. She highlights its therapeutic value in calming anxieties, fostering imagination, and promoting emotional regulation. Imagination, stimulated through storytelling, serves as a key therapeutic tool that teachers can utilise effectively and safely. The HAPPy Infusion program curriculum incorporated storytelling to reconnect participants with their innate imaginative capacity. The ritualistic structure of tales and myths helped stabilise and regulate participants, while the content centred on using story and metaphor to stimulate imagination.

Jennings (2021) notes how stories contain traditional roots and a sense of history, whilst maintaining a relevance in contemporary society, because they describe human frailties and struggles, making them especially beneficial for learners experiencing chaos and trauma. The HAPPy Infusion program utilised metaphors in storytelling to illustrate the process of stabilising and regulating psychologically unbalanced emotions. One metaphor, *Trauma as a Storm: Finding Balance*, was conveyed through the original story *M and the Storm*, which follows a young man navigating a storm in a hot air balloon, symbolising individual stabilisation and grounding. Another story, *Mia and the Circus People*, depicted the collective grounding and stabilising efforts of a circus community seeking shelter in a cave during a storm. These narratives emphasised both personal and communal coping mechanisms. The symbol of a 'storm' was used to represent the societal impact of COVID-19, providing a distanced yet relatable way for participants to process real-life challenges. This metaphor resonated with participants, helping them understand and navigate the complexities of the COVID-19 world. Stories enabled participants to acknowledge societal difficulties and explore methods for self-regulation and community stabilisation. Developing the 'storm' as a symbol of the impact of COVID-19 on society provided a distanced way to express a real-life difficulty. This symbol seemed to resonate with participants and had an effect on the way the participants understood and related to the COVID world. These stories helped participants acknowledge and accept the difficulties of the COVID impact on society, and discuss different ways to stabilise and regulate themselves and their communities.

According to Pendzik & Raviv (2011) dramatic and storytelling enactments allow learners to transition between real and hypothetical worlds, solidifying imagination in a physical space. Facilitated by trained teachers or drama therapists, this healing and stabilising process of ‘embodying’ the imaginative into a physical representation involves validation, exploration, mastery, and transformation (Pendzik & Raviv, 2011). The in-person HAPPY Infusion program fostered deeper embodied experiences, helping participants “slow things down so the actors can establish a relationship with themselves, with their bodies” (van der Kolk, 2014, p. 339). Simple story re-enactments stabilised and regulated participants without them even noticing it. The program thus emphasises a sensitive approach to avoid re-traumatisation or overwhelming participants through excessive emotional stress.

Regulating and stabilising toolkit play practices.

Participants noted an increase in bullying, violence, peer pressure, social isolation, trauma, ACEs, and resistance to change in learners' behaviours during this time. Addressing these responses was essential for establishing co-regulation. The HAPPY Infusion program curriculum recommends using regulatory arts-based activities and shared trauma-informed school strategies to help participants manage triggered reactions.

Play is often used as therapy. Prof Stephen Porges (2019) in his lecture *On Trauma and the Polyvagal Theory* notes that play is a neural exercise that enables the co-regulation of the physiological states, promoting mental and physical health. Porges emphasises the importance of establishing reciprocal relationships, encouraging movement, and using face-to-face interactions and prosodic vocalisations, proximity, and touch to dampen defensive reactions. Playful arts-based activities, which are integral to the HAPPY Infusion toolbox, align with these principles. Arts-based play activities, based on EMP, expressive arts therapy, drama therapy, and applied drama, help stabilise learners by addressing dysregulated states. For example, mirroring exercises aid focus, regulate the nervous system, reduce trauma-related tension, and increase body awareness and attunement between learners.

The Matrixial safe space, as suggested by Gayatri Kumarswamy (De Beer & Gayatri Kumarswamy, 2020a), often included a gentle, playful atmosphere where risk and challenge are balanced with regulatory practices. Calming activities like drawing, painting, and

sculpting, along with dialoguing, can help down-regulate the fight-or-flight response and promote emotional balance. Creating a culture of safe, creative, trustworthy and calm learning is crucial, particularly for children dealing with stress, anxiety, and trauma. The use of art-based learning in both online and in-person HAPPy programs was able to create calm and stillness, showing that play can stimulate self-healing and regulate emotional responses.

Yet, arts-based activities such as dancing and movement also have the potential to unblock and regulate the nervous system's freeze response. According to drama therapist Pearson (1996), movement and dance help individuals connect with themselves, increase body awareness, and foster connection with others, which can alleviate numbing and dissociation post-trauma. Jones (1996, p. 17-18) also notes that dancing freely encourages "a state of playfulness". The HAPPy in-person drama activations which included singing, dancing, movement, even visual art and form drawing, directly regulated the nervous system, restored rhythm, and dissolved the freeze reaction.

The HAPPy Infusion program incorporates a ritualised opening and closing, based on EMP, which includes verse speaking, singing and movement, and a rhythmical activity. The verse helps ground and stabilise learners, stimulating cognitive functioning with simple language. The song, a call-and-response with stomping actions, grounds and stabilises the emotional function of learners and promotes longer outbreaths, a well-known regulatory practice. The final rhythm involves rhythmic clapping, including midline crossing, to enhance proprioceptive abilities. The same elements are reversed to close the session, providing clear time boundaries, stabilisation, self-awareness, and co-regulation. Speaking, singing, and moving with collective rhythm, in a harmonised and attuned way, increased co-regulation. The opening and closing ritual were successfully implemented in both online and in-person programs, with many participants successfully implementing it in their classrooms. The playful regulating toolkit practices were applied during the *Zoom* sessions and despite participants only partially experiencing them and needing to view them online through curated links on *WhatsApp* they found the activities valuable and applicable.

Mindfulness and contemplative practices for self-regulation: A structured rhythmic approach.

The HAPPY Infusion online program curriculum incorporated self-care moments inspired by Dr Gayatri Kumarswamy's work (De Beer & Kumarswamy, 2020a). Drawing on somatic experiencing, movement, breath, and artistic practices, these moments were initially used in early *Our HAPPY Place* workshops in 2020. Kumarswamy innovated self-care yoga movements and RASA breathing techniques gently introducing each metaphor. These sessions, aimed to foster mindful self-awareness, contemplative practices, (i.e., drawing) and matrixial bonding (i.e., sharing). These mindfulness and contemplative practices were adapted for the HAPPY Infusion online program.

The experiences of participants during the HAPPY Infusion program spurred greater engagement with self-care. The HAPPY Infusion in-person program incorporated a self-care session featuring mindful contemplative practices influenced by Dr Draper-Clarke's work. Rooted in African contemplative and wisdom traditions, these practices promote nervous system regulation, pro-social qualities, community cohesion, and a sacred sense of purpose (Draper-Clarke, 2023). Draper-Clarke contributed breathing, movement, and dance to enhance embodied and communal healing, fostering well-being and flourishing.

For nearly all of history, healers and shamans have called on drumming, dance, song, and visual arts to bring healing and balance. Despite ever growing technological advances, the healing practices rooted in our ancestors remain powerful today (Bopp et al., 2018, p. xvii).

While mindfulness and contemplative practices for self-regulation are crucial it is also important to ensure that the program follows a structured approach that provides regular quiet moments. Late arrivals in the *Zoom* room and technical issues compromised the program's timekeeping, leading to feedback about the need for longer breaks and improved time management. Participants should not feel overwhelmed by the program's pace or content. Empathic responses during challenging times can challenge boundary enforcement, yet regular and longer breaks are recommended to mitigate *Zoom* fatigue and maintain participant well-being.

Cultivating cooperation and social engagement: interactivity and co-regulation.

Trauma often disrupts open social engagement and natural give-and-take interactions, as humans tend to retreat when feeling threatened (Ruf, 2013). To counteract this, the HAPPY Infusion online program incorporated rituals, check-ins, playful activations, games, interactive demonstrations, and reflective moments to foster cooperation, social engagement, and co-regulation. Additionally, a *WhatsApp* component encouraged collective sharing, collaboration, and cooperation. Almost all the participants reported a positive response to these activities.

The initial *Our HAPPY Place Project* (2020) featured a welcoming video on *Facebook*, scripted by the practitioner and dramatised collaboratively. The video introduced three finger-characters, 'Thinking', 'Feeling', and 'Doing', who find themselves isolated in *Zoom* rooms, and invites viewers to join *Our HAPPY Place* by engaging with meme invitations. This video was later shared during the HAPPY Infusion online program to illustrate and encourage cooperative social engagement and co-regulation within the *WhatsApp* group.

Stabilising activities that regulate: Invitational memes.

The HAPPY Infusion program used memes for knowledge dissemination and to suggest accessible, arts-based methods for nervous system regulation and stabilisation. Adapted from the *Our HAPPY Place Project* on *Facebook*, the memes were redesigned to communicate trauma information in a way that stabilises dysregulation by emphasising simplicity, clarity, repetition (Ruf, 2017e), and consistent design. They included prompts for content contribution, links to demonstrations, and opportunities for interactive sharing on *WhatsApp*, fostering stabilisation, positivity, and creativity.

These memes addressed trauma reactions, such as the sympathetic 'fight-flight' and dorsal vagal 'freeze,' reactions by promoting arts-based play practices. Carefully curated content encouraged participants to implement and innovate activities suited to their cultural and teaching contexts. The memes invited participants to stabilise and stimulate their natural self-healing capacities by providing helpful information regarding self-regulation and co-regulation. Although these simple and safe ways can be used in educational environments, it is important to note that working with vulnerable communities during vulnerable times

does require in-depth understanding of the subject. A thoroughly planned and supervised program is recommended. The memes became a playful, enlivening, reviving 'creative' interplay between self and 'other,' that sparked activation, imagination, and interactivity.

Group A responded positively to the meme invitations, fostering coherence through reciprocal participation, playful risk-taking, shared responsibility for learning, and a supportive, regulated environment. In contrast, Group B's participation in the *WhatsApp* sharing sessions was notably inhibited, likely due to previously discussed factors and being in a stress response phase. This phase often induces unresponsiveness, deactivation, and lethargy, disrupting natural give-and-take interactions (Ruf, 2013). Interviews revealed that while Group B participants adapted demonstrations to create age-appropriate and culturally relevant content, they did not share this content on *WhatsApp*. Their limited engagement highlighted a lack of co-regulation and social engagement. Despite these challenges, the memes managed to facilitate knowledge transfer in a democratic, equitable, and accessible way through social media. The memes facilitated self-regulation and co-regulation, leveraging the natural self-healing capacities of participants while providing simple strategies for educational settings.

6.4 Resilience and Hope

Resilience is the ability to overcome, withstand, adapt or quickly recover; defined by Herrman et al. (2011, p. 258) as a "positive adaptation, or the ability to maintain or regain mental health, despite experiencing adversity". The HAPPy Infusion program aimed to foster collective resilience and hope through arts-based activities.

Shonkoff (2015, cited by Walsh, 2015) emphasises that resilience depends on responsive and supportive relationships and the development of skills to respond to adversity in healthy ways. Such relationships can transform toxic stress into tolerable stress. Walsh (2015) notes that without responsive relationships, prolonged stress triggers physiological changes that impair brain development and overall health, making adaptation more difficult. Children rely on consistent "serve and return" interactions with caregivers to develop essential capacities for planning, self-regulation, and adaptation. Without these, traumatised children struggle to function, learn, or play, potentially becoming adults who traumatise and abuse. Attuned

adults play a critical role in stabilising children and fostering resilience, enabling them to recover from adversity. Ruf (2013) asserts that relationality can help mitigate trauma effects on children in schools, aligning with Walsch (2015) and Jones (1996), who emphasise the critical role of attuned adults in shaping children's relationships and fostering group resilience.

Traumatic experiences can upend kids' lives, but trauma doesn't have to be a life sentence. By increasing awareness of the effects of trauma and the most promising ways to treat it, we can foster young people's innate resilience and get them — and their families and communities — the support they need to thrive (Sheldon-Dean, 2022, p. 2).

Miller-Karas (2015, p. 8) describes the "resilient zone" as an internal state of flexibility and adaptability that helps individuals navigate daily challenges. Building resilience begins with creating conscious awareness in trauma survivors about their stress sensations and reactions, enabling them to distinguish between 1) resilient high and low zones and 2) the sensations of well-being and distress.

Immediate therapeutic intervention during an acute reaction to trauma can risk re-traumatisation. However, research suggests that addressing the biological stress response through non-intrusive, embodied methods early on can help prevent PTSD (Bonnano, 2009). Simple, accessible skills and games offer a safe way for drama therapists and teachers to support this acute phase and build resilience.

Miller-Karas (2015) emphasises the inherent human capacity for healing and resilience, defined as "the ability to identify and leverage individual and collective strengths to live fully in the present moment and thrive while managing everyday tasks" (p. 6). While trauma survivors may recognise their innate resilience, questions arise about fostering resilience in communal settings, such as schools or classrooms. Group resilience involves the collective capacity of an educational community, school or class to adapt, recover, and thrive despite challenges. MusicWorks, a Cape Town non-profit, does exactly this. This initiative uses music to build resilience among marginalised youth through relationship-based, resource-driven interventions. Guided by Ebersöhn's (2012) theory of 'flocking', it fosters safe, enabling spaces, utilising existing resources within children and their school communities, addressing

multi-layered complex and persistent adversities such as poverty, violence, and gangsterism (Fouche & Stevens, 2018).

Establishing group resilience is a crucial aspect of healthy learning environments. The HAPPY Infusion curriculum highlighted the importance of building trust through connection, attunement, and cohesion as key capacities for strengthening collective resilience. However, the practical implementation of the online programme proved complex. Diverse participant needs, varying levels of resilience and burnout, and disparities in access to social and collegial support, as well as resources, created challenges, disrupted interactions, and impacted collective resilience. Additionally, maintaining active engagement and connection was further hindered by the challenges and regulations imposed by COVID-19. Participants reported escalated social challenges in their classrooms, schools, families, and communities. The regulations hindered class cohesion and fostered cliques, leading to feelings of exclusion and isolation. This was mirrored in the interactions of Group B. Addressing these challenges required a proactive relational approach, promoting open communication, inclusivity, and a supportive learning environment established through arts-based activities. The research showed the feasibility of achieving this with Group A, but challenges remained a concern in Group B.

The research findings highlighted 1) the crucial role of educators and participants in modelling positive behaviour, building meaningful relationships, and adapting teaching strategies to enhance the connection, attunement, and overall cohesion, 2) it demonstrated that arts-based practices, specifically drama and play activities, can effectively address social exclusion, foster connection and inclusivity, even in an online environment, 3) the importance of building cohesive teacher-learner relationships, identifying non-violent communication skills, and effective conflict resolution.

Upon reflection, I found that my role as a practitioner and educator in modelling positive behaviour and building meaningful relationships was effective with Group A but unsuccessful with Group B. Arts-based practices and activities that focused on relationships and communication were successful in fostering a responsive learning environment for participants who applied these methods in their classrooms. However, while an aim of the HAPPY Infusion program was to build cohesive teacher-learner relationships, I lacked

effective conflict resolution skills to address challenging boundary issues. This gap was addressed in the in-person training, where more time was available.

Enhancing group resilience in educational environments requires a comprehensive approach that includes healing-arts practices, mental health support, community-building activities, and fostering an inclusive and supportive culture. Successful resolution of challenges relies on collaborative efforts from educators, students, parents, and the broader community, emphasising the importance of a unified approach in creating a resilient learning environment. This collaborative effort is crucial for addressing the significant challenges faced by South African schools and establishing a resilient educational environment.

6.4.1 Approaches that created resilience and hope

Seligman & Csikszentmihalyi (2000) highlight human strengths like courage, hope, optimism, perseverance, and the capacity for flow that serve as buffers against mental illness, including PTSD. They advocate for a science of human strength focused on nurturing these virtues in young people, emphasising prevention and amplifying strengths over repairing weaknesses.

Ruf (2013), citing Antonovsky (1997), highlights three key factors for resilience and mental well-being: comprehensibility (a structured, predictable and explainable world), manageability (trust that life events can be managed), and meaningfulness (meaningful challenges that merit active commitment). The HAPPY Infusion program integrated these factors into its model and toolkit. The following approaches were utilised to build resilience and hope:

- The power of the second narrative: imagination, metaphor, and story.
- Cultivate meaningful spiritual experiences that are structured and rhythmic.
- Cultivate cooperation and social engagement: Remember joy heals!
- Manage online witnessing and holding processes: artistic recognition and collective coping.

The power of the second narrative: imagination, metaphor, and story.

Faith Busika, as cited by Draper-Clarke (2022, p. 14), describes her use of traditional storytelling, *iintsomi*, in South African townships to foster resilience, community, and collective co-regulation with safe 'distancing' among children:

I try to allow children to have community amongst themselves, listening to each other and formulating empathy.

Children experiencing trauma often struggle to imagine a better future with a happy outcome. Van der Kolk (2014, p. 17) notes that "without imagination there is no hope, no chance to envision a better future, no place to go and no goal to reach." Stories can serve as powerful reminders of a hopeful future. Ruf (2013, p. 117, citing Hurther, 2008) states that stories are:

proven tool[s] of emergency education. Nurturing images need to replace the horrific images of the disaster that have been burned into the body's memory. Folktales and fairy tales supply such healing images. The heroes in fairy tales grow inwardly when they have mastered a task or adventure. They become stronger. Identifying with these heroes can help children resolve their trauma.

Stories that transform

Jones (1996) argues that stories connect us to the idea of transformation through adaptation, highlighting our ability to evolve and construct new experiences for survival. The HAPPy Infusion program utilised hero and heroine narratives, such as *The Windmaker* to illustrate the metaphor: *Trauma as a Threshold* that leads to post-traumatic growth, new wisdom and understanding about life. The heroine from the story *The Girl with the Legacy Necklace* kissed the old woman's wounds and returned home with her transformed necklace. These characters become the symbol for resilience and personal transformation, reminding participants of the potential for positive change despite adversity. Through drama enactments part of the in-person HAPPy program, participants embodied the characters, experiencing healing transformations.

These archetypal yet relatable symbols, such as the necklace and the wind, fostered a sense of belonging to shared humanity and enhanced resilience. Dramatic storytelling enactments, inherent in drama and drama therapy, promote and support healing transformation (Jones, 1996) and is a successful addition to the HAPPy program.

Stories that create comprehension and make meaning.

Traumatized children often struggle to regulate their nervous systems, leaving them feeling out of control and unable to find meaning in their experiences. Mendoza & Bradley (2021) highlight storytelling as a powerful tool for caregivers and therapists to engage with children, enabling them to effectively process, comprehend, and contextualize their lived experiences. Even in the HAPPy Infusion online program, listening to stories fostered understanding and empathy in participants for the characters in the stories.

Stories enhance listeners' comprehension by providing structured, predictable narratives that help explain external world events. For instance, *Mia and the Circus People* portrays a group of circus people seeking shelter during a storm, illustrating how fear, isolation, and shock reactions are normal responses to abnormal situations.

Stories that help us problem-solve and remember.

The HAPPy Infusion program curriculum included storytelling (i.e. online) and enactments (i.e. in-person) to address trauma's effects on problem-solving, memory, and language development. Reflective questions after the telling of a story encouraged problem-solving, developed listening and memory skills. The HAPPy Infusion program included resilient stories, such as *Manawee and his Dog*. The dog's persistence and resilience aided Manawee in his quest to marry two beautiful girls. This story reflects how cultivating a strong focus and connection can increase resilience and the ability to succeed. Sessions often conclude on a satisfying note, with heroes and heroines finding rejuvenation and restoration after their challenging journeys.

Stories that build resilient relationships.

Kislyakov et al. (2014) highlight that relationships can range from supportive and collaborative to hierarchical and suppressive. This varies according to differences in the

social environment, personality development, and the degree of social-psychological safety. During the HAPPy Infusion program resilience was explained as the fostering of positive, transformative adaptations to overcome adversity through relationships. The HAPPy curriculum stresses the importance of cultivating cooperation and emotional engagement through happy, attuned emotional interactions, beginning with parent-child interactions. These interactions stimulate brain development, fostering essential drives like connection, love, pleasure, and pain relief. Any deviation from consistent, secure interactions with a caregiver exposes the child to stressful and pain-inducing experiences, often leading to maldevelopment (Máté & Levine, 2008). Given their caregiving role, especially as parents work long hours, teachers frequently have to provide secure and attuned interactions. Stories act as valuable tools for fostering safe, empathetic relationships between teachers and learners, promoting stability and emotional growth.

Hanson & Hanson (2018) identify three basic human needs, namely safety, satisfaction, and connection, rooted in evolutionary history. Storytelling stimulates mirroring between listener and storyteller, enhancing brain activity (Jennings, 2021), fostering cooperative learning, and building connections. By engaging the imagination, listeners become active participants in the storytelling experience (Ødemotland, 2020). Zajonc (2009) highlights how storytelling's use of metaphor and unique vocabulary can encapsulate the "transcendent domain of soul and spirit," aiding in the creation of a descriptive framework that fosters resilience.

During the implementation of the in-person HAPPy program, storytelling fostered safety and provided satisfaction, while the healing stories demonstrated cooperation, connection, and resilience. In the HAPPy Infusion online sessions, participants experienced storytelling as an interactive and imaginative process. As a practitioner, I observed that the dramatisation of stories stimulated cooperative effort, trust, and teamwork, fostering resilient responses and satisfactory endings. The stories provided opportunities for self-discovery and self-expression and definitely aided in the creation of a descriptive resilient framework.

Cultivate meaningful spiritual experiences that are structured and rhythmic.

Traumatised children often struggle to find meaning and reconnect with their inner selves or a higher purpose. Peter Levine suggests that this disconnection results from "fright

paralysis," also known as "susto" or "soul loss" (2010, p. 31-32). However, traumatic experiences can also serve as catalysts for post-traumatic growth, providing an opportunity for inner development (Ruf, 2013). Levine (2010) believes that transforming traumatic experiences can open doors to spiritual understanding and psychological growth, acknowledging how "religious rituals, theatre, music, dance, meditation, and ingesting psychoactive substances" have through the ages helped people cope with feelings of fear and helplessness (Levine, 2010, p. 31-32).

Bernd Ruf (2013) characterises trauma as a threshold experience that involves dissociation, life reviews, near-death experiences, and existential fears of death and survival. Ruf (2017a) also notes that religion can act as a protective factor, preventing a stressful event from becoming traumatic and thus increasing resilience. Similar to Frankl's (1963) emphasis on creating a meaningful existence to overcome adversity, Ruf (2013) stresses the importance of restoring children's trust in the meaningfulness of life's challenges, encouraging active commitment to overcoming them.

This raises the question of how religious practices can be integrated into diverse and inclusive educational environments. Adopting the EMP approach, HAPPy Infusion curriculum created moments of reverence to foster spiritual or meaningful experiences without promoting specific religious content. One example is the EMP opening and closing ritual, which serves as a holistic approach encompassing physical, somatic, psychosocial, and mental aspects (Ruf, 2013). This daily ritual re-establishes connections to the self, others, and the world, and was successfully adapted and implemented by participants in their classrooms to build resilience and cultivate a sense of wonder and meaning.

The HAPPy Infusion program curriculum advocates for firstly, creating a safe-enough, supportive environment, and secondly, incorporating literature, art, dramatic play, and music to explore universal themes of resilience, hope, and self-discovery. Thirdly, the program includes gentle, playful and creative mindfulness, meditative, and reflective practices that stimulate positive, imaginative images fostering calm and peaceful states such as the verse, song or rhythm from the opening ritual. The content cautions against deeply exploring meditative practices in the early phases of trauma, as they may risk re-

traumatisation. Teachers can create a spiritually enriching environment without imposing specific religious content through utilising arts-based methods helping learners explore their beliefs and develop a sense of purpose.

Cultivating cooperation and social engagement: Remember joy heals!

Freire (1971, p. 61) introduced the concept of "cultural circles," described as "not a school, in the traditional sense," but rather a space for "live and creative dialogue, in which everyone knows some things and does not know others, in which all seek together to know more." This approach fosters active, collaborative learning, enhancing relationships, collective comprehension and resilience. Whilst De Los Rios & Souto-Manning (2017) highlight cultural circles as strategies for promoting racial justice, Monteiro et al. (2015) found it promoted socio-political and cultural awareness, addressing issues like violence, human rights, discrimination, intolerance and inequities. Their intervention empowered communities to prevent violence through protection networks and social support systems.

The HAPPy Infusion program aligns with these principles by advocating for supportive peer groups to enhance learner safety, mental well-being and establish cooperative learning communities crucial for resilient educational environments. Paquette & Ryan (2001) emphasise the role of safe and trusting relationships in fostering resilience, while Miller-Karas (2015) introduces the Trauma Resiliency Model (TRM) and Community Resiliency Model (CRM) as public health interventions for trauma survivors.

The HAPPy Infusion program therefore strongly advocates for establishing a similar empowered collective, starting with a harmonised and attuned classroom, which then permeates into the school and the wider school community. The HAPPy toolkit, furthermore, suggested engaging in community service or collaborative projects that emphasise empathy and compassion, to deepen understanding of interconnectedness and shared humanity. The *WhatsApp* groups were created to stimulate playful, 'creative' interplay, yet their greatest benefits were how they promoted interconnectedness and fostered active, collaborative learning and comprehension as well as collective resilience.

Another key aspect of resilience is the experience of joy and social care, which are essential for trauma survivors who often face isolation and difficulty in adapting. Supportive social

systems play a key role in healing and building resilience. While the humanistic psychological approach focused on "the self" and individualism, Positive psychology broadens this view to encompass collective well-being and relies on the scientific method to understand the complexity of human behaviour (Seligman & Csikszentmihalyi, 2000). This aligns with Stephen Porges' theory of co-regulation through social engagement. Ruf (2017a) concurs and highlights that secure relational behaviours and social support from family, friends, or community are vital for resilience. Cultivating social engagement or relational cooperation through expressive arts-based activities not only creates co-regulation but also builds resilience.

EMP utilises play, creative handcraft, movement, speech and finger games, circle games, storytelling, songs, and dances to create positive, optimal experiences for children to form supportive social systems. Ruf (2013, p. 119, 120) notes that:

[j]oy, compassion, and positive experiences, on the other hand, improve cardiac coherence. This in turn, leads to the increased production of IgA and consequently greater resilience. Joy stimulates the powers of self-healing. Joy heals!

Positive psychology and EMP principles support the idea that "Joy heals!" Playful learning, through expressive games and artistic activities, creates secure, attuned interactions, allowing both learners and teachers to experience happiness while building collective resilience. The HAPPY Infusion program demonstrated this, with participants expressing anticipation for sessions due to the collective safety, care, and joy they experienced.

The HAPPY Infusion toolkit included and introduced drama games from Augusto Boal's work (1992) focused on team-building, trust, attunement, and belonging. While online sessions made it challenging to experience Boal's trust-building games, the in-person HAPPY program was successful in fostering social engagement and cooperation through trust-building games and play activities. However, team-building demonstrations were shared via *WhatsApp* and participants in the online program revealed that engaging in speaking, singing, and moving together with collective rhythms promoted harmony, joy, and a heightened sense of belonging. The HAPPY Infusion toolkit introduced joyful drama and arts-based activities and games aimed at building resilience by strengthening each learner's connection to the group.

Manage online witnessing and holding processes: Artistic recognition and collective coping.

David Buss (2000) poses the idea that human bodies are adapted to ancestral environments and that humans frequently experience a misfit in modern surroundings, where they experience less intimacy with fewer individuals and greater apartness and loneliness despite higher population densities. His work explores strategies to counteract the alienation and loneliness as risk factors that increase prolonged stress and trauma. This aligns with *Ubuntu* principles, Porges' (2018) Polyvagal Theory, and Flow Theory (Csikszentmihalyi, 1991) which encourages a positive, humanistic approach that reminds children of their strengths, reconnects them to their human core and their communities.

Dealing with trauma collectively can foster shared resilience, strengthen bonds, and create unity. Marcow-Speiser & Speiser (2022, p. 76) indicated the need of online “artistic recognition, witnessing and holding processes,” such as arts therapies, during and after the COVID-19 lockdown. The HAPPy Infusion program addressed this need by offering online training and a supportive *WhatsApp* space.

The HAPPy Infusion program utilised memes to share knowledge. The *WhatsApp* space provided a secure collective environment for information-sharing, artistic expression, mentoring and emotional support. The fact-based content invited artistic and imaginative content-sharing by participants and provided simultaneous witnessing and holding, thus establishing resilient healing-centred educational communities.

Establishing psychological safety is the first step in creating healing-centred educational communities, the second and third steps are to regulate and stabilise any trauma reaction, and then to build resilience to help learners adapt, restore, and revive themselves. Fostering learners' agency, self-efficacy, and capacity to transform their environments into spaces of growth is the final step to change their environments into healthy happy places of growth.

6.5 Empowerment: agency, self-efficacy, and capacity

For trauma survivors, managing life during difficulties is vital, as they often feel powerless. Promoting agency and capacity in learners effectively addresses trauma reactions.

Traumatised children often doubt their abilities, avoid risks, set low goals, show weak commitment, and withdraw “after their experience of powerlessness” (Ruf, 2013, p. 89). The HAPPy Infusion program aimed to enhance participants' strengths, efficacy and capacity to address trauma in their own lives and classrooms.

Participants in the HAPPy Infusion program noted that COVID-19 regulations significantly impacted their sense of agency, self-efficacy, and capacity in the classroom. They reported that their psychological capacity was strained by limited time, resources, and performance pressures, including curriculum implementation, standardised testing, school administration, academic demands, and addressing diversity, inclusion, and expectations from parents and institutions. Additionally, participants highlighted the lack of collegial support and hierarchical structures as major challenges, underscoring the need to foster agency, capacity, and self-efficacy.

Seligman & Csikszentmihalyi (2000) emphasise the importance of creating environments that nurture strengths, viewing individuals as active decision-makers capable of choosing mastery and efficacy over helplessness and hopelessness. The HAPPy Infusion program sought to cultivate such environments.

The research data revealed that Group A successfully fostered a healing-centred online community that demonstrated collective agency and capacity, while Group B struggled, potentially due to contextual difficulties and time limitations, with individual participants showing agency and capacity. The six-day intensive in-person HAPPy Infusion programme allowed teachers ample time to engage deeply with the material, fostering a safe space and supporting the development of their agency and self-efficacy. This format proved significantly more effective in deepening participants' understanding of trauma and enhancing skills such as self-care, self-regulation, and co-regulation. Additionally, teachers benefited more from hands-on training sessions. Participants in the in-person programme demonstrated a stronger sense of self-efficacy and agency.

Furthermore, typical teaching pressures, such as limited emotional capacity and resource constraints, often prevent educators from engaging in professional development and keeping up with new teaching methodologies, technology, and educational research. The

HAPPY Infusion programme aimed to address these barriers through capacity-building approaches.

6.5.1 Approaches that promoted agency, self-efficacy, and capacity.

The practitioner-researcher acknowledges the importance of developing strengths and capacities, as noted by Seligman & Csikszentmihalyi (2000). I adapted Malchiodi's (2021b) Circle of Capacity model to include cognitive, emotional, behavioural, and social aspects and incorporated Seligman & Csikszentmihalyi's (2000) concepts, to create a Circle of Capacity for the HAPPY Infusion program. The program utilised arts-based suggestions and demonstrations to foster the following capacities:

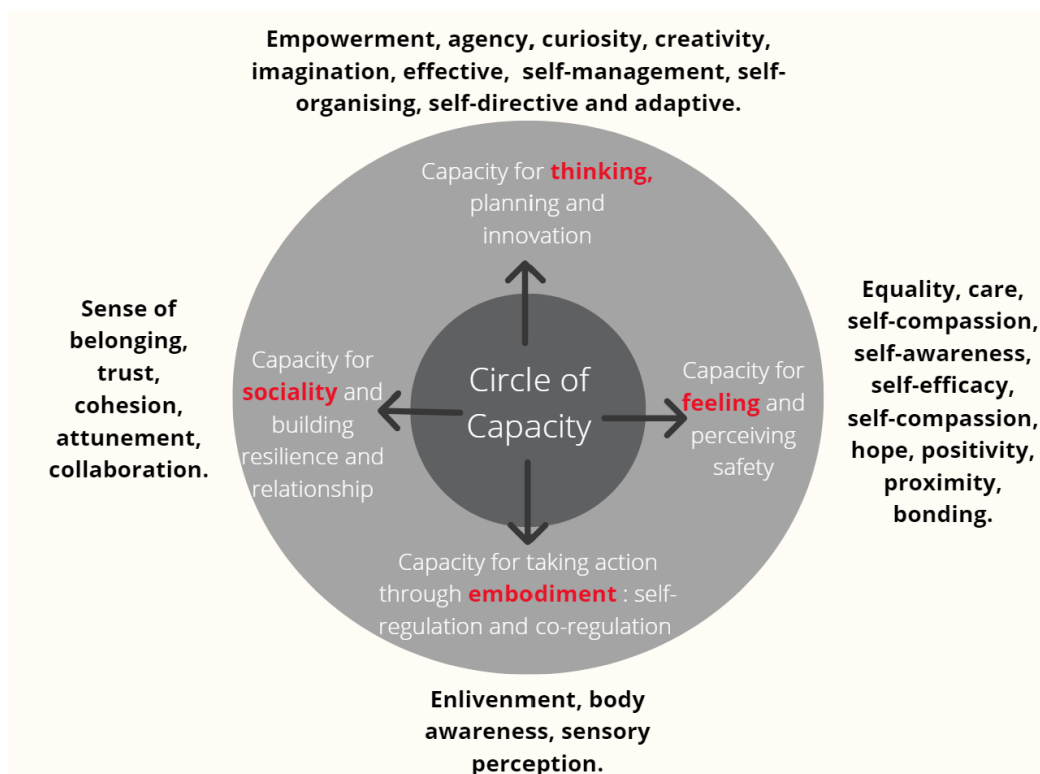


Fig 6.10 Circle of Capacity
(De Beer, 2023)

This section will look at how arts-based practices suggested by the HAPPY Infusion program were able to stimulate the experience of the self as innovative (i.e., thinking); perceptive (i.e., feeling); aware (i.e., embodied); and relational (i.e., social) through the following:

- Increasing the Circle of Capacity: Imaginative stories and metaphors.
- Creating capacity, self-efficacy and agency through bite-size, accessible trauma information: metaphors and memes.
- Creating games, embodied play, and dramatic play that inspire the experience of self.
- Creating agency through ‘voice and choice’.
- Creating recognition and understanding to increase capacity: surveys.
- Creating circles of care.

Increasing the Circle of Capacity: Imaginative stories and metaphors.

Van der Kolk (2014) highlights that trauma impacts the brain, particularly the ability to imagine and experience agency. The HAPPY Infusion program, building on this idea, advocated the use of stories to stimulate the imagination for a positive future. Stories not only encourage a new outlook on life but also foster personal growth and enhanced validation of one’s life.

When we tell stories, we uncover both the essence of the matter at hand and the collective wisdom of past generations. These two aspects provide a profound understanding of both the past and the present while stimulating our capacity to shape the future. Stories merge individual and collective perspectives, transcending the boundaries between self and others, and tapping into generational wisdom. Within this transformative space, all possibilities become accessible, whilst embodying the essence of the moment (Marcow-Speiser, 1998).

Jennings (2021) explains neural coupling, which allows listeners to assimilate stories into their own experiences. The HAPPY Infusion program used metaphors and stories to foster

strengths in participants and encourage assimilation. The HAPPy Infusion curriculum offered a number of stories during the *Zoom* training that could potentially stimulate the capacities of self-efficacy (i.e., *The Windmaker*); self-awareness (i.e., *The Url Konig*); and agency (i.e., *The Girl with the Legacy Necklace*). These stories were shared with participants during the *Zoom PowerPoint* presentation, accompanied by visuals to aid comprehension, and were later emailed to them. This approach enabled participants to reflect more effectively, deepen their insights, and boost their self-efficacy and self-esteem.

In the HAPPy Infusion program, participants reflected on these stories, which helped them understand trauma reactions and responses, expanding their knowledge and promoting personal growth. The stories simplified complex psycho-traumatology concepts, making them accessible without threatening participants' self-esteem. Participants highlighted how the story in the online program made the content more accessible, memorable, and helped deepen their understanding:

It's making the trauma real, that they are more than just their trauma, and we can overcome, we can listen, we can share and, as you mentioned earlier, that cramp, know how to deal with that cramp (A4).

Like even two weeks later, the story linked directly to the theme or what the, what the lesson was about. So, I think story does make it memorable (A15).

Rawson (2022) cites Rumpf (2010), advocating for a phenomenological teaching method that fosters relational learning through openness, acceptance of ambivalence, and immersion into the unknown. The HAPPy Infusion program applied this approach through arts-based practices, such as stories and metaphors, which stimulated the imagination and deepened learning. Archetypal images like storms and wind symbolised the loss of control during trauma, while suggesting coping strategies. Metaphors like the rhythmic actions of an old woman weaving the world cloth helped participants understand trauma and model actions to integrate and dissolve its effects.

Jennings (2021) explains that transforming storytelling experiences into embodied or retold narratives triggers the release of dopamine, enhancing participants' sense of well-being.

Draper-Clarke (2023, p. 14, line 681) describes participatory story and play sessions as evoking "great joy and delight in all participants," which contributes to building self-esteem. Draper-Clarke (2021) also comments on the dialogical approach in the *intsomi* storytelling experience, noting how it facilitates well-being. I would argue that such a dialogical approach to storytelling also stimulates a sense of agency and capacity. Reflecting these findings, I observed that 'empathetic listening' not only increased participants' awareness of themselves but also helped them understand their communities, fostering internal strength and awakening self-efficacy and agency.

The HAPPY in-person program effectively used embodied role play, while the online HAPPY Infusion program encountered challenges such as time constraints and connectivity issues that hindered the enactment of embodied storytelling. The in-person program successfully integrated story dramatisations, enriching the learning experience and fostering embodied knowledge. The discovery of new knowledge increased self-awareness and agency in the participants and is especially valuable for people experiencing the disempowerment of trauma.

The HAPPY Infusion stories were carefully selected to ensure multicultural representation and foster a sense of belonging to our shared humanity. Self-esteem is frequently created when we feel we belong, especially to a collective wisdom that was passed down through generations.

Drama therapy utilises imagination as a psychological strength, helping individuals turn their imagination into action (Pendzik & Raviv, 2011). Imaginative stories and metaphors stimulate positive attitudes, activate the imagination, and expand the Circle of Capacity. Encouraging children to dream, envision, and wonder is essential for growth. Van der Kolk (2014) advocates the use of theatre and dramatic practices to alleviate trauma symptoms and build agency. He explains that our sense of agency is linked to how we engage with our bodies and their rhythms:

"In order to find our voice, we have to be *in* our bodies - able to breathe fully and able to access our inner sensations. This is the opposite of dissociation, of being 'out of body' and

making yourself disappear... Acting is an experience of using your body to take your place in life" (van der Kolk, 2014, p. 333).

During the HAPPy Infusion in-person program, participants actively engaged with 'playing back' stories, often acting out different parts. The reflective sessions that followed these enactments were particularly revealing, as participants shared their own experiences and new insights. They successfully connected these reflections to the theoretical knowledge presented afterward. This process of understanding, new knowledge creation, and empathetic listening enhanced participants' self-efficacy and capacity.

Creating capacity, self-efficacy and agency through bite-size, accessible trauma information: metaphors and memes.

Trauma survivors often struggle with a diminished ability to manage their lives and make sense of their experiences. By building capacity through clear, accessible information delivered in a predictable way, learners can regain trust in their own ability to manage their lives and enhance their capacity for coping.

The HAPPy Infusion curriculum covered essential trauma-related topics, including trauma terminology, its development and reactions, the neuroscience of trauma and brain functioning, neuroplasticity, and the automatic activation of trauma reactions by the nervous system. It also addressed emotional reactions that can lead to social dysfunction and necessitate healthy boundaries. While comprehensive, this content could be overwhelming.

The HAPPy Infusion program applied the analytical method, as outlined by Rawson (2022), to break down complex neuroscientific trauma theories into manageable 'bite-size' units, such as metaphors. This method dissected and ordered information, making the material more accessible, and implemented scaffolded learning. This enabled participants to master the complexity of the theory, regulate overwhelm and strengthen their experience of self-efficacy.

The practitioner-researcher applied Rawson's (2022) concept of instrumentalising learning by creating and sharing memes daily for 40 days. This structured, rhythmic approach provided predictability, enhancing participants' sense of control and manageability. The

memes in the HAPPy Infusion program, furthermore, aimed to stimulate creativity, imagination, and interactivity, while supporting learning. By offering opportunities for success and accomplishment, they directly addressed the hopelessness and helplessness often associated with trauma. The *WhatsApp* meme interactions encouraged participants to create and share their own ideas, fostering a sense of agency. By offering safe guidance and providing choices for participants to contribute and share the memes focused on stimulating exploration, creativity, flexibility and adaptability, which helped enhance participants' agency, empowerment, and capacity.

The data suggests that the meme invitations created by the HAPPy Infusion program, built capacity by enhancing participants' understanding and increasing their trust in their ability to manage their learners' reactions and difficult classroom experiences. An unexpected but significant outcome was the strengthening of collective efficacy, which is known to improve when teachers collaborate, implement changes, share knowledge, and receive support from administrators to cope with challenges and alleviate stress, as described by Goddard et al., (2004 cited in Schunk, 2012). The HAPPy memes shared on *WhatsApp* encouraged collaborative sharing and collective ownership of resources. This interaction among Group A participants, enhanced self-awareness, self-esteem, and capacity within the group. Participants generously shared their successes, challenges, and solutions while collaboratively developing creative responses to trauma-related contexts, fostering a strong sense of community and belonging. This collective efficacy was evident as teachers engaged with and supported one another, cultivating a sense of shared responsibility and empowerment.

Participants sharing teaching practices with one another presented both advantages and challenges. Group A benefitted by exchanging teaching practices online, which significantly enriched their learning experience. In contrast, Group B faced difficulties in contributing, which impacted their confidence in sharing experiences. While the program's model was designed to promote collective, collaborative, and communal learning on *WhatsApp*, researcher-practitioner recognised the importance of individual agency, capacity, and self-efficacy. Notably, participants in Group B exhibited these individual capacities by initiating new projects and pursuing further studies, despite their challenges with group interaction.

Creating games, embodied play and dramatic play that inspire the experience of self.

Children who have experienced traumatic incidents often feel disempowered, lethargic, and disassociated. Creating environments that foster engaged, relaxed, but also challenged states of mind is not only highly conducive to learning (Mardell et al., 2023) but also helps to heal the frozenness caused by trauma reactions (Ruf, 2013). Mardell et al. (2023) emphasise the critical role of play in learning environments, explaining that it engages emotional, social, and cognitive aspects of learning. Play fosters safe spaces for exploration, curiosity, and risk-taking, offering opportunities for learners to rehearse active participation in their communities and develop a sense of agency in shaping their surroundings (Mardell et al., 2023). When guided by a supportive adult, play helps children build resilience, enhance empathy, and develop the skills needed to navigate uncertainty. It also provides opportunities to reimagine and engage with the world in new and meaningful ways (Ruf, 2013). The HAPPY Infusion program utilised playful theatre games, embodied play, and dramatic play. It primarily focused on supporting psychological aspects that enhance agency, self-efficacy, and capacity. While it did not address external systemic challenges, it offered curated arts-based practices requiring minimal resources or infrastructure, specifically tailored to support educators in under-resourced schools, ensuring participants felt empowered and capacitated.

The HAPPY Infusion theoretical content highlights how teachers can build learners' capacity by fostering self-esteem and self-confidence through acknowledgment from the witnessing adult during playful interactions. The program emphasised the importance for teachers to create play opportunities to build self-efficacy and self-influence, especially for learners experiencing trauma, stress, and anxiety. Changing perceptions of inability can help dissolve psychological blockages and activate self-healing (Ruf, 2013).

Instead of relying solely on verbal explanations, the HAPPY Infusion program utilised embodied exploration of trauma metaphors through sculpting and image theatre techniques to help participants conceptualise the effects of trauma. As Jones (2007, p. 112) explains, "In theatre, the body expresses an actor's imagination and helps actors to discover and express their imaginary ideas." Embodied play can additionally stimulate planning and future-oriented thinking, encouraging self-directedness and self-management. The HAPPY

Infusion curriculum incorporated embodied play through creative check-ins, theatre games, and Image Theatre to address trauma responses and deepen understanding. While the online program utilised curated memes and demonstrations to teach theatre games and play activities, participants in the in-person program engaged directly with these practices to enhance the learning experience.

Another aspect of play is dramatic play, which is central to learning, thinking, and healing, as its enjoyable nature creates an imaginative space that fosters change (Emunah, 1994). Emunah (1994) highlights that playmaking helps individuals overcome personal resistance by offering safe distancing and opportunities for catharsis. Additionally, dramatic playmaking and performance reveal group needs and themes (Jones, 1996), providing a collective platform to address shared issues (Clapper, 2010).

The online HAPPy Infusion program was unable to include dramatic play (i.e., roleplay) due to time constraints. However, the in-person HAPPy program integrated dramatic enactments that fostered growth, and observed that it increased playfulness and hope, broadened the social identities of the participants and transformed dysfunctional social patterns. The dramatic play enactments also provided an opportunity for participants to enhance creativity, spontaneity, and problem-solving in a safe, non-judgemental space, thereby boosting their self-esteem, agency, and self-empowerment. Initially hesitant, participants gained confidence as the safe environment enabled self-expression, self-mastery, and achievement.

The HAPPy Infusion program aimed to inspire participants to collectively develop, adapt, and share strategies and artistic games on *WhatsApp*, enabling learners to rebuild classroom relationships with greater competence. By providing opportunities for participants to develop their self-organisational and self-directed skills, the program sought to facilitate their empowerment, building strengths, capacity, and agency.

Creating agency through ‘voice and choice’

Trauma often results in feelings of helplessness and powerlessness, leaving children “caught in a past that seems impossible to overcome. They lose all hope of a future they can actively shape. Often, they withdraw after their experience of powerlessness” (Ruf,

2013, p. 89). Since children may struggle to verbalise traumatic experiences, play and artistic expression provide creative outlets to communicate trauma and alleviate emotional stress (Cotiga & Stulz-Koller, 2021).

The HAPPy Infusion program adopted the slogan 'voice and choice' from Mahon (2021) as one of the important principles of trauma-informed work. The program emphasised the importance of participants creating safe pedagogic spaces where learners can 'voice' their feelings and exercise their 'choice'. Arts-based activities were central to enabling this self-expression and empowerment. As a practitioner I modelled invitational language and suggested participants use invitational language that provides decision-making opportunities to the learners.

The use of invitational language and efforts to create 'voice and choice' were easily implemented during the in-person HAPPy Infusion program but proved more challenging online. Weak *Wi-Fi* connectivity, pressing external events, and the inability to see or respond to non-verbal cues hindered rapport-building and consistent opportunities for voice and choice, particularly in Group B. As a practitioner, I observed that the lack of rapport and safety adversely affected participants' self-confidence and experiences of self-management and agency; critical elements for fostering capacity in learning environments.

The principle of voice and choice was modelled during the program, allowing participants to decide which social media platform to use. While the majority chose *WhatsApp*, two participants from Group B expressed a preference for *Facebook*. The majority decision prevailed, yet the two participants felt that *Facebook* interactions would have been less invasive and provide "*a little bit more agency*" (B8). Their valid reflections will have to be considered for future training. Voice and choice were further modelled during one-on-one interviews, where participants could 'voice' and problem-solve challenges, they faced. This approach modelled trauma-informed practices and respected participants' decision-making abilities and agency.

The online space offered participants the ultimate choice: to engage or disengage. Some chose to stay, while others turned away. This freedom to decide their level of engagement,

both with the program or their participants group, fostered agency, promoted self-efficacy, and built capacity.

Creating recognition and understanding to increase capacity: Surveys

Trauma victims often feel unseen, unheard, and misunderstood, which negatively impacts their self-esteem and confidence. The HAPPY Infusion program addressed this by employing various reflective methods to foster recognition, understanding, capacity, and self-esteem among participants. These methods included reflective practice, self-disclosure, creating a non-judgemental safe-enough space, and using invitational language, all previously discussed.

The use of the research surveys highlighted the concept of capacity building by encouraging participants to observe and self-reflect on their behaviour, mood, and abilities. Pre- and post-training surveys included detailed questions on learners' classroom behaviours, such as focus, problem-solving, listening, attitudes, self-management, and social support. These surveys were initially designed to measure the impact of participants' implementation of the methods and practices on learners. I had hoped to observe an increase in learner capacity through these surveys; however, due to adjustments made during the research implementation, the surveys became inadmissible. Although they were not included in the thesis, they ultimately served as a valuable tool for reflection, understanding, and recognition.

Creating circles of care

The COVID-19 pandemic amplified existing challenges, leading to irregular working hours, work-life imbalance, and burnout, which hindered teachers' ability to care for themselves and provide emotional support to their learners. Research findings highlighted the need to build capacity and support teachers to positively impact learners and the wider school community. The practitioner/researcher explored and implemented various care strategies during the HAPPY Infusion program to foster agency, capacity, and self-efficacy, including:

Self-care: The program included a self-care section to help participants recognise trauma and stress, encouraging them to take responsibility and use arts-based activities or self-care practices.

- **Teacher-care:** The program created systems of care, such as rituals, frequent breaks, arts-based activities, and reflective moments, helping participants remain regulated. It advocated that teachers should care for themselves first and while supporting learners.
- **Child-care:** The program demonstrated arts-based tools to help participants regulate learners' trauma reactions and prevent trauma from becoming a mental health disorder.
- **Group-care:** The program modelled and fostered a caring, healing-centred online community that can support each other during stressful times. Some participants implemented arts-based activities that fostered group-care in their classrooms.

The program encountered significant practical and psychological challenges. Practical issues included learning in unstable environments, resource shortages, and time constraints, while psychological challenges involved performance pressures, creating collegial support, managing caretaking responsibilities, and modelling balance and stability. Despite the challenges participants demonstrated the capacity to regulate themselves and their learners, adapting and implementing creative approaches to mitigate trauma reactions. Additional challenges included fostering group safety, establishing co-regulation, and building group resilience. The data confirmed the assumption that focusing on trauma and resilience through arts-based professional development can address challenges and support both learners and teachers.

The COVID-19 restrictions limited the investigation of the assumption that the establishment of a 'safe environment' through a healing-centred, arts-based professional development engagement can indeed create better educational outcomes. This would be an important next research step in the field.

6.6 In conclusion

This chapter shared how the HAPPy Infusion program created psychological safety through social engagement that is tolerant, creative, and non-violent; by providing matrixial safety, a structured, rhythmic approach, using distancing and empathy through imaginative stories; and safety and agency through embodied playing. It described how 'bite-size' trauma

information established safety, equality, accessibility, create a sense of belonging, and how classroom practices can create safety and agency through voice and choice.

Secondly, it described how imagination, metaphor, and storytelling can help release, stabilise, and regulate emotions, similar to the effects of toolkit practices and play. It highlighted how mindfulness and contemplative practices for self-regulation, presented through a structured rhythmic approach, and Matrixia activation fostered cooperation and social engagement, all having positive effects on the nervous system. Additionally, the memes suggested stabilising and regulating creative activities that mobilise the freeze reaction or down-regulate threat reactions.

Thirdly, creating resilience and hope were implemented through the power of the second narrative: using imagination, metaphor, and story to increase comprehensibility and stimulate resilient transformation. Cultivating meaningful spiritual experiences that are structured and rhythmic, as well as cooperation and social engagement experiences included joy, fun, and playful interactions. The HAPPY Infusion program provided online witnessing and holding processes that gave artistic recognition and promoted collective coping as the final method to address hopelessness and helplessness.

Lastly, it highlighted how arts-based methods can expand the Circle of Capacity. It described how imaginative stories, metaphors, meme invitations, games, embodied play, dramatic play, surveys, and circles of care, increased voice and choice, can enhance agency, self-efficacy, and capacity.

The HAPPY Infusion program was developed to innovate arts-based methods and content tailored to support teachers in South African schools, incorporating cultural relevance while offering universally appealing activities. Interactions with participants suggested that addressing trauma in schools requires a comprehensive, multidisciplinary approach, which was beyond the scope of this research. Collaboration between educational institutions, mental health professionals, and community resources is crucial to mitigating the impact of trauma on learning. The next chapter will provide ideas for implementing the program in South African schools.

Chapter 7

Conclusion

This chapter summarises the content development and implementation of the HAPPY Infusion online model, highlighting key considerations for its future application with teachers. It references the *Mas'phefumle* and *Our HAPPY Place (Belly Joy, Brain Joy)* projects, which inspired sustainable, healing-centred educational practices and future research. The chapter also discusses the program's contributions and limitations as a professional development program fostering healing communities and addressing trauma's complex impacts.

7.1 Creating HAPPY Content for a South African Context

One of the research participants echoed Mrs. Rantsan's initial question, asking:

"How can we step in, as professionals, to try and remedy or correct that which has previously happened?" (B9).

To find solutions for socio-economic disparities, historical and current trauma, and the educational challenges in South Africa (SA), this research developed and implemented a professional development program for teachers. The practitioner hoped to find ways to support teachers in addressing trauma within South African schools through arts-based, healing centred programs for teachers that would indirectly benefit their learners, designed to be safe, adaptable, accessible, equitable, democratic, and culturally sensitive, while avoiding re-traumatisation in the South African context.

For a healthy educational community, it is vital to remember that "we do not teach subjects, we teach children and young people" (Bransby & Rawson, 2021, p. 1). While focusing on the positive, it is essential not to ignore the latent or wounded capacities within learners that need attention, healing and development. The program sought to recognise symptoms,

deepen understanding, foster insight, and enhance connectedness around challenging human experiences impacting learning and development.

The program integrated educational practices, arts-based methods, and mental health theories, employing a practitioner-research approach to develop a holistic model for addressing trauma in an inclusive, culturally sensitive manner. Advocating self-healing through communal care and rooted in *Ubuntu* values, it recognised that healing is most effective when aligned with cultural and spiritual forces. Marcow-Speiser & Speiser (2022, p. 75) underscore *Ubuntu's* principles of interdependence, togetherness, and belonging that “transcends the silos of difference and indifference”, which the arts and drama therapy uniquely access through their connection to *Ubuntu's* metaphysical perspective. Recognising the historical role of cultural and community practices in fostering collective healing and resilience after trauma (Malchiodi, 2021a), the program invited participants to utilise and develop their own indigenous and cultural methods. This culturally sensitive approach established relational bonds between participants through positive collective experiences, drawing from Positive psychology, and fostered well-being and self-healing through restorative, asset-based practices.

At first glance, *Ubuntu* and neuroscience may seem like opposing systems, yet both align with the ancient belief that the arts serve as “medicine for the soul”, a concept increasingly supported by recent neuroscientific theories, particularly in the field of psycho-traumatology. Del Sola (2022) highlights the importance of empowering individuals to understand trauma reactions as automatic responses that can be consciously regulated. Recent neuroscience distinguishes between automatic trauma reactions and chosen trauma responses, reducing survivors' guilt and shame. The HAPPY Infusion program utilised trauma metaphors and artistic activities to facilitate creative engagement to make difficult neuroscientific concepts accessible.

Initially conceived as an in-person initiative, the program was adapted for online delivery during the COVID-19 lockdown. Two online training programs were implemented, employing inductive thematic analysis and reflective practices to evaluate their effectiveness. The unprecedented events of 2020–2022 prompted multiple iterations of the HAPPY Infusion program, including an in-person version, workshops (*Masked Heros*,

Youth@Work), lectures, conferences, and the *Mas'phefumle and Our HAPPY Place* projects, which collectively enhanced my insight as practitioner.

The program model achieved its objectives of raising trauma awareness and equipping teachers with self-care practices and skills to positively influence their classrooms, schools, and communities. By fostering safe-enough learning environments, it promoted regulation and stabilisation, stimulated resilience and hope, and empowered teachers with the capacity and agency to create meaningful change. Participants gained a deeper understanding of trauma's impact on learners, as well as on themselves. Methods and practices implemented during the program adequately reduced trauma reactions, created stabilisation, and encouraged safety in both personal and educational settings. Participants effectively adapted arts-based activities and lesson plans to foster collective resilience, agency and self-efficacy.

The qualitative data indicated that arts-based processes were effective across diverse environments. Participants in Group A reported that the program fostered social support, belonging, and psychological safety. Participants noted that arts-based activities helped regulate learners by restoring rhythm, breath, and movement, building collective resilience, and enhancing hope. The program also facilitated the development of agency, self-efficacy, and capacity in participants from both groups. In Group B, participants experienced greater challenges in establishing communal safety and collective learning. Yet, they reported enhanced self-care, self-regulation and self-directed learning. A key question that arose from the study was: "What would a healing-centred teacher-development engagement need to include to mitigate the effects of disparity and inequality in teaching and learning contexts?"

Participant learning was collective and individual and occurred in both formal (*Zoom* sessions) and informal settings (*WhatsApp* interactions). Drama therapeutic methods, including storytelling and metaphor, proved impactful, fostering deep understanding while maintaining sufficient emotional distance to avoid re-traumatisation. A mentoring, collective learning space was innovated through *WhatsApp* interactions, using 'bite-size' memes that showed sustainable impact. Other methods to address trauma reactions that were included in the program were mindful self-care practices, an arts-based toolkit that included rhythmic

and embodied play and opening and closing rituals. Universal arts-based practices such as singing, dancing, stillness, and storytelling, recognised as essential components of holistic communal healing, were employed. Participant reports indicate a positive impact of healing arts-based practices and pedagogical interventions on children's behaviour and establishing a healthier educational environment.

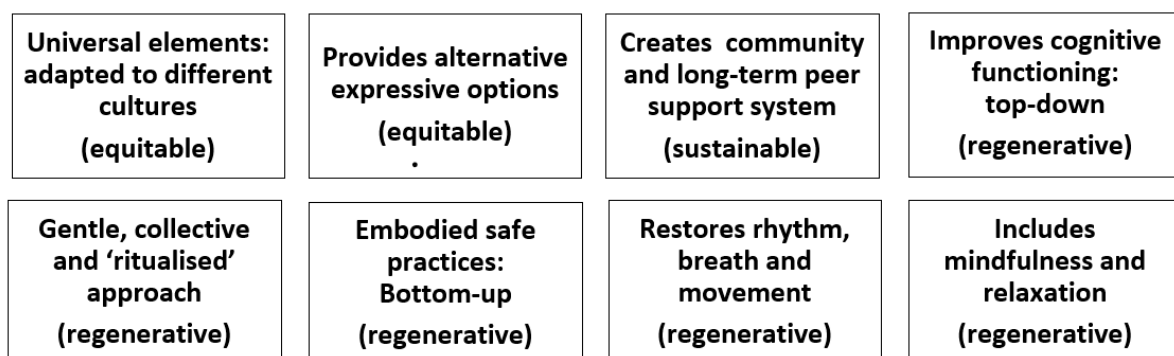
The HAPPy Infusion program bridges pedagogical and therapeutic approaches to support trauma-informed education, recognising the distinct roles of teachers and therapists. While Carl Rogers' (1942) non-directive therapy suggests individual growth to address trauma, the South African educational context calls for collective pedagogical actions that balance consistency and structure with adaptability and flexibility. The program's arts-based toolkit offers a first-aid pedagogical approach to trauma that encourages empathetic relationships. The HAPPy Infusion program encourages the use of flexible, adaptable, and responsive pedagogical strategies to address the diverse needs of learners, drawing on therapeutic principles. Importantly, the program avoids therapeutic practices that might re-traumatise, instead equipping teachers with strategies to stabilise and support learners without crossing into therapeutic domains. This challenging dual approach highlights the need for deeper exploration of trauma-responsive education.

Understanding the importance of modelling consistent, predictable, and sustainable approaches in learning environments is another crucial consideration during traumatic times. Such modelling can foster personality development, mental wellness, and effective learning. Traumatized children, in particular, benefit from adult role models who provide healing images and experiences (Ruf, 2013). Modelling regular, consistent interactions in a respectful and negotiated way posed challenges during this research. Clear beginnings, breaks, and closure exercises allowed participants to transition back to their realities (Jones, 1996). The HAPPy Infusion program incorporated opening and closing rituals within a predictable, repetitive structure to enhance participants' sense of safety and control. *WhatsApp* interactions provided stable, consistent support for co-regulation through regular check-ins and curated links to trauma-responsive pedagogical interventions. These included singing, dancing, movement, and trust-building games to address trauma reactions. Successful modelling depends on building strong, trusting relationships and fostering critical

reflexive practice to ensure that modelling, observation, and imitative learning remain ethical and non-coercive.

Continuous professional development is essential for educators to remain informed about effective teaching methodologies and psychological health, especially in SA. Holistic support in teaching and learning requires well informed healing-centred teachers who are confident in addressing trauma's impact on the cognitive, emotional, behavioural, and social dynamics within classrooms. Drawing on EMP's three-fold holistic approach (Ruf, 2013), the HAPPY Infusion program provides a comprehensive response to trauma by recognising the interconnectedness of mind, body, emotions and social dynamics in the healing process and identifies creative ways to deliver this approach using arts-based methods.

Arts-based methods offer an easily integrative approach to trauma stabilising through both bottom-up and top-down strategies for mind-body integration. The 2022 *Mas'phefumle* project trained four interns to implement HAPPY practices in distressed schools for a year, with each intern receiving weekly supervision and training over the course of a year from the practitioner-researcher. The HAPPY-trained interns stabilised learners as teachers' assistants, focusing on building safe-enough environments, collective resilience and fostering agency and capacity through culturally appropriate, creative methods. The project demonstrated how informed support can foster a sense of belonging within school communities, influence leadership, and build community efficacy. De Beer & Draper-Clarke (2022) presented the findings of the *Mas'phefumle* Project at the Arts Research Africa Conference 2022. Figure 7.2 below indicates some of the integrative benefits of the arts-based methods:



*Fig 7.1 Benefits of using Arts-based practices in educational environments.
(De Beer & Draper-Clarke, 2022)*

The *Mas'phefumle* project focused on stabilisation, yet while successfully supporting learners and exemplifying effective teaching and learning methods, it fell short in supporting teachers. The absence of a qualified school-based drama therapist to provide psycho-educational support for teachers was strongly felt.

The HAPPy Infusion program suggested arts-based self-care and mindfulness practices which participants reported helped them regulate their overwhelm. Addressing the critical role of teacher well-being, Ginwright (2018) highlights its connection to the well-being of their learners. HAPPy Infusion participants expressed both a need for training and a resistance to training due to burnout, making me believe that a strong self-care approach could enhance teacher engagement in professional development. Training that integrates self-care practices with education on trauma and stress responses could not only support teachers in managing their own well-being but also deepen their understanding of their learners' experiences.

I acknowledged that focusing solely on psychological aspects for addressing trauma may have under emphasised broader structural issues such as poverty, inequality, and GBV, that contribute to the trauma and stress experienced in educational environments. This challenge led to a short initiative under the Our HAPPy Place project during 2021, called *Belly Joy Brain Joy*, where a Wits student shared an arts-based game and a meal with children in her community during COVID-19 lockdown. Supported by online training from Our HAPPy Place and funding from Emergency Pedagogy, the student helped stabilise children's trauma responses, fed them and also collected culturally rich data, including stories, games, songs, rhythms, and dances. Though outside the scope of the research, this initiative felt worthy of a mention as similar projects have the capacity to make systemic impact.

As a practitioner, I was concerned about the risk of perpetuating unhealthy power dynamics within traditional school systems by unconsciously supporting and reinforcing structures that might hinder transformative systemic approaches to trauma. A limitation of the HAPPy Infusion online program was that it could not influence any systemic changes as there was minimal reliance on formal school systems resulting from the COVID pandemic. An

advantage was that the program leveraged the transformative potential of the contextual circumstances by being more flexible and responsive to participants' needs. One such systemic issue that participants noted as a cause of dysregulation was assessment.

Assessment, while vital for evaluating learners' knowledge and outcomes, often induces stress due to factors like high stakes, cultural bias, diverse learning styles, and feedback quality. Although the online implementation had no assessment, participants frequently referred to its negative impact in their classrooms. Whilst the HAPPy Infusion in-person programs brought these issues to the fore, no definitive solutions were found. Employing Carl Rogers' therapeutic principle of unconditional positive regard and the HAPPy arts-based tools helped reduce some stress. By modelling and experientially teaching safety, regulation, resilience, and self-efficacy, the content empowered a number of participants to positively influence their educational environments. However, balancing effective assessment with a low-stress environment proved challenging, underscoring the need for further research on assessment practices in trauma-affected contexts, but participants clearly expressed their need for holistic psycho-educational support.

The HAPPy Infusion program implemented a scaffolded approach to teaching trauma-informed arts-based practices. It built knowledge progressively across ten metaphors to form a cohesive understanding of trauma and its management through arts-based methods. The program leveraged online tools like *Zoom* and *WhatsApp* to share teaching demonstrations, making this program scalable, affordable, and accessible to many teachers. Yet, the online engagement posed challenges compared to in-person sessions. While online *WhatsApp* interactions offered flexibility and control for participants to process content at their own pace, they lacked the embodied, interactive elements that were central to deepening understanding in in-person training. Embodied practices like theatre games, embodied play and dramatic play activities were highly effective in building collective resilience and fostering agency during the in-person program. In contrast, online interactions struggled to replicate the nuanced understanding of human interactions, effective communication strategies, and proactive measures to address potential inner trauma responses enabled by physical presence, gestures, and vocal cues.

“This requires additional skill, extrapolation of increased presence, deeper connection and deep focus. This provides opportunities but also demands caution, the need to understand its [i.e. online] limitations” (De Beer, 2021, fieldnotes, PhD Journal F).

Although curated content on social media demonstrated exemplary practices, it lacked collective attunement, harmonising, cohesion and embodied experience of the in-person learning thus hindering the integration of practices and knowledge.

Findings therefore suggest a blended approach: a six-hour introductory online program focussed on self-care and self-regulation, followed by an advanced six-day in-person course. This combination could address diverse needs, offering flexibility while ensuring participants gain the deeper understanding and embodied experience essential for effective implementation of arts-based trauma practices. Another option for this blended approach is a fully online, self-paced course using video and curated links. A fully online course was developed during 2021 to further enhance scalability and is due to be released on a free online platform. A fully online course provides full control as I discovered during my work-based projects.

“... people are in control. They can switch off, they can, they can go and process, they can come back and continue learning...” (Practitioner conversation with a colleague, 2021).

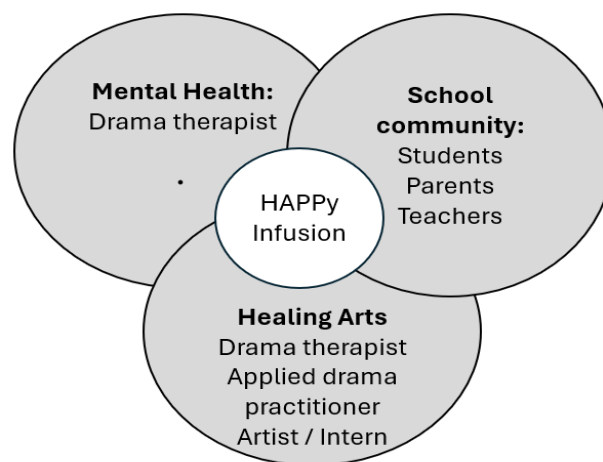
However, a fully online engagement without supportive mentorship risks re-traumatisation. Missing aspects of communication and signals of distress during the engagement is concerning as happened in Group B during the HAPPY Infusion program. Yet focussing on providing pedagogical information in an accessible way may limit these risks. Although there are many benefits to implementing the HAPPY Infusion content, it is important to consider the sustainability and generativity of the environment.

7.2 Creating a healthy context for the HAPPY content

The practitioner-researcher advocates for an equitable, sustainable, and generative intervention, achievable through interdisciplinary collaborative partnerships that support

healing. Another critical question for further study is: Additionally, how can the HAPPY Infusion program be implemented equitably, sustainably and generatively?

Addressing the challenges in South African education requires a holistic approach involving increased funding, equitable resource distribution, professional development, and a shift toward healing-centred education. Implementing a professional teacher development program in South Africa is challenging. As a practitioner, I propose that a collective healing-centred approach as proposed by Ginwright (2018), engaging the entire school community, may be the only sustainable and transformative solution. The HAPPY Infusion program aimed to alleviate distress in school communities by providing HAPPY practices for learners, professional development for teachers and parents, and engaging community feedback. Insights from the *Mas'phefumle* pilot project suggested an interdisciplinary collaboration among drama therapists, educators, and arts practitioners to assess the impact and adherence to trauma protocols, address learners' diverse needs and recommend effective curriculum strategies, whilst maintaining ethical boundaries, is proposed.



*Fig 7.2 A multi-disciplinary communal approach
(De Beer & Draper-Clarke, 2022)*

Collaboration among educators, administrators, policymakers, and communities is vital. Recognising the impact of performance-based pressures, stress, anxiety, and trauma on mental and physical health is a critical first step. Raising awareness within schools could be initiated by implementing a HAPPY Infusion program for teachers.

Resource challenges demand policy changes, increased funding, and prioritisation of education at all administrative levels. Equitable access to time and resources for healing-centred self-care practices can transform learning environments for teachers and learners. Although the responsibility for building agency and capacity lies with the South African Department of Education and school leaders, they do not need to act alone. Teaching centres, NPOs, and informal education supporters must address the debilitating effects of trauma in education by implementing programs like HAPPY Infusion. Further investigation is required to address inequities, time and resource deficiencies and evaluate the effectiveness of online training for South African teachers. Scalable strategies to combat fatigue and burnout, such as implementing teacher professional development programs can have a positive impact on the quality of education over time, with the creation of safety as a first priority.

Addressing challenges posed by hierarchy, power dynamics, discipline, and entrenched historical structures in SA schools presents significant obstacles, highlighting the need for nurturing safe creative engagements, classroom circles, and educational systems. Safety encompasses both physical and psychological dimensions, where the latter requires the development of empathy, reciprocity, and relational care, while adhering to ethical boundaries, protocols, and legal regulations. Findings from the *Mas'phefumle* project revealed that while interns could regulate learners' emotional states, bullying issues persisted. However, when interns dedicated time to building relationships with learners, incidents of bullying and disrespect decreased. I agree with Ruf (2013) who emphasises the pivotal role of a teacher's identity and integrity in shaping a safe-enough learning environment, which includes the hidden curriculum of attitudes, values, and behaviours. Fostering empathy, humanising (i.e., relational) communication and experiences between teachers and learners deepens relationships, whilst mutual respectful engagement keeps it alive. A healing-centred arts-based intervention should consider creating circles of safety that are based on modelling consistent regulated behaviour through implementing arts-based self-care practices and safe supervision at all levels of an intervention.

As a practitioner I recommend expanding the concept of psychological safety to include relationships and interactions between schools, the larger educational community, and

front-line responders like social services and police. Integrating these responders into psycho-educational programs can foster sustainable community support systems, equipping schools with tools for resilience and communal well-being.



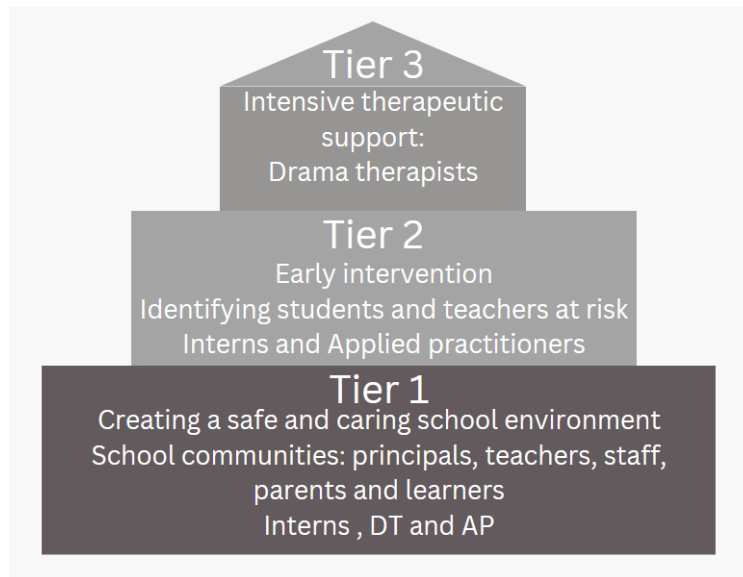
*Fig 7.3 Circles of safety
(De Beer, 2024)*

This approach aims to transform the culture of educational environments into one of care at a community level, establishing peer support systems with lasting connections. Creativity and non-violent communication are foundational to fostering psychologically safe spaces. Findings from the *Mas'phefumle* project emphasised the importance of creative environments in cultivating psychological safety. Inspired by Freire's (2005) notion of teaching as an "act of love," interns were encouraged to incorporate creativity into their engagement, creating a safe, non-judgemental atmosphere that sparked curiosity. This approach enabled personal growth among interns, significantly enhancing their self-confidence, relationships, leadership skills, communication, empathy, and sense of well-being.

Given South Africa's deep-seated transgenerational trauma, arts-based practices alone are insufficient. Regular, sustainable therapy provided by professional arts-based therapists is crucial for addressing PTSD among learners and teachers. Establishing comprehensive psychological safety requires regular supervision by arts-based therapists that can ensure adherence to trauma protocols, legal regulations, and ethical boundaries when supporting vulnerable learners and teachers. This includes reflective practices, debriefing sessions, buddy systems, and oversight of interns' ethical conduct. Psycho-educational engagements, like the HAPPY Infusion in-person program adequately prepared interns with implementable self-care practices and collective resilience to regulate secondary traumatisation and ensure a safe and effective intervention.

A similar collaboration between Youth@Work and the *Mas'phefumle* project created another possibility, specifically considering the Presidential Employment stimulus program which was initiated in 2020 by President Ramaphosa as a mass employment strategy. The four interns of the *Mas'phefumle* project had a significant healing influence on their educational environments, demonstrating the potential of an assisted and supervised youth-led approach. However, for such interventions to be successful and safe, they require sustainable oversight, consistent supervision, and ongoing training provided by arts practitioners (e.g., applied theatre practitioners) and arts therapists (e.g., drama therapists). This ensures psychological safety, ethical conduct, and positive outcomes when working with vulnerable populations.

Drawing inspiration from trauma-informed training models used in American schools (National Center on Safe Supportive Learning Environments, 2024) a three-tiered approach to a HAPPY program implementation plan was created.



*Fig 7.4 A three-tiered response
De Beer & Draper-Clarke, 2022*

Tier 1 focuses on creating sustainable, safe environments by fostering a positive school climate, providing emergency management and psychological first aid training, and promoting wellness and acute crises management. Key participants include the school community, mental health organisations, law enforcement, and families, with the HAPPY Infusion program implemented by drama therapists, interns and applied practitioners to provide trauma information and regulatory practices.

Tier 2 focuses on early intervention by identifying and addressing emerging threats, screening individuals at risk, and providing targeted support to prevent escalation of trauma-related challenges. The applied practitioner/intern supports arts initiatives, implements HAPPY practices to stabilise, regulate, and stimulate self-healing in learners, and bridges connections between the therapist, learners, and the school community.

Tier 3 provides intensive, individualised therapeutic support for those with trauma disorders, utilising arts therapies to help clients confront and process traumatic memories. These interventions require a safe environment and are tailored to client needs, with professional arts therapists guiding the healing process either individually or in groups. Drama therapy offers valuable tools for addressing trauma, but the limited number of drama therapists in South Africa makes scaling the model challenging. A proposed solution involves arts therapists from different modalities leading teachers' professional development as

Collective Healing Centred Engagements, equipping teachers with safe, pedagogic practices for stabilising trauma responses in early phases. Arts therapists could supervise interns and teachers, provide therapeutic support for referred learners, and collaborate with applied practitioners to implement arts-based healing initiatives within school communities. The tiered response provides a comprehensive and flexible framework to address diverse needs, fostering healing and resilience for all.

Situated within South Africa's traumatic historical, social, and cultural context, whilst grappling with current traumatic experiences the program supported participants to realise their potential through engagement with themselves, their peers, and their broader community. The practitioner observed that true teaching potential is achieved when educators develop a secure, stable personhood with autonomous agency, while remaining firmly connected to the collective. The research findings demonstrated that timely interventions, delivered by trained first responders skilled in healing arts practices, can address trauma and build resilience.

A multidisciplinary arts-based, culturally sensitive approach rooted in communal connection and care is proposed as a solution. This research's implementation plan formed the basis of a collaborative project *Reconnection and Care* that has received grant funding to implement another iterative process of research and learning. Hoping to address the complexities of long-term trauma requires deeper therapeutic understanding. It is the hope that facilitating communal healing through simple, yet effective cultural practices can support the establishment of caring and safe-enough school communities, rooted in *Ubuntu*. Supporting learners and teachers experiencing trauma, stress, and anxiety does not require complex interventions. The *Ubuntu* principle, "I am because you are" (Mucina, 2013, p. 30), is not merely a saying but a practice—one that a community-driven artistic, healing-centred engagement can nurture and strengthen.

"An education that would reach beyond information must work deeper; it will need to transform the very container of consciousness, make it more supple and complex. For this, we educators need pedagogical tools other than those optimised for information transfer. At its most advanced stage, we will need to help our students and ourselves to create a dynamic cognitive framework that can challenge established intellectual boundaries, and

even sustain the conflicting values and viewpoints that comprise our planetary human community (Zajonc, 2006, p. 1,2).

The HAPPy Infusion program offers a framework that integrates arts-based practices, promoting inclusive, culturally sensitive, and collective approaches to teaching and learning while embracing the diverse set of values that comprise our human community.

APPENDIX

APPENDIX A: REFERENCE LIST

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APPENDIX B: LIST OF FIGURES

	Description	Reference
1.1	A maladaptive cycle of trauma.	De Beer 2023
2.1	Emergency Pedagogy state of acute shock.	De Beer 2023
2.2	Progression of the psychological shockwave	Ruf 2017a cited in HAPPy Infusion program
2.3	Hierarchical response to trauma.	Porges cited in HAPPy Infusion training @ https://corkpsychotherapyandtraumacentre.ie/trauma/polyvagal-theory/
2.4	Window of Tolerance	Siegel cited HAPPy Infusion training: @ https://www.richardbamfordtherapy.co.uk/blog/window-of-tolerance/
2.5	Benefits of Drama therapy	De Beer 2022
2.6	Four elements of Expressive Arts-Based approaches	De Beer 2020 from Malchiodi, 2019a
2.7	Baseline Circle of Capacity	Malchiodi 2021b
2.8	Basic guidelines for Pedagogic practices	De Beer 2023 citing Krug, 2015, p. 27
3.1	The framework of Reflective Practice and work-based research	De Beer, 2024 adapted from Fergusson, et al., 2019
3.2	Reflective Practice and work-based research	Adapted from Fergusson, et al., 2019
3.3	The online Research Plan	De Beer, 2021
3.4	Participant application form	De Beer, 2021
4.1	Invitation on Social media networks	De Beer, 2021

4.2	The Implemented Research Plan	De Beer, 2021
4.3	HAPPy Infusion content: <i>PowerPoint</i> check-in prompt	De Beer, 2022
4.4	HAPPy Infusion content: <i>WhatsApp</i> check-in invitations	De Beer, 2022
4.5	HAPPy Infusion content: Morning check-ins	De Beer, 2022
4.6	HAPPy Infusion content: Stories and metaphors	De Beer, 2022
4.7	Creating Safe School Space	Ruf, 2017e
4.8	HAPPy Infusion content: Theory	De Beer, 2022
4.9	HAPPy Infusion program	De Beer, 2022
6.1	Creating safe spaces	De Beer, 2021
6.2	Benefits of safe circle time activities	De Beer 2022 citing Quincy, 2022
6.3	The HAPPy Infusion Metaphors (online)	De Beer 2024
6.4	The HAPPy Infusion Metaphors (in-person)	De Beer 2024
6.5	The HAPPy Infusion program Day 1	De Beer, 2024
6.6	The HAPPy Infusion program Day 2	De Beer, 2024
6.7	Meme invitation 18 (first iteration)	Gurhrs, et al., 2020
6.8	Meme invitation 2 (Group A and Group B)	De Beer, 2020
6.9	Wheel of Psychological Health	De Beer, 2023
6.10	Circle of Capacity	De Beer 2023

7.1	Benefits of using Arts-based practices in educational environments	De Beer & Draper-Clarke 2022
7.2	Multi-disciplinary communal approach	De Beer and Draper-Clarke, 2022
7.3	Circles of safety	De Beer, 2024
7.4	A three-tiered response	De Beer & Draper-Clarke, 2022

APPENDIX C: LIST OF ACRONYMS

ACE - ADVERSE CHILDHOOD EXPERIENCE

ANS - AUTONOMIC NERVOUS SYSTEM

APA - AMERICAN PSYCHIATRIC ASSOCIATION

AT - AGENCY THINKING

CBT - COGNITIVE BEHAVIOURAL THERAPY

CHCE - COLLECTIVE HEALING-CENTRED ENGAGEMENTS

CHH - CHILD-HEADED HOUSEHOLDS

COT - CENTRE OF EXCELLENCE

CRM - COMMUNITY RESILIENCE MODEL

DBG - DEPARTMENT OF BASIC EDUCATION

DFL - DRAMA FOR LIFE

DSI - DEPARTMENT OF SCIENCE AND INNOVATION

DSM-V - DIAGNOSTIC AND STATISTICAL MANUAL IN MENTAL DISORDERS (FIFTH EDITION)

ECD - EARLY CHILDHOOD DEVELOPMENT

ELA - EARLY LIFE ADVERSITY

EMP - EMERGENCY PEDAGOGY

GBV - GENDER BASED VIOLENCE

GDE - GAUTENG DEPARTMENT OF EDUCATION

HAPPy - HEALING ARTS PEDAGOGIC AND PRACTICES

HCE - HEALING-CENTRED ENGAGEMENTS

HEI - HIGHER EDUCATION INSTITUTION

HPA - HYPO-THALAMIC ADRENAL - PITUITARY

HPCSA - HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

IMF – INTERNATIONAL MONETARY FUND

LO - LIFE ORIENTATION

NCTSN - NATIONAL CHILD TRAUMATIC STRESS NETWORK

NPO - NON-PROFIT ORGANISATION

NRF- NATIONAL RESEARCH FOUNDATION

PAR - PARTICIPATORY ACTION RESEARCH

PIRLS - PROGRESS IN INTERNATIONAL READING LITERACY STUDY

PR - PRACTITIONER RESEARCH

PSN - PARASYMPATHETIC NERVOUS SYSTEM

PT - PATHWAYS THINKING

PTG - POST-TRAUMATIC GROWTH

PTSD - POST TRAUMATIC STRESS DISORDER

SA - SOUTH AFRICA

SADTU - SOUTH AFRICAN DEMOCRATIC TEACHERS' UNION

SEL - SOCIAL AND EMOTIONAL LEARNING

SNS - SYMPATHETIC NERVOUS SYSTEM

TRM - TRAUMA RESILIENCY MODEL

VHIL - VIRTUAL HUMAN INTERACTION LAB

WEF - WORLD ECONOMIC FORUM

WHO - WORLD HEALTH ORGANISATION

WMH – WORLD MENTAL HEALTH

WITS - UNIVERSITY OF THE WITWATERSRAND

APPENDIX D: MEMES, VIDEO LINKS AND ARTS-BASED TOOLKIT POWERPOINT SLIDES

Welcome to the
M3M3 Fakt0ry of Fun Facts & Challenges!

Our HAPpy Place!

Healing Arts Platform



**Invitation #1:
Creating a safe online space!**

Can you remember our quick drawing on creating a Safe Space?
We invite you to draw a picture of your safe space and share it here so we can understand what makes you feel safe.

Fun Fact!

Trauma isolates and makes us withdraw, but finding and creating a community that is contained, supportive and collaborative can make us feel safe.

ME SPACE:
If you are a tree what would your tree look like?
Which season would it be?
Which season would you like to be?
Create a drawing of both.

**ME, THE OTHER, COMMUNITY, WORLD
"THE ALL-NICE SPACE"**
What type of spaces would you like to create around you?
THE ALL-NICE SPACE?
happy, curious, grateful, confident, resilient, innovative, creative, insightful, more present, more alive, Safe.

What is the name of your "all nice place"?
Can you describe what it is like using your 5 senses?
Will you have any visitors?
What will you do to stay safe or feel all nice?
What is your favourite song to sing/listen to there?



Each meme was accompanied by a link to a curated activity on the internet.

**Invitation nr 2:
Creating a safe online space!**

Share with us what would be good boundaries or 'rules' that would make interaction in this group easier and safer?

Fun Fact!

Trauma makes us feel unsafe, but clear precise contracting with boundaries creates safety.



**Invitation #3:
Greeting "at door".**

Look at our examples of inspiring greetings at the door. We invite you to try it out or show us how you acknowledge your learners individually.

Fun Fact!

Trauma WOUNDS our sense of self, but greeting children at the door makes them feel seen and heard.




#SAFESPACEGREETING#EXPRESSING #ACKNOWLEDGING

Invitation #5:
"1,2,3"

Fun Fact!
Trauma **DISORGANISES** 'higher' thinking, but focusing exercises stimulates brain function!

Look at this game. We invite you to share fun ideas of focussing and 'organising' a learner's **THINKING**.



#THINKING #ATTUNING #ORGANISING #PERSISTING #FOCUSING #STIMULATING

Invitation #6:
Memory game

Fun Fact!
Trauma disrupts our memory, but accumulation games stimulate the memory part of the brain.

Look at this game and share with us how you improve memory in a fun way.




#LISTENING #MEMORISING #THINKING #STIMULATING

Invitation #7:
Bean Bag 'pick up'

Fun Fact!
Trauma 'colours' our intuition, but proprioceptive games centre and strengthen us.

This game develops our sense of our 'body in space'. Share your ideas, games, and art activities that center and strengthen intuitive thinking.



#INSPIRINGEXPERIENCES #GROUPAFFIRMATION #THINKING #CENTERING #FOCUSING #STIMULATING

Invitation #8:
Counting together

Fun Fact!
Trauma disrupts our thinking, but focus and centering games build concentration.

Look at the clip. We invite you to share ideas, games, or art activities that help your learners focus, concentrate, and center.



#THINKING #ATTUNING #CALMING #FOCUSING

Invitation #9:
Master Master

Fun Fact!
Shock reactions 'freeze' our mental, physical and social rhythms, but rhythm heals!

Look at this game that re-establish rhythm and stimulates group focus and concentration. We invite you to share how you create rhythm in your classroom.



#THINKING #DOING #FOCUSING #STIMULATING

Invitation #10:
Bean Bag 'Exercises'

Fun Fact!
Trauma numbs 'higher' thinking BUT crossing 'the-midline and proprioceptive exercises stimulate brain function

Look at the reference. We invite you to show us how you stimulate brain functionality in your learners.

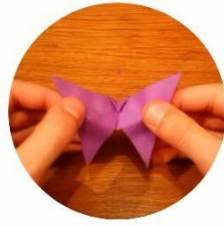


#THINKING #MIDLINECROSSING #STIMULATING

Invitation #11:
Origami Paper folding

Fun Fact!
Trauma 'inhibits' problem-solving and memory, but creative handwork can stimulate 'higher-order thinking'!

Look at the reference and share how you stimulate memory and problem-solving in learners.




#THINKING #HIGHERORDER #FOCUS #STIMULATING

Invitation #12:
Storytelling with Objects

Fun Fact!
Trauma affects coherent language use, but telling and creating stories, heals these wounds!

Look at the reference. We invite you to share creative ways that YOU allow learners to tell stories.



#THINKING #EXPRESSING #HEALING #DOING

Invitation #13:
String games
Look at the
reference and
tell us how
YOU
stimulate
'higher'
thinking in
your class.



Fun Fact!

Trauma inhibits our THINKING,
BUT string games stimulate 'abstract' thinking,
problem solving and memory .



#DOING #MOVETHEHINKINGMOVETHECRAMP
#THINKING #HIGHERORDER #STIMULATING

Invitation #14:
Mindfulness
meditation

See how this
mindful practice
can help us calm
down. We invite
you to share
ideas for how
you create calm
focus in your
class.



Fun Fact!

Stress "disrupts" our thinking, but mindful
moments can quiet the nervous system and
switch on the cortex.



#THINKING #MEDITATING #CENTERING #CALMING

Invitation #15:
Speaking verses
and choral
verses

Look at this
clip. We invite
you to share
ideas of how
you calm down
and stimulate
thinking.



Fun Fact!

Stress, fear, and panic activate our nervous
system, but deep breathes and longer out-
breaths calms down the nervous system.



#ATTUNING #HARMONISING
#THINKING #SPEAKING #STIMULATETHINKING #CALMING

Invitation #16:
Rhythmic
Clapping 1

Look at the
reference.
Share with us
how you
stimulate
rhythmic
movement and
expression in
your learners.



Fun Fact!

The cramp of trauma desynchronizes our natural
rhythms BUT if we "moue the body we can move the
cramp".



#EXPRESSION #SYNCHRONIZINGRHYTHM #STIMULATINGRHYTHM
#DOING #CIRCLEWORK #JOYFULHEALING #ACTIVATING

Invitation #17:
Switch Game

Look at the
reference! We
invite you to
show us how you
stimulate
rhythmic
movement, build
collective
cohesion and
concentration in
your children.



Fun Fact!

Trauma 'cramps' our perception, thinking, and
responses, but rhythmical games help.
"Move the thinking, move the cramp"



#DOING#STIMULATINGRHYTHM#ACTIVATINGTHINKING#THINKING#EXPRESSION#HEALING#MAKINGPLANS#DOING

Invitation #18:
Storytelling
with Puppets

Look at the
references. We
invite you to
share creative
ways that YOU
allow learners
to tell stories.



Fun Fact!

Trauma silences, but creating puppets
and stories, creates 'distance' in which to
safely express!



Invitation #19:
Safe space
planning
Look at the
reference where
'brain breaks'
are
implemented.
Share how you
plan for
difficulties.



Fun Fact!

Trauma can TRIGGER a stress reaction,
but planning for difficulties can
prevent triggering!



#DOING #BRAINBREAKS #FOCUSING #REGULATING

Invitation #20:
"Yes Let's"

Look at our example.
We invite you to
play the game
and share with us
how you get your
learners to
express
themselves in
joyful,
affirmative ways.



Fun Fact!

Trauma isolates us, but expressing ourselves
in joyful affirmative ways, HEALS!



#DOING #EXPRESSION#STIMULATING #AFFIRMING

**Invitation #21:
Animal Walks**

Look at the reference. We invite you to show us how you help children use their bodies to express themselves.



Fun Fact!

Anxiety, fear and stress make us withdraw, but allowing and expressing through your body, HEALS us.



#DOING #EXPRESSING #STIMULATING #ADDRESSING

**Invitation #22:
Dance and movement**

Look at the reference. We invite you to share how you use movement to keep your learners bodies awake.



Fun Fact!

Trauma causes us to freeze, but dancing 'uncramps' the fear, creates body awareness and switches on the cortex.



#DOING #MOVING THE CRAMP #DANCING

**Invitation #23:
Drumming**

Look at this body drumming reference. We invite you to share creative rhythm ideas with us.



Fun Fact!

Trauma disrupts the rhythms of our body BUT rhythmic games heal!



#DOING #MAKINGMUSIC #DRUMMING

**Invitation #24:
'See Saw'**

Look at the reference. We invite you to share ideas of how you can help learners create trusting relationships.



Fun Fact!

Trauma can cause mistrust, BUT trust-building games can restore our faith in ourselves and others.



#DOING #TRUSTING #GIVINGANDRECEIVING #RESILIENCE

**Invitation #25:
Digging in**

Look at the reference. We invite you to share ideas of how you make your learners feel acknowledge.



Fun Fact!

Trauma makes us feel isolated, but we are happy when we are 'tuned in', seen, and heard by others.



#DOING #ATTUNING #ACKNOWLEDGING #RESILIENCE #DOING #MOVING #REGULATING #ACTIVATING

**Invitation #26:
Feather Blowing**

Look at this game. We invite you to share how you strengthen and regulate the breath of your learners.



Fun Fact!

Trauma disturbs breathing rhythms, but fun breathing games regulate our nervous system!



**Invitation 27:
"Mirror game"**

Look at our example. We invite you to play the game and share how you make your learners feel seen or heard by their peers.



Fun Fact!

Trauma makes us feel unnoticed, but imitation games make us feel seen and heard!



#FEELING #EXPRESSING #IMITATING #MOVING #FEELING #FOCUSING #STIMULATING #CONNECTING

**Invitation #28:
Bean Bag 'weaving'**

See how this game can focus and center a group. We invite you to share ideas for how you focus learners and stimulate social connections.



Fun Fact!

Trauma disrupts social rhythms but giving and receiving games re-create connection.



**Invitation #29:
"Greeting circle"**
Look at the reference. We invite you to share your songs, verses, and rhythms for your opening and closing circle.



Fun Fact!

Trauma makes us feel disorganized, but consistent greeting circles create rhythm, safety, and order.



#FEELING#EXPRESSING #ACTIVATING #RHYTHMHEALING

**Invitation #30:
Give and Take:
Kumala Vista**



Fun Fact!

Trauma numbs our feelings, but expressive games heals!



#DOING#EXPRESSING #HEALING #GIVEANDTAKING

**Invitation #31:
Balance on a rope**



Fun Fact!

Trauma disrupts our sense of balance, but balancing games heal!



Look at the reference. We invite you to share how you stimulate balance in your learners.

#FEELING #BALANCING #HEALING #FOCUSING

**Invitation #32
Spiral Greeting.**



Fun Fact!

Trauma isolates, but a structured peer greeting makes them feel part of a community.



Look at our example of a peer greeting. We invite you to try it out and share how you get learners to acknowledge each other.

#FEELING #EXPRESSING #ACKNOWLEDGING

**Invitation #33:
Singing**



Fun Fact!

Trauma causes panic, fear, and overwhelm, but singing uses long 'out breaths' that regulate anxiety.



Look at how songs can regulate anxieties. We invite you to share songs that regulate and build community.

#FEELING #SINGING #ATTUNING #CENTERING

**Invitation #34:
Blind Man's walk**



Fun Fact!

Trauma makes us mistrust other and ourselves, but trust building games inspire



Look at the reference. We invite you to share how you stimulate trust and care in your classes.

#FEELING #EXPRESSING #DRAWING #DRAWING

**Invitation #35:
Name, sound, and gesture check-in.**



Fun Fact!

Trauma makes us withdraw, but games make us feel seen and heard!



Look at our example. We invite you to share with us how you give your learners opportunities to express themselves.

#FEELING #EXPRESSING #GIVINGVOICEANDCHOICE

**Invitation #36:
Box Breathing**



Fun Fact!

Fear makes us angry... makes us want to run away... to "tap out", but slow deep breathing regulates our body reactions.



Look at the reference. We invite you to show and share with us your fun ways to regulate your learner's stress responses.

#FEELING #EXPRESSING #BREATHING

Invitation #37: Create a Story
Look at these stories. We invite you to share with us your healing stories that demonstrate victory despite adversity.

Fun Fact!
 Trauma can make us lose hope, BUT stories empower and provide hope.



#FEELING #LANGUAGERELEASE #EMPOWERING

Invitation #38: Form drawing
Look at our example. We invite you to show us how you use drawing to make your children feel safe.

Fun Fact!
 Trauma can make us feel insecure, but creating SAFE SPACE through drawing can HEAL us.



#FEELING #EXPRESSING #HEALING #CREATINGSAFESPACES

Invitation #39: Making music.
Look at the reference. We invite you to share how you stimulate self-expression through music.

Fun Fact!
 Trauma numbs our FEELING, but music heals.



#FEELING #EXPRESSING #DOING #STIMULATING #FEELING#ATTUNING

Invitation #40: Group Singing
Look at the reference. We invite you to share inspiring songs that help express, regulate, and build cohesion.

Fun Fact!
 Fear FREEZES our ability to speak, but singing helps you find your voice.



#EXPRESSING #SINGING

ARTS-BASED TOOLKIT: VIDEO LINKS

Links to Baratang Initiatives YouTube channel:

<https://www.youtube.com/@baratanginitiatives8356/videos>

Video theme and title	Link
1. Morning circle: Verse Above the Heavens	https://www.youtube.com/watch?v=MM6YOSFPwDU
2. Morning circle: Song Mother I feel you	https://www.youtube.com/watch?v=VfXtkPdIGgA
3. Morning circle: Rhythm Rhythmic clapping	https://www.youtube.com/watch?v=HWhRCi7nB-Q
4. Rhythmic clapping: Se se core	https://www.youtube.com/watch?v=OsgGt5XMTEw
5. Safety:	https://www.youtube.com/watch?v=T7PXSL6h4Vg

Spiral greeting	
6. Safety and acceptance: Yes Lets	https://www.youtube.com/watch?v=A-it0e1K6Dc
7. Safety and acceptance: Name and gesture check in	https://www.youtube.com/watch?v=4820B4hsPmc
8. Breathing: Box breathing	https://www.youtube.com/watch?v=mgwOO5sCdxo
9. Breathing: Feather blowing	https://www.youtube.com/watch?v=h9dqUokl2KQ
10. Thinking: switching on the cortex Counting backwards	https://www.youtube.com/watch?v=GWE1XXsNoD8
11. Thinking and focus: Zip Zap Zop	https://www.youtube.com/watch?v=tNVjcvwX3Jg
12. Thinking and focus: Yeehaw	https://www.youtube.com/watch?v=11PNRpzfQMg
13. Thinking and memory: Omo	https://www.youtube.com/watch?v=OGCzwYd2wWY
14. Thinking and focus: Chain storytelling	https://www.youtube.com/watch?v=G6hz4we4U0s
15. Thinking and focus: Master, Master	https://www.youtube.com/watch?v=k6kl68gXZAA
16. Movement: Skip rope	https://www.youtube.com/watch?v=MIYhkyBdypU
17. Movement: Warm up extension: Moving the Cramp	https://www.youtube.com/watch?v=6j1jalnaR7M
18. Movement: Balance Walking on the rope	https://www.youtube.com/watch?v=7G5l1ldzTLo
19. Movement: Untying the knot: group problem solving	https://www.youtube.com/watch?v=_WM1jlvehPw
20. Movement cohesion: Circle walks	https://www.youtube.com/watch?v=qeE8W7m0xj8

21. Movement: cohesion Bean bag weaving	https://www.youtube.com/watch?v=8omD4MnTJzg
22. Movement cohesion: Bean bag weaving extension	https://www.youtube.com/watch?v=PxHTKxyUeVM
23. Rhythmical movement: cohesion and expression Digging in	https://www.youtube.com/watch?v=PQcImg-PWR8
24. Movement and focus: Bean bag exercises for midline crossing	https://www.youtube.com/watch?v=8omD4MnTJzg
25. Movement: Waking up the sense Bean bag pick up	https://www.youtube.com/watch?v=AM5z5Ke8DSM
26. Body sculpting: Expressing and Acknowledging	https://www.youtube.com/watch?v=jWo7vf3sL1s
27. Building trust and resilience: Falls and catches	https://www.youtube.com/watch?v=zaQuDYz6kBg
28. Building trust and resilience: Blind Man's Walk	https://www.youtube.com/watch?v=l0az2-snk3M
29. Building trust and resilience: I am falling	https://www.youtube.com/watch?v=CLW6SchCHx0
30. Building trust and resilience: Circle sits	https://www.youtube.com/watch?v=kR-87-4nLRU
31. Building trust and resilience: Columbian Hypnosis	https://www.youtube.com/watch?v=AyIMClrBzi0
32. Building trust and resilience: Joe Egg	https://www.youtube.com/watch?v=ehmiwt3BVhg
33. Building trust and resilience: See saw game	https://www.youtube.com/watch?v=yJZgEr0jQE8
34. Creative expression: Sound Ball	https://www.youtube.com/watch?v=tmdSBYbPvkl
35. Creative expression: Animal walks	https://www.youtube.com/watch?v=Z2EGh4cTYqk
36. Creative expression: Body sculpting	https://www.youtube.com/watch?v=jWo7vf3sL1s

37. Relationship: Giving and receiving Kumala Vista	https://www.youtube.com/watch?v=zZ0Hv-fmkNI
38. Relationship: Giving and Receiving (beanbags) Zome gadi gadi	https://www.youtube.com/watch?v=vKD4A7_3RXA
39. Emotional First Aid Video	https://www.youtube.com/watch?v=J0SrKlvAjkU

ARTS-BASED TOOLKIT *POWERPOINT* SLIDES

PowerPoint slides of the arts-based methods and pedagogical tools shared during the 2 X 3-hour session.

Session 1:

DEMONSTRATION: STIMULATE MOVEMENT

MOVE THE BREATH – MOVE THE CRAMP

Rhythmical breath work
(slow deep breathing into the abdomen)
Longer out breaths

Rhythmical box breathing :
IN FOR 4
HOLD FOR 4
OUT FOR 4
HOLD FOR 4




DEMONSTRATION: STIMULATE MOVEMENT

MOVE THE BODY – MOVE THE CRAMP

Acrobatics

Skipping

Walks

Fingerplay - games using "Hondebataai"







DEMONSTRATION: STIMULATE MOVEMENT

MOVE THE FEELING – MOVE THE CRAMP

Singing and Sound:
• Zoem gadi

Moving/dancing:
• Dance the "infinity symbol"
• in the air, in space, move it
• Weaving dances

Drawing moving shapes:
Work with the "infinity symbol"






DEMONSTRATION: STIMULATE MOVEMENT

MOVE THE THINKING – MOVE THE CRAMP

Therapeutic handwork:

- Finger knitting
- Paper weaving
- Knitting
- Crocheting
- Sanding wood

With thanks to the Emergency Psychopeds and Borders for this information








DEMONSTRATION: Cultivate Rhythms

Rhythmic circle games:

- Digging in – DOING
- Bean bag weaving – THINKING
- Master Master – THINKING

Clapping game:
• Own clap
• Clap with group – keeping your own rhythm
• Clap and blend with group





DEMONSTRATION: Cultivate Rhythms

Cultivate social rhythms through Circle work:

Everyone is (visible) seen and heard (equal attention)

- Pass the ball/beanbag with a song






DEMONSTRATION: Creating rituals

Verse:
Above me the heavens
Below me the earth
And here am I

Singing:
Mother I feel you under my feet
Mother I hear your heartbeat
repeat X 2
Hey a heya heya heya heya heyo X 4

Rhythms:
Se se core x2
Se co re sa x2
A sisi sisi sisi mango X2
Manga Manga

Check in:



With thanks to the Emergency Pedagogy without Borders for this information

William Purkey - Invitational Education

Demonstration: Invitational language creates VOICE AND CHOICE

I invite you to explore...

I invite you to consider

Always give choice, this builds agency.

If you want to....you may choose.

With thanks to the Emergency Pedagogy without Borders for this information

DEMONSTRATION:

2. Allow them to tell their stories in the way that comes naturally to them.

Ask them to make a drawing, a painting a timeline of their life with objects.








With thanks to the Emergency Pedagogy without Borders for this information

DEMONSTRATION: 3. CREATIVE VISUAL FORMS OF EXPRESSION

Free painting in watercolours, modelling, kneading, plasticising

Drawing:
Wet on wet

With thanks to the Emergency Pedagogy without Borders for this information

2.DEMONSTRATION: Experience self effectiveness

Forge, build and create plans & projects

ex. planning and creating a food garden.



With thanks to the Emergency Pedagogy without Borders for this information

1.DEMONSTRATION: Inspire experiences

Movement visualisation:
SEED unfolding

SONGS:
Um pocito canta



With thanks to the Emergency Pedagogy without Borders for this information

2.DEMONSTRATION: Experience self effectiveness

Forge, build and create plans & projects

ex. planning and creating a food garden.




With thanks to the Emergency Pedagogy without Borders for this information

3.DEMONSTRATION: Cultivate spiritual experiences

Opening circles:
Verse
Song
Rhythm


Closing circles:
Rhythm
Song
Verse



With thanks to the Emergency Pedagogy without Borders for this information

4. DEMONSTRATION:
Remember joy heals
have fun, be playful, enjoy life!

Create a fun obstacle course and play: Follow the Leader



With thanks to the Emergency Pedagogy without Borders for this information

5. DEMONSTRATION:
The power of the second narrative.
Language provides release

Create/read/listen and share a fairytale in which the hero overcomes their difficulties.



The Hero's Journey

With thanks to the Emergency Pedagogy without Borders for this information

6. DEMONSTRATION:
Stable relationships and building social competencies

- Bean bag weaving (1, 2, 3)




With thanks to the Emergency Pedagogy without Borders for this information

Session 2:

2. String games

Demonstration: stimulate language, memory, problem solving, abstractionability

1. DRAMA: WORD GAMES
Language heals, Storytelling heals

- Omo game
- Master Master
- Chain storytelling
- Daily reflection "I remember a time when..."
- CHORAL VERSE and verbal dynamics







With thanks to the Emergency Pedagogy without Borders for this information

3. Visual Art
Painting, drawing shapes heals!

Circles
Spirals
Mandala

4. Therapeutic handcrafts:
Origami
God's eye
Finger knitting spiral

Demonstration: stimulate language, memory, problem solving, abstractionability










With thanks to the Emergency Pedagogy without Borders for this information

5. Drama: Sound and Movement Games
Sound ball:
change throw and catch

- Chair position game
- Walking (clapping instructions)
- Untying the knot

6. Positive imagination and Visualization exercises

Demonstration: stimulate language, memory, problem solving, abstractionability

With thanks to the Emergency Pedagogy without Borders for this information

Demonstration: stimulate language, memory, problem solving, abstraction ability

7. Games that keeps the cortex switched on:

- Counting backwards
- Touching fingertips

'Hold on' to the environment:
"That is a piano"

Focus on an object:
eyes cross over in the brain




With thanks to the Emergency Pedagogy without Borders for this information





Demonstration: 2. STIMULATING CONCENTRATION AND FOCUS

Circle games:
Counting together in a group
Mirror exercises
Simon says

MOVEMENT and Midline crossing:
•Dances that cross the midline
•Diagonal stretching
•Clamp hands, cross arms or hands or legs to stimulate the crossover of the 2 hemispheres

Artistic Expression:
Geometry circles
Circles and spirals

When we focus and concentrate, we build new neural network.

With thanks to the Emergency Pedagogy without Borders for this information

DEMONSTRATION: 2. Storytelling

Language and the power of the second narrative

Changing our stories




With thanks to the Emergency Pedagogy without Borders for this information

DEMONSTRATION: 1. Facilitate inspiring and successful experiences

- Rope skipping
- Circus education:
 - acrobatics - (pyramid)
 - Juggling
- Beanbag exercises:
 - Around the body
 - Under the legs
 - Creating a rainbow
 - Top of head
 - Back of head
 - Throw to someone
 - Throw weaving through leg
- Strengthening confidence in oneself and each other
- Learn to encourage each other





With thanks to the Emergency Pedagogy without Borders for this information

DEMONSTRATION: 3. Self-stabilize and co-regulate

- Breathing – longer out breaths
- Singing – longer out breaths
- Speaking verses – longer out breaths
- Playing wind instruments
- Keeping a feather or balloon in the air
- Blowing bubbles






With thanks to the Emergency Pedagogy without Borders for this information



DEMONSTRATION: 4. Coming to our senses

Presenting or reconnecting with your body
Body awareness, physical contact, dancing and movement

SONG:
Heads shoulders knees and toes

GAMES:
Simon says

Sculpting - Sense of touch

With thanks to the Emergency Pedagogy without Borders for this information

Demonstrations: SELF CARE FOR GROUPS

- Circle massages
- Circle sits
- Soundscapes
- Group Chanting and Singing







With thanks to the Emergency Pedagogy without Borders for this information

DEMONSTRATION: 1. Coming to our senses

Activating awareness through our sense

Sculpting:
Sense of touch

Balance:
Walks on a rope with a bag/stick on your head



With thanks to the Emergency Pedagogy without Borders for this information

Demonstration: Activate and move in an embodied, body conscious ways

Relaxation:

- contraction vs expansion with breath
- Fill as much space as...
- Cat Cow
- Sideways bends
- Body rotations



DEMONSTRATION
Building self-esteem and confidence

We become resilient when seen and heard by others:

- Call and response games; Do like I do

We become resilient when we are 'tuned in' with another:

- Columbian hypnosis



With thanks to the Emergency Pedagogy without Borders for this information

With thanks to the Emergency Pedagogy without Borders for this information

DEMONSTRATION
Building connection and trusting relationships

We become resilient when we build trusting relationships:

- Trust games / relational play:
- See-Saw game
- Balancing game
- Catching
- Walks – "I am falling"
- Joe Egg



Are you consistent,
reliable,
sincere,
committed,
competent and
relatable?



With thanks to the Emergency Pedagogy without Borders for this information

APPENDIX E: DATA CODE BOOK

Code Book		
Theme	Safety	
Code	S1	S2
Label	Understand the importance of physical and psychological safety. Creating and implementing methods and practices to experience safety in teaching and learning environments.	Methods and Practices that reduce trauma reactions and create the experience of safety in personal environments and teaching and learning environments.
Definition	Traumatized people frequently experience feelings of fear, danger or threat. Safety is the absence of danger, threat, or fear. Physical safety is when your body is not in danger and being free from harm or risk of harm. Psychological safety is about feeling safe in your body and environment; being free from perceived threats and hazards. When we experience psychological safety, we feel comfortable admitting our mistakes, we are open and able to share, innovate and make decisions. Physical- or psychological safety are similarly experienced in the body and nervous system. Arts-based methods and Pedagogical practices can create inclusivity and a sense of belonging that increases our experience of safety.	Trauma reactions include fight, flight and freeze reactions after traumatic incidents. Safety includes the concept of containment which can be defined as: an action that keeps something harmful under control, and reduces its escalation. Arts-based methods and pedagogical practices have the ability to reduce stress and triggers and cultivate safety.
Description of occurrence	The participants mention or acknowledge physical or psychological threats to safety and demonstrate any artistic processes, methods and pedagogical practices that create the experience of increased physical and psychological safety.	The participants mention or acknowledge trauma reactions (fight, flight, freeze) within themselves, their classrooms, or communities. Furthermore, they mention the implementation of practices that reduce the trauma reactions through containment of space and the creation of circles of safety that includes self-care and group activities.
Qualifiers	Participants mention any occurrences of perceived threats or dangers for themselves and their learners. Participants speak to any arts-based methods and pedagogical practices mentioned in the training or that they created themselves, that influenced the experience of safety in their personal lives, educational environments, and classrooms.	Participants mention any self-care or art-based methods and pedagogical practices that de-escalate trauma-related situations inside or outside the classroom, which supports the experience of safety for the participants and the learners.
Exclusions	Participants speak of the experience of safety that is not related to the study.	Participants speak of the establishment of circles of safety issues that are not related to the study.

<p>Data examples to verify the code</p>	<p>Witnessing: opening and closing rituals, drumming and singing, breath work, voice work and poetry that creates cohesion, physical movement, physical sensory corners, conversations, drama games that stimulate the mind and body.</p>	<p>Methods that create circles of safety include: Self-care methods to ensure they are a 'safe teacher' that can socialise and create safe social environments. Arts-based methods and pedagogical practices that reduce trauma-related triggers, providing trigger warning, storytelling, body crossing, and eliminate retraumatizing practices by keeping it playful and fun, keeping firm boundaries that are contracted, giving consistent authentic positive reinforcement.</p>
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Theme	Stabilisation and Regulation	
Code	SR1	SR2
Label	Understand and recognise the effects of trauma on the human being, including the physical, psychological, cognitive and social aspects.	Witness the effects of the methods and practices that create stabilisation and regulation in their personal life and 'teaching and learning' environments.
Definition	<p>Trauma shakes our basic assumptions of the world which can cause us to experience disorder, imbalance and instability. Stabilising the effects of trauma is required to prevent these effects from developing into PTSD. This stabilisation requires us to regulate the nervous system. Regulation can be seen as when we try to regulate our nervous system response to a calm, balanced, present and grounded state.</p> <p>Self-regulation can be seen as when we try to regulate our own nervous system responses by understanding, controlling and managing our behaviour and reactions. Self-regulation plays an important part in successful relationships and emotional well-being. Emotional regulation is the conscious or unconscious altering of our emotional state/experience to a state of social engagement. Co-regulation is the regulation of our nervous system through social or relational interactions.</p>	<p>Trauma causes dysregulation of the cognitive, psychological, physical and social engagement of the human being. Methods and practices that regulate and balance the nervous system implies either 1) activating the freeze reaction or 2) calming down the fight or flight reaction.</p>
Description of occurrence	<p>The participants mention or acknowledge unregulated autonomic nervous system responses within themselves or classrooms, caused by any external or internal perception of danger, threat or a trigger. Participant responses indicate that they recognise trauma and stress reactions that can cause dysregulation and the experience of emotional instability. These are typically a sympathetic state (fight or flight), and dorsal vagal state (freeze). Participant responses also indicate that they recognise the ventral vagal state, which is open, balanced and regulated as an alternative and understand the hierarchical working of these nervous system reactions and responses.</p>	<p>Participants acknowledge the witnessing of (positive or negative) effects of arts-based methods and pedagogical practices on the nervous system. Participants mention how these practices were able to stabilise and regulate the stress response in themselves (i.e. participants) and the learners. Participants mention finding useful exercises that can regulate the shock and stabilise the effects of a stress response.</p>
Qualifiers	<p>Participants mention and demonstrate that they understand and recognise how trauma affects the nervous system and human behaviour as well as the need for regulatory practices.</p>	<p>Participants mention any self-regulation or regulatory art-based methods and pedagogical practices that are supported in addressing their own unregulated state or that of learners, colleagues or even family members in their environment.</p>
Exclusions	<p>Participants speak of the stabilising/regulating practices.</p>	<p>Participants speak of their understanding and recognition of the effects of trauma on the whole human being.</p>

<p>Data examples to verify the code</p>	<p>Understanding and recognising:</p> <p>Symptoms of trauma and stress reactions in learners and participants, i.e., restlessness, sensory overwhelm, wandering around, illness, isolation, self-harming, negativity, aggression, violence, emotionally draining, emotional suffering, reactivity and emotional outbursts, inability to express (verbally or nonverbally); Classroom management, triggers and curriculum inadequacies; External environmental factors such as poverty, life challenges, family crisis, socio economic issues, racial issues, abuse, privilege.</p>	<p>Witnessing:</p> <p>Games and exercises that engage in self-regulation: stress-reducing, rhythmic and activating games that stabilise through breath regulation, body awareness, and sense perception techniques and grounding activities. Arts-based methods, such as opening and closing rituals that include rhythmical exercises, free play, visual arts and geometric drawing, pottery and sculpting art, music, drumming and singing. Pedagogical practices such as games, play and social activities and check-ins that build group cohesion and calming care leading to co-regulation.</p>
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Theme	Resilience and Hope	
Code	RH1	RH2
Label	Ability to implement, adapt and change lesson plans to incorporate arts-based methods that promote resilience and hope.	Deepen understanding and awareness of trauma and how it affects learners' ability to build resilience and hope.
Definition	<p>Resilience refers to a positive adaptation, or the ability to easily recover, adjust, maintain or regain psychological and physical equilibrium despite experiencing adversity. It is our ability to 'bounce back' after a traumatic incident. We build resilience by 'being understood by and existing in the mind and heart of a loving, attuned, and self-possessed other' (Diana Fosha).</p> <p>Hope is conceptualised as a learned thinking pattern that consists of goal orientation, pathways thinking and agency thinking (Luo, 2018, p.2). The ability to adapt and change lesson plans to incorporate arts-based methods is an act of resilience and hope. This demonstrates finding new pathways for new goals and becoming motivated to use these new thinking patterns for overcoming trauma.</p>	<p>A deeper understanding of the different types of traumata, its stress reactions and symptoms is the first step to building resilience over time. Different types of traumata refer to: mono/acute trauma, verbal trauma, relationship or attachment trauma, complex or multiple traumata, secondary traumatisation, collective trauma and intergenerational trauma or trans-generational trauma.</p>
Description of occurrence	<p>The participants mention or allude to their ability to implement, adapt and change lesson plans to incorporate arts-based methods. These methods include building resilience, which includes creating social support. Participants mention any nurturing loving, attuned and warm initiatives to build relationships and strengthen resilience. Methods and practices can include games, exercises and activities that create successful experiences that stimulate hope, curiosity and imagination for the future, , i.e., storytelling: listening to stories where people overcome difficult experiences, stimulates hope. Participants mention arts-based methods and pedagogical practices that build resilience through: Relationships and connectedness by creating inspiring experiences; Building confidence and self-esteem; Building connection and trusting relationships. Changing teaching practices can address trauma and build resilience.</p>	<p>The participants mention and demonstrate a deeper understanding of different trauma types, how it affects themselves, the learners and their environments and how it affects their ability to adapt or bounce back.</p>
Qualifiers	<p>Participants speak of their ability and inability to implement, adapt and change lesson plans to incorporate arts-based methods and pedagogical practices that build resilience and hope.</p>	<p>Participants mention and demonstrate a deep understanding of trauma, its effects on behaviour, and how this inhibits the building of resilience and hope in themselves, the learners, colleagues or even family members in their community and school environments.</p>

		Participants demonstrate conscious awareness about their stress sensations and reactions, enabling them to distinguish between resilient high and low zones and the sensations of well-being and distress (Miller-Karas, 2015).
Exclusions	Participants speak of resilience and hope that is related to deeper understanding of changing teaching practices in relation to trauma.	Participants mention their ability or inability to change their teaching practices to incorporate arts-based methods and pedagogical practices that promote resilience and hope.
Data examples to verify the code	<p>Adapt and change lesson plans:</p> <p>Social interactions: creating open and loving conversations and social support systems and the enrichment of other people's lives. Ability to include arts-based activities that regulate and address trauma into the school day.</p> <p>Any feeling and challenging situations that influenced implementation and attempted changes. Arts-based methods and activities that worked well and did not work well.</p> <p>Curriculum limitations, incorporation into the curriculum, curriculum wins, combining methods, mention of change, adaptation to curriculum and current practices.</p> <p>Personal and learner experiences to these changes.</p>	Trauma reactions and symptoms and the influence of incidental factors, individual factors, environmental factors, risk factors, helping factors, such as violence, COVID-19, temperaments of learners, and their relational connections.

Theme	Agency / Capacity / Self-efficacy	Training Suggestions and Reflections
Code	ACSE 1	TS
Label	Promote the integration of arts-based methods and pedagogical practices to promote agency, self-efficacy, and capacity.	Training reflections and suggestions
Definition	<p>A person has 'agency' when they are capable of changing their behaviour. Agency enables and guides the improvement of lives (Bandura, 2019) taking steps through intentional, deliberate, and purposeful thinking and acting (Bandura, 2001). Self-efficacy is needed to create a successful life and be resilient against adversities. Beliefs of self-efficacy determine feelings, thoughts, motivate behaviour and influence mental health (Tahmassian & Jalili Moghadam, 2011). Building capacity refers to amplifying and building strengths through positive body/mind experiences in learners (Seligman & Csikszentmihalyi, 2000).</p>	<p>Training reflections refer to participants' positive and/or negative experiences.</p> <p>Training suggestions refer to recommendations or advice given to help structure and optimise a training or learning process. The suggestions often focus on methods, strategies, or tools to improve how a particular skill or concept is taught, learned, or developed. These suggestions from participants provide a guide to design a more effective training program and engagement that increase the agency, resilience and capacities of the practitioners and participants.</p>
Description of occurrence	<p>The participants mention and demonstrate their or inability to integrate and implement arts-based methods and pedagogical practices to stimulate and promote agency, capacity and self-efficacy. These capacities are inevitably influenced by psychologically safety, the ability to stabilise and self-regulate, and build resilience and hope in their learners.</p> <p>The participants mention collaborative play and arts-based methods and activities that built the following capacities:</p> <p>Capacity for thinking: planning and innovation, empowerment, self-management, agency, and curiosity.</p> <p>Capacity for feeling and perceiving: safety, equality, care, self-compassion, self-awareness, self-esteem, hope, and positive attitudes.</p> <p>Capacity for taking action: through embodied experiences, self-regulation, co-regulation, enlivenment, and body awareness.</p> <p>Capacity for the future: building resilience and relationships, a sense of belonging, trust, cohesion, attunement, and collaboration.</p>	<p>Positive and negative training suggestions or training experiences range from any activities, actions, interventions or behaviour that may influence the learning and teaching during the period of training.</p>

Qualifiers	Participants mentioned their ability and/or inability to promote the integration of arts-based methods and pedagogical practices to support psychologically safe interactions with children, stabilise and regulate the self and other, build resilience and hope, and promote agency, self-efficacy, and capacity	Training suggestions refer to any positive or negative suggestions that participants may have provided during the whole period of the training based on their experiences in or outside the training field.
Exclusions	Participants mentioned experiences of safety, stabilisation and regulation, resilience and hope, agency and capacity are unrelated to capacity and efficacy.	Participants refer to training suggestions that are completely unrelated to the study or field of research.
Data examples to verify the code	<p>Mentions any tools that lead to the experience of empowerment and the ability to create change through</p> <p>1) arts-based activities: movement (dance and rhythm), story, sound (music and singing) and stillness (relaxation)</p> <p>2) pedagogical practices such as creating socialising moments, bite-size work, voice and choice, freedom, presence, grounding activities, establishing safe classroom dynamics and social engagement (verbal and non-verbal), providing a safe space to open up, children asking for help and what they need, visualisation and stillness, evoking emotions.</p>	<p>Feedback include:</p> <ul style="list-style-type: none"> build rapport, connected and built relationships with participants and amongst participants thus supporting participants' universal needs of belonging; assess the participants' needs and ask if it was being met; evaluate training effectiveness by getting participants' feedback. indicate curious behaviour as a clue to assess participants' needs; trace and follow up on negative or difficult behaviours adapt the environment to support the student by providing restorative practices, brain breaks, and play; provide tips that make training accessible to everyone, shorten training or change the quantity or quality of the content, set training objectives, incorporate more or less arts-based activities, work according to a training schedule.

APPENDIX F: DATA TABLES

Table 1: Safety

Safety		
	Understand the importance of physical and psychological safety. Creating and implementing methods and practices to experience safety in the teaching and learning environments.	Methods and practices that reduce trauma reactions and create the experience of safety in teaching and learning environments.
GR A		
A2	<p>Talking about Coffee time: But you can just listen next to the friend, not at your own spot. Or if you want to go see what that one has coloured in with. And they talk about it in their own way, about the colouring in and the boundaries, but it's not too rigid that they are sitting at a space and not moving and socialising in a safe way...</p> <p>So even if you're not partaking in the physical activity, we are always as a group together. Nobody, nobody's excluded, unless it's somebody that needs time to be alone and feel that they just need to be alone.</p> <p>But they don't know again 'we're better.' So, we can show them how we can be, ... not better ... if I can say this ... if you don't have difference, and through the openness, and no, no boundaries ... they discover it in their own way.</p>	<p>I tried the coffee in the morning, this stuff comes out. It just comes out and I've got no limit. If you want to talk about it we talk about it. So just to help the children they don't know, they have been through something that has actually severely influenced their lives. And they might not know they're not feeling or in a good space... and through the openness and no, no boundaries I kind of .. yeah...you they discover it in their own way.</p> <p>Everybody's got a common ground. You, through your pathway, but it's fine... We've got something in common. Yeah, even if we are different in many, many ways...</p> <p>Mentioning how she applies the principles: So, that's how I see... it's not just a quick process, it's quite a long one, where one of my learners, he's eighteen now, he started in the school when he was six-years-old, so it's a long journey for him, the circle opened and now it is closing, and I've got the privilege to assist the learners to close the circle with a good experience and assist if there is still need afterwards, if this made sense?</p>

A3	<p>So now we have children going out and coming in, and then it takes about a week for them to just, just remember how to be with one another... and in the classroom.</p> <p>And it [i.e. <i>WhatsApp</i> interactions] was, for me it was so good. To be able to be whimsical. And to believe in good, you know, believe in, believe in a place where we actually all can just be together and no one is going to try and pull the wool over our eyes and we can have open and loving conversations with one another without hidden agendas, you know, so so that so it was it I was surprised by my my reaction to to that, you know, fairies and bunnies and because I've never, I've you know, I've .. I'm not a very ... it wasn't part of my nature to be, you know, to give in.</p> <p>And you know, it's, it's very, it's very comforting to be able to form part of a group of people who are in the same industry or in the same, doing the same work. And to learn and to hear that, you know, there are other challenges. Yeah, absolutely. Even more intense challenges going on.</p> <p>So, a new girl enrolled while we [i.e. herself and another teacher] were sick with COVID... she's still very anxious to let go ... because now parents can't come into the property... and she is always here first, in the morning. So, I make a point of when she comes in...we don't do anything. We just sit there on the floor, and we breathe together ...</p> <p>I've got my sensory corner as well. If one of the children, you know, feel sad or overwhelmed or whatever, then I send them there, yeah, we've got that.</p>	<p>Talking about her learners: So, this little girl and I, we sit on the floor, and we breathe and grow and try and grow... And the other one that I also, but it wasn't part of our core workshop, of course, but blowing out the candle. Yes. Well, I think a week where you're blowing out the second candle, like a wish for someone else. Researcher: That's beautiful. So, you almost have, like a little daily ritual, just for her.</p> <p>It's just been so inspirational, kan ek se, so, soveel inligting is gegee [transl.: can I say, so, so much information was given]. It made me feel more equipped to deal with myself. Ek moet okay wees, om okay te kan wees vir my kinders. [transl.: I have to be okay, to be okay for my learners] I have to take care of myself and have the intent in my heart to be that safe space for them, container</p>
A4	<p>Online training: I found the story just so, it was quite relaxing to listen to, and it was a lovely lesson.</p>	
A5	<p>I really learned a lot and, like you said, I don't know how to, you know, talk to them and not to pressure them into anything that they have to talk, but when they are ready to talk, and so it is really helpful.</p>	

A6	<p>So outside, I made a circle. Now inside of the class, I might keep them on their desks slightly. So, it's more like a row type of, or they stand in rows like that. And like with that one, that 1-2-3 clapping game, yeah, 1-2-3 game, I pretend I'm one person and the class as a whole is the other person. So, they have to react as a unit. So, they have to work together.</p> <p>...because they're a very buzzy class, they're always into each other's business 'ma'am, he's doing this, ma'am' and always buzzing and very set on righteousness. One can't have more than the other. So, I'm wanting them to learn to work together. I want them to be a team. So today, it actually did work because they realised that for their part to be successful, they have to not be focused on what somebody else does. If you do your part, the other ones will fall in and your rhythm will be right..</p> <p>... because they struggle with rhythm, they struggle with coordination, so I've been doing, working on metronome work and clapping and stuff, but this is now giving me so much more ideas of how to structure it even better, so it's not just about the rhythm and the patterning, but it's about the emotion and the well-being as well ...</p> <p>But I do, I do feel safe enough in the group to not feel pushed to have to perform, to have to put something even though I'm so tired, I can't see things straight, but I have to do this. I don't feel like that. But I do feel that the, the constant brain has linked different things that I've learned over the last month together because we've been in contact with each other (A6).</p> <p>...with 'above me the heavens, below me the earth', [I] just had to quickly adapt because the one girl's quite strictly Muslim, and then she didn't want to say the word 'heaven'. I said 'okay'... when I say heaven, I don't mean the religious heaven, I mean 'sky', but can we change it to sky so that she also feels comfortable in using it?' I said 'okay, now let's see what can we have between the other girls or the other children?' I said 'okay' I don't actually, when I say heaven, I don't mean the religious heaven. I mean sky, but what, what, what can we change it to, so that she also feels comfortable in using it?' So then they said 'above me the sky, below me the floor or the sand or the grass, and here am I.' So, yeah, I had to adapt a little bit.</p> <p>when they come alone, doing something more to build the bond between me and them so that they trust me, so that they feel safe in the group to participate. But I've seen a bit, it's almost like, within, if you do an activity that I thought would work perfect, I can actually see the trauma more.</p>	<p>Because my husband, in that time, I mean, he was watching the TV, and it was, and he was like, and, and for that few hours, it was like sweet, being able to switch off and be in a safe space and get away from the world that was so scary. And, and, and so, in my mind, I've almost like fragmented it. Because it was a good time, even though it was a very bad time. I mean, it was a very scary time, but I've got a positive connection to those two days.</p> <p>Talking about incorporating the methods that are safe: it's almost as if the children that need it the most, has the most of a barrier towards it, the ones that I want, that I aim that actual activity at, are the ones that are standing still and not wanting to participate. And so I need to keep on, and keep on, and keep on with it for a breakthrough...</p> <p>So, I'm not re-traumatizing. But you can actually see that they are definitely, they are going through something, that's why they put that barrier on here. They don't want to let go.</p>
A7	<p>So now they are together, and yeah, I think... I don't... I can't pinpoint it, I just think it's, they are sorting out each other. Yeah, and I think, I think there's a lot of trauma at home. And because we've got children that, that's from, from different backgrounds and economical.... What's the word? Researcher: Context? Economic situations? A7: Yes.</p>	<p>I did the breathing exercises as well. That worked very good, very well.</p>

A8	<p>Okay, I've done a little bit of drumming. You see, what I do is, I do it during, during life skills, then I take when I do a bit of music, then I do a bit of drumming. We've done moving to music, what else we've done... the the ha... the heavens, and the whatever, I do that with my kids. They love it. They think it's very avant garde.</p> <p>... if I go through my list, if I start at the top one little girl, and it's interesting how things come out. They don't come out straight away at the beginning, because one of the boys spoke about his father that died. And then all of a sudden, this child said to me, 'oh, my brother and my sister died'. And I was like: 'When was this?' ... But that brought up something in her in this memory.</p> <p>They need to know that even if you are not always the same, that you really, truly do care about them. And even if you have your own moods and your own needs that you bring in sometimes, that you're not this perfect image of the perfect teacher, that underneath that- I used to teach older children, I used to teach grade 7s, and I was quite strict with them and I used to tell them at the beginning of the year, 'I will love you deeply, I will love you fiercely.' And then they knew that they were safe.</p>	<p>So, the one thing that I think I've taken from the course is: I'm not a machine, my children aren't machines. So, the most important thing that I do is, I form a relationship with that child, because he will have lots of other years to learn about the noun. Not that that's not important. But there's a more important role that I play in that child's life. That child needs to come into that classroom and I've always say to my kids, the minute I can feel they're a little bit edgy. I say 'Where are we?' and they say 'we are in our safe space.'</p> <p>Simple, simple stuff. And then we did last week, we did, we did beat. So, we were doing the four beats and then, and then doing the double beat in the middle and whatever and they love it. They love it, because it's also that that's the, the minute that you, that the kids are doing something that that's the only thing that they can concentrate on, then they got that safe place. It's like today in art, they were totally in the safe place, they were chatting, they were just enjoying that whole dynamic that was happening.</p>
A9	<p><i>WhatsApp</i> connection problems. Dropped out during session 2.</p>	<p>And also, the realisation that, which is what I am taking away from the workshop, that children in our society are so traumatised to a point that we have normalised it and we do not have the tools on how to tap into it, deal with it, or even name the types of traumas that the children are going through. So, my take-away is that we have been given the tools to be able to identify where a situation needs intervention.</p>
A10	<p>Because I'm attending, I'm doing another three months' course/workshop on leadership. And, and, you know, the facilitator is not really invested. Or, you know, it's, you can tell, you can tell that there is some sort of divide between the content you're given, and you're looking at the screen. So yeah, both days of your sessions were because you, you give a type of energy that is positive, but it's like, it's grasping, as well. Like, you know, like, I never met you before, before that session, but it was comfortable. And I think that's, that's important to have it because, you know, we don't have the face to face where you can actually build rapport with someone. Now we have to try do that over a screen, it's ten times harder.... I woke up, my first thing was like, 'Oh, my God, how is this facilitator going to be?'</p> <p>the majority of the girls are black girls. So even structuring my lessons, I don't teach on home language bases, because they are not grasping home language. So it is more of a first additional language, and whatever I teach, it needs to be simplified even further towards... Even the department sends me,,, it's extra work for myself to actually put it into simpler terms. In terms of the reading, they're not on the same level as, as other girls would be in grade eight and nine. Yeah, so, so it comes with a lot of challenges. But I also enjoy it.</p>	<p>Besides my self-care is always my beginning. Because I feel like I sometimes get anxious. Especially now, when there's so much going on. But I'm also grateful that I have a very, very strong support structure. So, people close to me that I can lean on be like, you know, this was my day. You know, I'm just having a down day. And I just feel so sad. You know. And it's my family. And so, I have that when I come home. So that's one of my techniques besides me doing breathing exercises, and yeah, calming myself down.</p> <p>Researcher: So, you do check-ins all the time. A10: Yes, yes, I do, much more of them than other teachers.</p>

A11	<p>It also helps to do the activities and not just have a presentation. Yes, but then we actually got up and did some of the activities that allowed me, because it, it not only helps you remember, but it helps you sort of get a sense of how this would work ... because then I can get a sense of how it would work. But, and also, it does re-energise you for the session than to just sit and listen to a <i>PowerPoint</i>.</p>	<p>The way that we started the sessions, you know, I think you... you did a good job in creating a safe space. And I remember there was some trigger warnings. I really appreciated that... there was... there was some trigger warnings.</p> <p>To question about using story in the training: I wouldn't say it's unnecessary, but I have a short attention span. So, I would follow the story... And then in between, I'm like, whoa, what is the story now? And then I wouldn't even know how I got lost. But that's my storytelling thing. I think that's amazing. Because I, I pick up something from the story. And I could make it to something else might be a different memory or a different story. And before I know it, I'm lost in this thing that's going on for me. And then when it comes to the end, I'm like, whoa, wait, did I just go with this.</p>
A12	<p>how I structured my lessons, because it was maths lessons, it was like 80% of maths content, 20% of real-life learning, because I feel like that's often neglected in today's syllabus where teachers are basically there to share the curriculum and syllabus and not really there for students.</p>	<p>So I wanted to create a different dynamic in the classroom, and what I realised was that the students, once you gave them that opportunity, they got very comfortable with each other and comfortable with the teacher, and they started opening-up and sharing a lot more.</p>
A13	<p>Our group is quite active, and that the same people seem to be quite active, and there is a lot of sharing ... There is a lot of valuable, beautiful information that's being shared. But just noticing in the group, that someone who didn't participate often, then used the platform when the need arose ... when someone needed help, they came in, and they knew this was a safe space or the place to ask, and they got the help they needed for this. Or maybe the other activities weren't relevant to them, or it was just overwhelm. However, the safety of the group is definitely there.</p>	<p>I think, my experience has been that people are not used to stories or getting into imagination. It's escape from reality, but it's not. My imagination can help me to heal me. And I don't think that concept is easy to grasp for everybody.</p> <p>So I've got direct access to material [i.e., <i>WhatsApp</i> memes], which I never had before, and I can share that on.</p>
A14	<p>Mentioning results of implementing the methods: Everyone is so involved. It's like a really safe space, everyone feels comfortable for sharing stuff and taking part. So, I think it's great.</p>	<p>They are quite calm. I have, I have a few busy bodies in my class. It is grade one, so they are up in the air. But usually before I do maths with them, before they need to do, like a little test, I will do that, just because I saw what grounding effect it has on them, so yeah, they are really calm.</p>
A15	<p>Opening circle: I think it worked really well, I think it would, it's a good warm-up as well because it stimulates your mind and your body. So, you're warming up both your mind and your body.</p> <p>So boys need a lot more structure and discipline and I still want to be a teacher that is approachable and bubbly, I wouldn't call myself strict. Although, I maintain boundaries, but I think that the ritual that you touched on can really work to establish a sense of strictness without having to become a teacher that has to reprimand or shout, be very controlling in that way. So, I think that's gonna benefit me as a teacher.</p> <p>... you know, that holding, obviously, support that traumatised child more. But because we all exist in connection, it supports everyone in the class, that's what I've recognised.</p>	<p>For me, as a teacher, I think really that element of ritual, starting a lesson a certain way and ending a certain way and being consistent with every single class is something that I've noticed that I have had to learn to do.</p> <p>I don't know, it's just different. Like, I just think it would take a little bit more, I think, for that age group specifically. You know, they, they also get joy from doing exercises that use lots of disciplines like music and moving and they just love it. You know, I even did, you posted some dancing stuff as well. And I did a dance with ... choreographed the dance, they just had to mirror it from me. Yeah, it was the song, "I like to move it move it" you know, from Madagascar?</p>

GR B		
B2	Mentioning the Rhythmic opening: Yes, it was a lovely experience, especially because ... I'm not used to dancing or moving or those kinds of things, so it was nice.	
B3	<p>Constant fear of COVID-19: ... even though I'm working from home, we've been very busy. A lot of things have to be very together. I don't know, it took long. And then I wasn't feeling so great either. So then, you know, things just kind of...</p> <p>We sit in a circle and count. Any child may start with 1, any other child says 2, and so on. 2 people cannot say the same number at the same time otherwise they start at 1 again. They must try to get to a high number 10 or more. The aim of the exercise is to sit quietly and tune into others to try and intuitively know who wants to say the next number.</p> <p>I really appreciate the videos. They are most helpful [i.e., beanbag weaving demonstrations].</p> <p>I mean, the children, um, you know, they are children, who are going through divorces, and you know, and then this one is upset, and then we had like a bullying thing. You know, and I mean, we're doing all these things.</p>	<p>I create a safe space in my classroom by following a daily and weekly rhythm, which helps the children to feel safe because they know what to expect. Creating a safe space for them, somewhere secluded, to speak to me when they are experiencing difficulties is another way.</p> <p>Daily rhythm: we always start with an opening circle, much like the one in the workshop. Then main lesson, which does differ but generally includes a story, recall/discussion, bookwork and sometimes a practical element. Break Running lessons (languages and maths) Break Artistic/practical lessons (painting, music, gardening) Closing verse</p> <p>Weekly rhythm would be having the artistic lessons fall on the same day each week, painting on a Mon, gardening on a Tuesday and so on.</p> <p>Our termly rhythm coincides with certain festivals and crafts. E.g. Easter, Advent.</p>
B4	You know sometimes, you stay inside the house because you are just afraid of people out there, what they are going to say when they catch you. Some of them were starting to assume that maybe this person is not well, one, two, three, they started labelling me.	I just took this initially that we don't have to come with suggestion unless we have heard what kind of help they need from us. In most cases we might bring bread only to find that they need milk, so our help might be irrelevant to what they need from us so at the end of the day, they may go out there without being heard. Whereas when they do trust us and look forward to being helped. So, I just grabbed that...
B5	... the learners in the classroom really must feel free to go into the teacher's classroom. They must not be afraid, 'now I really don't want to go to their classrooms because that teacher, Miss, maybe, Pauline, she's very rude. She doesn't know how to talk with us and she's just ugly'. Now you must be on the learners' level, really. You must be the mother. You must be the father. You must be the doctor, or anything, a lawyer. You must just be there for them at the end of the day. Yeah, and they must trust you as a teacher 'I can talk with her anything and I can feel free to go with her, or hang on her shoulder, or sit on her leg', that is how the learners are in our classroom, they feel really free.	Opening Circle: - sometimes we did that outside, sometimes we did it in the classroom and they love it. Doing that opening circle, they enjoy it very much.

B6	<p>yes, we do know each other very well, because we are all working for the same people. So, all the time when we do have meetings, then we are always in a group because it's much easier in terms of the <i>Wi-Fi</i> ... we sometimes have phone difficulties and network problems. Yes, ... because what was nice about it is whenever we went through things, or when you spoke and you showed us some of the things that ... we were able to, to speak amongst each other and ask, 'Do you understand this?' 'Or do you know this?'... I don't know if you noticed, but there were sometimes when we were talking a lot.</p>	<p>Answering a question around stories that could trigger: Not me personally, not the stories. There were some of the things that, that was on the screen, that really, that I wasn't triggered, but I could relate to it. I'm not, I think it was for the house, the house that we were, that we were, that we need to grow, I could relate to it. Because you know that most of that things, sometimes you don't even know this about yourself. And now you're, you didn't know, now you discovered but this is actually how I am, or this is actually what I went through. Because now you're able to do. Because sometimes there are times where you're experiencing, but then you surprise that emotions, or you put it there way at the back. So now when, when, when some of those things was on the screen, and I was reading through it. And I was and I thought oh, so this is actually what I went through.</p>
B7	<p>He [i.e. a learner that she supported] is more comfortable now in the classroom and outside, and he is actually participating now in class. So, I actually got him out of his comfort zone. So yeah.</p>	<p>I'm actually, I won't say difficult, but I'm actually someone who's, who don't actually like to talk about my feelings and everything I went through. I can't just sit still and just think, but I actually got myself to, to talk to my friends and my colleagues. About actually my feelings, my experience, my everything, everything actually, I went through now. So, so yeah, I actually got myself to just open up and offload everything.</p>

B8

Mentioning the difficulty of diverse perspectives and experiences: I think it, it was, I think it was tough. I can, I can only speak from my perspective. But just because I was on holiday, I kind of felt, well, I wasn't necessarily on the same level as everybody because I'm posting that I'm sunshine and roses, but because I'm on the bloody beach. So, so, I kind of felt, had I been at school, I possibly would have engaged with it more authentically because I was, you know, in the same sort of framework, possibly as people who were at school, but then on the flip side, maybe I should have just said, 'Hey, guys I'm on holiday', but at least made a connection.

I don't, I don't expect to see a radical transformation in the kids. But you do hope that over time, you know, that's that, you know, little 'Thando' starts to volunteer to go first, you know. That I can now hear her when she, when she speaks. And that for me is that I have now created a safe space where they are able to engage.

... if for some reason you if I've been sitting in a circle with these women, that I would have really walked away feeling that I knew them. But we would end the session, and someone wasn't even on camera the whole time.

So yeah, I think, I do think the online had a massive impact on that you're sitting here in your own little *Zoom* box, as you say, and, and unless you shared, you know, unless you were willing to talk without even knowing anybody, yeah, if you, you know, and also if it was just on in the background, you know, that seemed a bit of a waste ...

I think that I did find the group that was sitting in the classroom together...um ... not distracting, but I just didn't... I was like, they were obviously trying their best in very difficult circumstances. But I kind of felt they weren't, they weren't, where we were, you know, they were kind of either always a little bit on the backfoot or, you know, and then could share and then I kind of had I felt sorry for you on, on occasion that you, you weren't the main focus. But I don't know how you get around that. Yeah. Yeah. So, so, I kind of just, I have to force myself. 'So don't worry about them. They're not your problem. You just make sense.'

it reminded me of the power of the story. And with, with everything with, you know, the way our world is, and that it's these, it's, it's stories that people especially kids are going to relate to, despite the fact that they feel that the syllabus and the curriculum is all much more important.

And you know, even it's interesting, like our you know, your ritual opening and closing that you know, you just, you can see the people that are feeling a lot more comfortable. I think everybody enjoyed it because it's different.

Triggers: No, nothing, nothing. Because I think that you framed everything so nicely. We know we're dealing with trauma, you had actually given us a disclaimer about the trigger anyway. And the end, because I guess it's an area of interest, it was kind of it was more for my practice, not for my therapy. So yeah, I never sort of really feel it hit, hits a chord at all. Yeah, I mean, it was. And I think because you were so very professional, it wasn't like, 'well, how are you feeling today? Let's lay you down on the couch...'

B9	<p>It's simply because you know, you had fear in asking for help. It's not because you just fear to ask for help. It's because when you all ... you even fear to ask the teacher to say, 'Can I be excused to go to the bathroom'? Or you know 'I feel hot' or 'I feel thirsty'. 'Can I go to my, you know, lunch box and go and have a sip of my water' or you know, so those are the things [i.e. childhood education].</p> <p>I think it's basically also part of what, how I noticed that sometimes children would come in very excited to be hyped up, and for you to go straight into a yoga session, it becomes a little bit of a problematic period for you to get them to calm down.</p>	<p>So, when they come, they came all with different, you know, excitement of the brain. So, for them to come into a space where it's uniform, it's quiet, it's calm. When you introduce an activity that calms them as a group, it becomes such a beautiful, uniform calmness, that even if, even if you were to pick one who's still struggling to transition into the calmness space, you are able to pick that there's probably something more to, you know, there's something more challenging than what you thought, it was just an overstimulation of the body and the mind of the child. So now you will be able to support that child the issues really surface in that calm space.</p> <p>For me truly it was understanding that there is a foundation to this, the trauma is that foundation, which traced back ... and only when we can trace it back and start addressing it from the bottom going up, that's when we can be able to ... start healing and ...be able to correct it</p> <p>I feel that when the teachers are conscientise [i.e. conscious] ... that when I come into the class, as much as that boy is getting overwhelmed in a certain way, I can react which does not cause more trauma to that point.</p> <p>I noticed that sometimes children would come in very excited to be hyped up, and for you to go straight into a yoga session, it becomes a little bit of a problematic period for you to get them to calm down. So when they calm down, then you can find ways of getting them to calm.</p>
B10	<p>School and the kids are a bit scared at the moment, because like, here in our side now, COVID is really happening here. So, we were also closed for like, two weeks. But then after that the school wasn't the same because the kids is few in class. And you can't really continue with much work because then the others are far behind, and so it's a bit confusing.</p>	<p>So, we [Group of 4] decided to just sit together and said, we were actually at the school because the schools Wi-Fi it's fine, really fine ... the connections. So, we decided we're going to sit together too, because otherwise, it's going to be data problems and this and that. So, we decided to just sit. There wasn't any problem.</p>
R:	<p>Well, when I made plays, it's almost like, the, the group harmonises you know, we create something together and there's a harmony in making a play together. And I always felt like if we, if children have experienced that type of harmony and working together, they will go out into their lives and they will go and try and make such bubbles of groups of people and friends, because they know what it feels like, you know. And so for me, part of this training is, you know, is to create that group cohesion, that feeling of togetherness. And of course, it's impossible on, you know, just really impossible to teach. And I feel that's something that, that cannot be verbalised. You can only, you know, if we all sit in a room, and experience it, reclaiming it, yeah, that's where it happens. So, yeah.</p> <p>Thanks everyone for sharing today. In summary: we are looking for a space that is colourful, wise, naturally beautiful. Where there are stories, music, gratitude and a meditative space. Where we are given voice and choice, where we can share games, experience peace, and creativity, experience well-known, comfortable relationships. A place of soft light and warm colours, quiet soft presence, interesting conversations, warmth. A relaxed and blessed space.14/7/2021</p>	<p>And I do you think it's something that I'm very passionate about, as we as teachers, as Can we? Can we model? Can we, you know, can we create bubbles like that in our classrooms, that can make people feel they want to live in such a space of harmony and peace and calm or whatever?</p> <p>Dear friends, there has been no response to the last invite to find some boundaries for this space. Do we have any ideas about how our interactions will be? Are there time limits, content limits, any other requests? 16/7/2021</p> <p>And I just want to thank you and acknowledge the fact that there are so many people from different backgrounds, different schools, different races, but also different age groups, that, we are teaching each other, and I really am so excited about this, because I think it makes the sharing so much richer, so thank you very much</p>

Table 2: Stabilisation and Regulation

Stabilisation and Regulation		
GR A	Understand and recognise the effects of trauma on the human being, including the physical, psychological, cognitive and social aspect.	Witness the effects of the methods and practices that create stabilisation and regulation in their personal life and 'teaching and learning' environments.
A2	<p>Talking about the school: Yeah, we do have gangs in our school. So I wouldn't say we've got religious issues with the parents and that, but the other gangs, you can say or, and they are at young ages ...at young ages. Oh, no, that's really, really, really terrible...</p> <p>Talking about the learners: ... our older children are gonna go back into the community, that stuff happened to them... so, we need to equip...</p> <p>Talking about COVID-19: At the moment, we've got one (i.e. a learner) that is quite critical. She's on oxygen. And then we've had a few that...luckily, it was just a short time they were admitted.</p> <p>I think the worst part of this whole Corona thing for me is ... that it is part of the vocabulary. It's part of the learning now. It is...it's part of them, it's not just one ...'how ... are you?', 'having a lucky day?', it's like 'put your mask on' 'where's your visor.' And I think that's quite the unsettling part...</p>	<p>Mentions providing Voice and Choice: But during a coffee, if you want to go sit next to have with the other friend, you can go sit there during that open hour...</p> <p>Yeah, but if you want to talk about stuff, we talk about stuff. And if you woke up at four o'clock, we also had 'Why did you wake up at four o'clock?' Another one is: 'I watched the movie until 11 o'clock', and then we talk about it.</p> <p>Mentions witnessing the effects of her intervention: other teachers in the school have started to see that we do coffee in the morning and the teachers are joining us. And they sit with the learners and so, having coffee, and it's a good time for just talking about stuff...</p>

A3	<p>Talking about the impact of COVID-19: I was down for two weeks. Um, so my colleague and I work in the three- to six-year-old classroom, at the XXX school in XXX. And so, she was diagnosed. And so she was off for a week. And then I was, I was in the classroom by myself for that week. And then the next Tuesday, I was diagnosed and then someone else had to step into the classroom. And she came back, and she was alone for a week.</p> <p>But, you know, children of three to six are very sensitive to odour and are very sensitive to things around. I mean, psychologically, at that age, you are becoming a full human, you've already absorbed everything into whatever. And so my, you know, the poor children, they don't know if they are coming, or going. And we have our hands full ...</p> <p>The children in our class at the moment, a lot of them are seeing therapists, either speech or occupational therapy, or physiotherapy. Um, it has become prevalent last year after lockdown. Yeah. There's a lot of issues, you know, with crossing the midline.</p> <p>Talking about the need for stabilisation: ...the first and the second wave our school was very fortunate not to have so many infections, talking about the parents and the teachers, but this wave was extremely aggressive for our school. I mean, nearly all the teachers now have been infected and like almost half of the parents of the school community have been infected.</p> <p>They are very restless in the classroom, they, the older ones, the older ones that you know, should set the pace for the younger ones because, you know, we share the environment, three to six year olds. So the older ones are just avoiding the work, they're not doing anything. Just wandering around, you know, they have to be redirected a lot. And so we have new, we have children that came over from the toddler class. So now they see the older ones just faffing around and playing mostly in the classroom. And they perceive this as the normal behaviour, as the accepted behaviour.</p>	<p>Mentioning the methods: some of the things that you taught me, and it worked wonders, I must say, they enjoyed it.</p> <p>Mentioning the geometry drawings: I used it with the lower elementary children. The 6-9 years old. One very brave five-year-old tried it. And, you know, she didn't give up. She didn't ... they, like watch because I played in the video as reference to show them everything.</p> <p>And then we added the boy, and I tried it. And they were watching us ... expanding by the table and you know...Yeah. And then when he, you know, packed away, and he went on to other things. They said, 'Oh, teacher, we want to try that.' Oh, yeah. And I said 'Well, of course and he can show you because he's just done it and he can remember and again'. The collaboration Researcher, was for me, the best!</p> <p>So these activities, what I especially enjoyed is the breathing, the breathing exercises.</p>
A4	<p>Because I'm finding, you know, that we share so much theory with our students and when they ask, the kids have questions about assisting learners with trauma, classroom management, because lots of the classroom management issues are impacted by learners that are going through different kinds of traumas...</p>	
A5	<p>Talking about her learners: I'm at an Afrikaans school, it's a multicultural school so we have all the races in our classes, and we are in a very low social-economic area in XXX. And, so the children, they experience a lot of trauma in their households. Their households are not ideal, it is very bad. They are very poor, and most of the parents don't work, they only survive off the SASA. The circumstances in the houses are not, like they live all in one little room. Like, with seven children, or so, and then the grandmother also lives there.</p> <p>Talking about methods that establish cohesion: they all go together, and they sing together, the whole class. So, I don't know what the neighbouring classes have to say about it. Yeah, so it brings a bit of, a solidarity between the group, which is nice...</p>	<p>Mentioning self-care methods: Ek gaan sommer in Afrikaans se. Ek sal op my foon eers my worship musiek aan sit, en dan sal ek eers, kan ek se, dis die eerste ding wat ek sal doen. Ek sal eerste my Bybel, ek is a groot Bybel fan, aan sit en net rustig en praat net om weer 'n fokus te kry, net om te begin, net om te besef waar kom dit."</p> <p>Translation summary: My religious practice [i.e., like prayer], worship music and the bible are way I find my focus and understanding.</p>

A6	<p>... So that is also, the stress is on because the matrices are writing. Yeah, and the pressures on so we all feel it, and the matrices feel that anxiety... and the matrices keep hearing 'we behind, we behind,' but what must we do?</p> <p>So concentration difficulties, dyscalculia, dyslexia, so, our children do struggle already with anxiety, they do struggle already with slow work speed, and so on. The anxiety is like, debilitating.</p>	<p>So I enjoyed it. And the first day was like, I was so excited for the next day. I really enjoyed. I enjoyed that part, so I was looking forward to the next day's part. So I don't know. And, and, and I've been digesting it a little bit, by little bit, like, as I, in practice, need it. Like as I get bombarded with a situation where I think, 'okay, now what can I use?</p> <p>And that one, that backward counting one, also they like that ...(A6).</p>
A7	<p>Mentioning observations in relation to trauma reactions: Well, I'll be honest, these last two weeks was quite hectic, because we usually had Group A and Group B's. And so, the one group came on one day and the next group came on another day, but from last week, Monday, they all came back to school. So, it's quite hectic.</p> <p>I think if there's going to be more, and more, and more challenges, there is a lot of parents that have lost their jobs. And, you know, I think our children went through a lot of trauma that we are not aware of, or they, they shy to tell us or, you know, they're very... I've noticed these two weeks, they're very, shy to say what they feel or what's going on in their life, you know, yeah.</p> <p>Talking about her school: We have a lot of discipline issues ... they are using drugs as well, and they're smoking. So, we had a problem last week, with one of the learners. He brought in crystal meth ... and they were using it in break.</p> <p>Talking about her own stress reactions: My personality is a plan-maker, so I would definitely start to make plans.</p>	<p>I tried to, I tried to do it standard. Every time I get a new class in front of me, so but sometimes I can't, then you just, you know, 'keep quiet, still', and you're... because the COVID thing is still, you know, they must be a little bit apart and masks on and sanitise ...</p>
A8	<p>Going through their classes, naming problems: So, all of these families are carrying something. But, you know what, there isn't a human being who's not carrying something.</p>	<p>I haven't tried the rhythm clapping yet because I'm spatially very challenged. So, I want to practise that with Participant 4 first and get the rhythm clapping down, and then do it.</p> <p>There's always that magical moment in art, if you when you're teaching something, I mean, it starts with a bit of a buzz. And then suddenly, there's that total silence, then, you know, they're in the zone.</p>
A9		

A10

So, I teach all grade eight and nine, and I teach English language, grade eight and nine, that is a very, very difficult grade to teach. Or am I wrong? And the fact that I teach all of them so that's sixteen classes, I've got six grade nine classes, and four grade eight classes, and it's like, even mentioning it, it's really difficult. Difficult time period in their life, with the most ... it's a lot of change for them. And so, for me, it's been challenging because I've never taught before. My degree is not even in any education, my degree is in psychology, and I'm only doing my PGCE this year. So, I'm a student as well. Studying part time.

Last week, I was seeing two girls that just came out and said the word and I feel like it's like, almost like I need, like a part of me is like, okay, let's just leave, leave the teaching and focus on the counselling. But I can't do that. And for us to opt in. I'm not allowed to even deal with that. So I have to fill in form 22 and have social workers come from the education department. And when do they come? They haven't arrived yet. So these girls are still waiting. And we wait, we wait til the social worker arrives to see to them, the only thing I did do now, what I can and they know that, you know, they're feeling a certain way, come and speak to me.

But to be a teacher and studying and working because, as a teacher you bring your work with you, you know, there's no open my laptop and I'm done out to the office for the day. There is always prep work at night, there is marking to do like a crate of marking or to bring with me to finish by this weekend. So, it's things like that. And to do that in with my, my lectures, or in the week at night. Assignments, my online tests. So, I mean, obviously life itself has its own challenges.

And it's hard sometimes because you feel like you just want to protect them, they're so young. And you feel like you're not even getting, like your mom knows, but why is nothing happening? You know? Why? Why doesn't she say anything about it so much that you sometimes want to try and do that you need to, you need to know when, when there shouldn't be a boundary, that new crossing, because you can get so I think it's overwhelming, and then you get so deep into it, you know, so they need to also still be a, you need to be aware of the fact that you can only help to be the support to a certain point.

So, with regards to the school and the learners. This term has been, I think, extra taxing for us as teachers, because they, remember the one thing I mentioned in the group, where the taxi violence has been impacting us, so our first three or four weeks or with the most there were no work actually done, because we were like two, three girls, maybe in the class factor with total of 20. Because the majority of the girls at the school come from Khayelitsha, goes off, to the old travel taxi.

So there wasn't a lot of things that was new. I think it was just a different perspective. And applied within a classroom setting. When I did psych, it was never specific. It was generalised, you know, and I've never had experience in working with teenagers. So, to me, that is what I enjoyed the most about is that it felt like it was actually speaking to me and my situation. Okay, what I'm currently busy with, because, I mean, you do it generally, in your undergrad, but it's useful to touch on it. Yeah. But it's not, you know, within the context of what's actually happening in schools. Yeah, it's more general. Yeah. So that is what I liked about you, your workshops, is that it was more relatable to what is actually happening in the class.

I love the stories, I don't think if you change anything, I think, you know, when I say it's great.

A11	<p>The online engagement as a whole: ...for me personally, it helped me understand trauma. So, like the definition of trauma and how trauma sits in the body that I found very useful. And again, that grounding activities I found very useful...</p>	<p>Another reason I also start off with the... with the grounding activities... Sometimes I go from one session into the other, and I do find that I need to ground myself, be fully present for the new teacher, you know, within view. Because I might have picked up something in the previous session with the other teacher.</p> <p>... it might seem small, but it makes a difference ... because when they leave the session, they don't need to just do the grounding activities when they meet me. Now they can do the grounding activities whenever they need to. But they've learned it here. So, it does seem like a small thing, but I think it made a big impact.</p>
A12	<p>A lot of their personal issues also came up and that's where I realised a lot of these kids are affected and are experiencing a lot of past, as well as present, trauma. This is at a higher-needs school and most of them stem from low-income families and come from township areas as well. And I feel like, Participant 10 has said as well, they have become so desensitised to trauma that they feel like it is not a problem, and they just sort of have it as an accessory with their everyday lives.</p>	<p>Firstly, it was surprising for me to see that, just after three days, these kids, and especially the teenagers as well where they often don't like to share a lot with people that are older than them, they were very open about certain things. Like, one girl shared that she was pregnant in school last year and that her dad killed her baby, and that was too much for her to handle and a lot of people started opening-up more about mental health and a lack of support in their community and stuff.</p>
A13	<p>I mean, the thing about the risk being <i>poverty</i>...Poverty being a risk, that's really ... I mean like how others were saying, I mean, we live in a society where a lot of children are on the poverty line, and if they have very little support, you're saying, not only support, there's an inclination that everything is against them, the environment is against them, the thinking is against them, the school system is not supporting, yeah. The problem really is then massive, massive, massive, if all of those factors contribute towards their stress...</p>	<p>...you're not only giving us tools, it's also the platform to look at yourself. What you see, I mean, it's triggered something in someone, but you don't want to lose that person because they've been triggered. And the others might not have been triggered, but yet they need to enrich, they need to keep strong, and they need to keep hold and fit, nourished. It's hard to do the work.</p>
A14	<p>We do not even have the ability to recognise it [i.e., trauma] anymore.</p> <p>So, we are also working with kids that come from such harsh and sad backgrounds. Like, I had a girl last year and from four months old, her parents abused her and they fed her alcohol, just like that, and it actually destroyed her, so she's got so many problems.</p> <p>And I've just realised, no matter how perfect everything looks, they will always be a learner in my class with some type of trauma, either in their past, or they're going through it now. So I know that by attending, this course will definitely enable me to help them because I think they will... It's sad to say it's really sad, but I know there will always be some kind of trauma we're dealing with.</p>	<p>Especially about that part where you say 'Above me, the heavens, below me the earth and here am I' in the mornings or the... I read Bible and I prayed, I told my kiddies 'Okay, let's stand up. We're gonna do this now'. And it is just as you said during the course, something really happens to you. It's like, you feel grounded, the roots goes through your feet and pushes down into the earth. So, I think my kids also enjoys that when, when I actually forget about it, they're like 'teacher aren't we gonna do this today?' They remind me about it, yes, and, and you won't think that it's got such a big impact on them, because it's just three verses you say, but it does.</p>

<p>A15</p>	<p>I've also realised that working in different spaces, both private and government spaces, that trauma is everywhere, you know. Even kids who are more privileged, they are experiencing trauma as well, and that's why it's important for everyone across South Africa, like all teachers, to have that training. But also, we lack the resources, like Researcher mentioned, to have mental health practitioners in our schools.</p> <p>Acknowledging her own trauma reactions: I would fight, I would be like, I think I would be really upset about it, but then I would like, not only fight against, but I would fight for, like moving forward. I would just fight to do things better and just to make it right.</p> <p>Observing trauma in learners: So there's a couple of kids that have a stutter. Or they're quite slow in class, they're struggling in certain academic fields. But there's one child, I've noticed who's very melancholic. I don't know, it's just unusual for a child in grade one to be so down, and so miserable. And like, at the beginning, when I started drama classes with him, he didn't want to engage. He was very, like he would deliberately set himself outside of the circle, you know?</p> <p>I think definitely, that balance between, you know, being the fun teacher, but also having like containment, you know, and rules and boundaries and, you know, structure. And I think I've got that. Now, I've understood that more so especially for, with the idea of like a trauma-informed pedagogy, but also understanding that for a lot of children, and especially now, during the pandemic, we can assume that majority of the kids have experienced some form of trauma.</p> <p>I had one child in my class who said to me, the one day he was frantic, said, I want to sit with you, I want to just sit with you all listen, so I thought, okay, just, you know, come sit with me. And he was like almost holding on to my arm. And throughout the session, was like, he was saying, 'I'm really worried about my friend'. So it was this girl that he knows that isn't at the school that he's at. And I said, 'Why are you worried about?' 'No, I'm worried she's, she's got COVID because I haven't seen her in a really long time. And I haven't been able to see her. So I'm just like, worried that she has COVID'. And he was like, really frantic about it.</p> <p>And, you know, that's where I think like a trauma-informed approach or, you know, it helps everybody, everybody in the class, you know, because all of the kids are going through, through something, you know, we don't know. Yeah. So I think if it was any time, maybe ever in the world, it's time to bring that in, you know, and know about, like,... you've taught us about secondary trauma as well, you know, and then neurons, you know, the mirror neurons. And I think all of that information I know now has influenced my classes and influenced my teaching style.</p>	<p>Mention self-care practices: I start making lists and just really trying to organise the chaos, that's something that I try and do that kind of brings, and obviously the again, looking after myself in lots of different ways. So, going to gym, or calling a friend, spending time with family, holding my dog, whatever the case is, just really grounding and bringing it back to the body, but the lists are always my first point of call.</p> <p>Implementation of methods: They absolutely, like, it was like one of the highlights, they just loved it and we just like, you know, and they're really uninhibited at that age, you know, they don't mind embarrassing themselves, you know, so I think, in that way, I suppose is like, easier to a certain extent, also to weave in, like some of the games that you've suggested, to weave them in with that age group, because they are really open to it.</p> <p>Researcher: Since starting the course, you have actually applied what you have learned sort of? You have been able to do that? A15: Yeah. Researcher: Apart from the last week now. All right. So your, do you feel that the ability to focus and give attention has... where would it be lying now? Do you think it's increased up or down? Or? Not really? A 15: I think it has been, I think it has increased, especially because of the containment.</p> <p>Mentioning stories that trigger: I think it definitely stirred memories or, you know, the stories are also, I think, also informed that, you know, thinking back to moments where maybe you were that character, whatever, but, I wasn't, it wasn't harmful or hurtful.</p> <p>But I think it's also, when everyone's doing it together, and the rhythm and the sound, I think it creates a cohesion as well, working together and just, a centering in the session.</p>
<p>GR B</p>		

B2		<p>Researcher: what was your experience of the singing and the dancing and the stomping? What came up for you? B2: [beaming] I don't know the term, but my heart just, in your heart just, it was just racing. Researcher: Racing, I hope, with joy, not with fear? Participant 2. B2: [smiling] Yes, with joy!</p>
B3	<p>I've actually realised I have quite a few remedial children. So, that's a thing. Aside from trauma. I don't know if the work causes the trauma, that's possible, you know. Some children break down and cry because they're doing maths. So I need to find a way to help them with that, you know, but I don't know really ...</p>	<p>I think it's definitely useful. I sometimes wish I knew what they were doing in other schools to see the difference. I mean, I've always been in a XXX school. So I can only see what we do. You know, and I'm sure it does help. But like I said, I feel like, I kind of need a little bit extra, because we're already doing this. So, you know, once you give this much, and we need something more, I'm sure. I'd like to, I'd like to know myself how it is helping people who don't implement... who don't do that...</p>
B4	<p>I am in a primary school in a rural area, so many of the children that I see are traumatised by either the mother who left, or the father who left, so this session will help me a lot because at school, there is no one who is dealing with those things, no one has noticed those things. This session has given me a broad idea of how I can notice if a child has some kind of trauma or if they have some kind of stress. It has really, really helped me.</p> <p>But, it is possible that I might actually not work for some time now and how am I actually going to live. Because I am going through a lot. So, I decided to do some research on how to manage these things because I knew that it was going to actually, hit so bad on my side because one I started with this thing, I lost so much weight, I lost. All these things.</p>	
B5	<p>The course for me was very helpful, especially on my own personal life. Especially at home. I learned a lot really. In your house if something is happening with yourself or your children, you don't even give attention to the problem happening around you. So, especially in my personal life.</p> <p>... because there is a lot of problems in our houses, in our families and we don't know how to resolve those problems...</p> <p>Sometimes you sit in a corner and scream and it works on you. Especially in my life. I need this.</p>	<p>Opening Circle: ... when you do games with them, it helps them a lot. I like that game of step- walking-clapping game.</p>

B6

I've been off work. Um, soon after our training. I've been off work due to isolation. My husband and my daughter tested positive remember I sent a message saying that, unfortunately, my participation in the group, I'm not participating due to the fact that I had a lot, a lot on my plate. Yes. And we had to isolate. And soon after the results came in my, my baby daughter also had to go test, but fortunately, they said that it is the parents decision to, in cases of where the baby is small, so I decided not to take her because we are already isolating. So she's isolated with us, meaning she's not coming into contact with any person. And then, you know, soon after we went through the period of isolation, stayed at home and got through everything. I'm just grateful that we alive, we healthy, we went through it, but the thing is, then I was so excited to go back to work. And then school was closed due to the cases at the schools, and I was stuck home again.

There has been quite a few of them [i.e people dying], every week. Every week there is funerals, two to four maximum funerals. You know, there was my neighbour...the Monday we receive news that she passed away. And it was, it was like so shocking because she just went to hospital, that, and it was discovered on the Saturday she went, it was discovered that she's COVID positive. So I just, I was, I couldn't sleep that night because I was wrestling myself saying 'I'm not related to her' but ever since they moved in here we got so close and you know it's so close to you. And I say to myself, I wonder what I'm going to do if she's not coming back, if she passes away... when they received the news they were in isolation, the daughter and her husband's so there was no one that could go in there and comfort them you know ... every person that came who wanted to show condolences and give condolences have to stand at the gate ... It was so painful they are mad because you standing on the side and they standing there. They are crying, what it was, it was traumatic. ...And you know, that is what, what is happening in person and a person being so small. It is, it's sad, really.

there was a night when I was awake, alone and everyone else was sleeping. But then the thought hit me that so many people who has been diagnosed, and tested positive, are fighting, literally fighting, for their lives, struggling with breathing problems, and so many other complications.

...and I do come into contact with someone else, and that person suffers severe symptoms or even dies? How am I going to live with my conscience?

... in South Africa there are a lot of children that are going through trauma, going through depression, that are going through a lot of things, and this is on different levels that they are experiencing these things. And some of these things, we witness it but we don't know how to address it, we don't know how to deal with it specifically because you are quite aware of the fact that you can either do more damage, or you can help the person by being able to, as I said, not being able to, having been fully healed, then I might even do more damage to that person.

Paraphrasing the principal saying: "there is no way that I can deny someone a childhood that really needs because that child needs to be prepared for for school. So how can I deny that child coming and getting education because this is the basic. This is the foundation stage. And we know that no child who hasn't gone to an ECD will be admitted at school".

It [i.e. the singing of the opening ritual] was quite fun because when you see, when you do this in the class, my experience of the children not being interacting, but the moment you start doing this, then there will be full participation because when I walked in, I wasn't so keen on doing anything because I wasn't familiar with you guys who already started but once you got to that part, my whole heart was enjoying it.

Understand and recognise the effects of trauma on the human being, including the physical, psychological, cognitive and social aspect

Because, you know there are times where you think that you've healed from it, but you haven't dealt with it specifically and then there comes a time where you think of it again, or you see something similar, something, or there is even someone saying something and it just takes you back to what you have experienced, or the trauma that you've witnessed in your life, and that is the thing, because this will help me. Once I have discovered that and once I have learned to overcome this and how it helps me, finding ways to deal with these things, then it will help me to help someone else as well because that is what I want to learn.

B7	<p>we are actually, our school was actually closed for two, three weeks for COVID. So, it was a bit difficult. And when we got back, it was exams. They started with exams so time was not on my side.</p> <p>And I'm actually having a few of my students who are traumatised in class. So that [i.e. the training] actually helped a lot. It actually gave me a clear idea on how to deal with that student.</p>	<p>I can take parts, like the stories or the songs, to use in class when the children are bored and need some distractions, or you can see a child is down. I can use that to make children feel free, especially during this Corona.</p>
B8	<p>just because we are an affluent school, you know, doesn't mean that these girls are not traumatised on some level. And I think sometimes, it's presumed that in a government school, these kids have witnessed so much more than these girls that are so very protected. But I think I think, as you said, like, they may well be experiencing neglect from their high-powered parents ...but I think that we can't presume because of your socio-economic standing, that you are more or less traumatised. And kids coming from less affluent backgrounds, maybe have been more exposed to more violence, potentially, especially if you are walking the streets to get to school and not in your comfy car.</p> <p>we often default to the stereotype. We default to a very superficial assessment of the kids... just sense of what some of, what some of the symptoms might be.</p> <p>For me, it starts to, start to recognise that it's not just cause and effect, that we as human beings are so complex and, and we [are] all reactive...</p> <p>But not this gives you more pause for thought, because you kind of go in 'Well, the classes in this mood, but this chick is jumpy, you know, she's bouncing off the walls, you know'. We would say 'Well, did you have a lot of sugar for lunch', and not recognizing that maybe there's a lot more going on there. And you know, not just taking it at face value. So, you know, when you said that immediate connection you make with, with kids, when they walk in and, back in the day when you could touch [i.e., referring to COVID regulations] where you know, you can immediately have a sense of, of an individual and the baggage that they're bringing in ...</p>	<p>And that it would only be them that I'd go 'Yeah, yeah, yeah, something, something has penetrated, that they feel confident enough with me to do that'. So, I don't expect to see a transformation within even a month, you know. And also, it's not often you see these kids, I mean, I see them, you know, twice, twice a week, and that's going to be reduced next year. So it's not and the thing is, is that you've also got your chosen curriculum that you are working through, so it's just pockets of pockets, I'm creating an environment, obviously, you create your environment. But it's, it's pockets of opportunity of when you allow, when, when you are being explicit in terms of the game that you do, being intentional in the game that you choose, whatever the circumstances are.</p> <p>...the story brings the creativity, the imagination, the metaphor, and we remember the power of that on an individual because that was you practising on us, we were, we're the students anyway. But we were now the children in the classroom listening to a story. So, for me, it was another tool you were giving us. And, and, and just recognising the power because we can see a theme, we can see a message, we can see characters, we can see perspective, we can see all these things, just within a story. So, I do I love that aspect of it.</p>

B9

B9: I was sick for like a week, but not feeling very well. And then after that week, then I had to be in hospital for two weeks.
Researcher: That's a long stay in the hospital. B9: It was quite scary. It's quite sure it was. It was quite scary. It was quite scary. Yeah.

...you know, understanding about the trauma that, in that era when I was growing up, and you know my children's father was growing up, how have things changed from where we are right now? How are the children being traumatised right now? And how are we aware of the trauma that we are inflicting onto the children? And of the awareness that we have? How are we stepping back as parents or as adults in the child's life? Or are we, are we aware and wanting to, you know, trace it back to where it was inflicted on us, and wanting or being conscious of wanting to correct it. And make sure that you know, the mistakes of the past and not perpetual, because if it is not corrected from the back it will continue as a cycle that is never-ending.

I wouldn't say it was a *trigger* as such, but it was a travel down memory lane. Yeah. So it's a situation that took me back to issues when I was growing up, or the instances, or the incidents that now, as a grown up, I am aware of. That and also being aware of those instances is that sometimes we do not have the name of or we don't, we do not have the label to it that this incident could have caused trauma to me and the trauma could have led to me reacting in a certain way.

I started understanding that it is a foundational grounding that, you know, as children are born, if they are born into homes, or societies that are not proper, properly set up. That is the fundamental stage where it's a break or make sense, and going into understanding how now in black communities, in townships, basically where children go to schools, and now the teachers find it very difficult to relate to children.

And it since that, particularly also making reference in the township set up in the black community that the parents themselves, and what away what has happened to them. And now, that trauma that has happened to them previously, they're not able to, to name it...

And it seems that it becomes a generational cycle that now these children in the home, they exposed to that and they go out into the school, it is the same because they interpret the thing now with the adults being the teachers were coming from the same society that it's complicated. And now it's children, also, who are the peers in the school, they're coming from similar households, similar roles where they experiencing similar challenges.

I started connecting the dots and I connected my patient to you know, the trauma journey of understanding how, you know, the where, where does trauma begin because it cannot begin when children are teenagers, it comes from somewhere.

Even as a grown-up now you realise some of the mistakes or some of the challenges that we have.... have troubles that they are exposed to that they cannot, in their young age, articulate

... it is evoking certain emotions in people that people are able to sit and relax and start reminiscing back to their lives where it all began. Whether the good, the bad, and the ugly. People start remembering positive things, people starting to remember negative things through music, which is the arts. ... It's drama, it's film, music, you name them, pottery, sculpting. It's the arts ... how, how to do this, how in the healing the mind, healing the soul, healing our society.

Like the principal and the teacher called me that 'B9 something is happening when you were in the classroom'. And I said to the teacher, it's because I'm not particularly focusing on the individual child, I'm focusing on those eight children and the ninth one who happens to be here. We do songs, we do play, we do, you know, all those activities that we do, simply what I do. And I do this, from my heart, from the love of the arts.

Understand and recognise the effects of trauma on the human being, including the physical, psychological, cognitive and social aspect

So, to them, it becomes normal, it becomes normal life, you know, a normal setting, now they grew up and become adult, then you become you get up, it becomes a perpetual cycle, that now It only takes you and me now who are conscious, and, you know, trying to delve deeper into study that how do we now have this society that in the last, say, 20 or 30 years, it was at this stage? It seems like as we going forward, it becomes worse and worse. How do we now step back? How can we step in as now professionals to try and remedy or correct that which has previously happened, and this is generations now, which now becomes a very daunting thing for us because we have to look into, you know, every little space that you know, we have access to, to try and help and assist.

... it simply means, you know, we have children who are growing up in homes, and in a society that is troubled itself. And it since that, particularly also making reference in the township set up in the black community that the parents themselves, and what way, what has happened to them. And now, that trauma that has happened to them previously, they're not able to, to name it or to label the daughter have a name of what has happened.

It seems like as we going forward, it becomes worse and worse, how do we now step back? How can we step in as professionals to try and remedy or correct that which has previously happened? And this is generations now, which now becomes a very daunting thing for us because we have to look into, you know, every little space that you know, we have access to, to try and help an assist.

... what I took out from the workshop was quite huge, that, you know, trauma we take, we tend to take for granted. And now as a mother. And also I remember reading some of the, the researchers that have come across that the trauma can become generational if it's not healed ...

B10	Yeah, we Afrikaans school. Yes. So differently. I'm doing it [i.e., arts-based activities] in Afrikaans. So maybe if I see some of your activities, like the music and the circle that goes together then okay, today, I'm gonna try that out.	I love the part with the drums. The musical part, I love that part because children like noises and stuff. And not just the children, but me, myself. If I like, feel depressed, or I feel like everything is getting too much. Just put some soft music on and then it already calms me. So the drums and that, yeah, I did that in class.
R:		

Table 3: Resilience and Hope

Resilience and Hope		
GR A	Ability to implement, adapt and change arts-based activities and lesson plans to build resilience and stimulate hope.	Deepen understanding of trauma and how it affects learners and teachers ability to build resilience and stimulate hope.
A2	<p>Talking about her intervention: we've got ... from eight o'clock to 8:30, we've got a coffee session. And in the coffee session each but everybody makes coffee, and we talk about stuff.</p> <p>So I, kind of went to the pictures [i.e., memes] that you posted, and then I took it from there.</p> <p>Mentions her ability to provide Voice and Choice to her learners: Yo, it's just a different ... a bit open. For if you are good or bad, if you want to sing you sing. Let's just get the vibe for the day and see where you are.</p> <p>Talking about her ability to adapt and create her own interventions: ...we don't need just to focus on the activities, but the principle and if we understand the principle, the activities are tools to play around to assist with the, with the progress, but if the principle is you understand it, then you can do well, not only activity, but the activities are endless.</p>	<p>Talking about her learners: I want my children, or not my children, but my children, when they go home, they feel empowered, because they know what to do.</p> <p>I want to send them out into the communities better than they came to this, not that they came in worse than... yeah, but seeing them back with confidence and good self-esteem, and that they are contributing to something, even if it's the community or your own household, or even just your room, you are, contribute, you can contribute.</p> <p>I think what resonated with me was the way you start your day will set a big tone for the rest of the day. So, if you can start the day in a positive manner, it can only be a base to build-up from. If you come into the class with a frown and a bad attitude, that's what your day is going to be. So, that first five-minutes in the morning is actually the most important part of the day.</p>
A3	<p>Talking about implementation: So Mondays and Fridays, that hour is free play. And that is where they, you know, the jungle drums and whatever...</p> <p>I am also the aftercare teacher. So, they work with me from, say, one o'clock to five o'clock, and I implement the exercises that we get the group and they are very keen to try the. the geometric drawing. I couldn't, you know, I couldn't do that at the time. And when I saw the pictures, and when they finally did it, it was Wow. You know, it was so rewarding for me to see that it can be done.</p> <p>Talking about adapting methods: There were a lot of ...some of the activities that I couldn't do with my classroom, that I opted to do with ... six to nine-year-olds, but I have found,... that whatever your age, every activity is, is appropriate for your age... it is a bit of a challenge to do it exactly as it is for our lessons, you know, with those activities. I do have to, like, improvise a lot of it.</p> <p>...I've been trying to think about what we can do instead of hugging. And I was thinking maybe foot tapping? Because, you know, like elbow? I don't know. Yeah, instead of the hug, but at least that some body parts, you know, touch because you get that contact... I'm gonna, I'm going to implement ...</p> <p>I think we do it because it brings hope and it brings change, and it enriches others you know, other people. Sets children on a course for the rest of their lives. I think that is what it is. It is not about just doing the work, but it's about investing in the future of, of children</p>	<p>Talking about her understanding of trauma: If I come into my classroom and I am not having a good day emotionally, they will pick it up, they sense it. And then they will feel unsure. Because this is, they don't know what it is. But they can sense that something's not well. Some of them might start acting out, you know.</p> <p>Talking about her own trauma reactions: Researcher, I would freeze and panic and go into myself and then I would get the resolve that Participant 15 has, 'net kyk hoe ek mos die ding regmaak', and then afterwards, while fixing the loom, I would devise a plan of revenge on the dog. But, I love dogs, I mean I have pets, I'm a pet lover. But the dog symbolises others, I will definitely hatch a plan, I'm coming for you.</p> <p>So you know, now with the parents also falling ill and people isolating because they've been in contact. Children are not, they haven't been attending school, sometimes we have three kids. That, you know, so you're at home and your parents aren't XXX teachers... So they lie in front of the TV and they veg out because mommy's sick, mommy doesn't know.</p>

A4	Mentioning how story promotes resilience and hope: The one other thing that I also wanted to add on that story, is that they can also learn that, as you said, that with adversity, we can also overcome that.	Mentioning the effects of story: You know, for children to learn about resilience, and perseverance, I think mostly it was just an opportunity for them to listen and reflect...
A5	Mentioning the adaptability of the methods: ...there are things that I can really, can I say, apply in my classroom, especially to the little ones, and then from a further perspective, I can really apply it with other children who I have in an HOD position. So, I can do it with the younger ones and the little bit older ones, the grade 2 and 3s. So, there are really things that I can really apply and it makes it very helpful...	So, their households are very, very bad and when I saw your post, I think, they experience a lot of trauma, and they don't know how to deal with it. The first thing that they don't know 'how to' is their emotions. They can't express how they are. feeling. I know they are very small, but at 7 years or 8 years, they must be able to say 'I am feeling like this today and I don't know why.' So, then I must be able to name the emotion for them, to equip them, how to deal with them So, I think, especially for my children in my class, I think, five of them, it's really important.
A6	<p>Talking about build resilience through building cohesion: I was actually focusing totally on rhythm, rhythm and clapping on and making patterning on the metronome and the tick of the metronome, to get them to be able to not get stuck. Like when they're writing not to, get that going, the flow. Yeah the rhythm and patterning because they're struggling with handwriting speed, and they're struggling with endurance. So, so this stuff, the rhythm and stuff, I could adapt and add it to the work I was already doing. And working memory is one of my aims, anyway, so to improve working memory, so I could add it to the... so nobody even, not, not that anybody cares, but nobody even like, sees that I've adapted really what I was planning to do. I just did it.</p> <p>So previously, we did small group therapy, like two or three in a group to come to our classes. But when they were staggering, we had to adapt so that they don't go out of the physical class environment so much. So, we went in once a day, and we saw all of them together. So that was a challenge for us, because to adapt your type of activity so that you can do it with 15 children.</p> <p>that heart-drumming now. Yeah, because it's a Friday afternoon this time, and I'm thinking 'Yes, like if anybody looks at me, they're going to think 'what is her goals and aims with this?' But I did enjoy it. So we did, and one of the children is a little boy. And he's actually a very quiet, little boy. And after we, last week, we did the heart drumming, because they were mos fighting with each other. And I got them to just do the heart drumming. And the one boy said that song from Imagine Dragons, 'Believer' would work. And I didn't even know what the song and so I Googled it, and it actually did work very well. It is a very good song for the drumming.</p> <p>Yes, I can fiddle with my goals to make what I'm doing fit into what they think I'm doing. But I'm also not allowed to step on the toes, I'm not allowed to go into emotion as much. So nothing, I can't do counselling to children, because then that's on the psychologist's scope. So, I'm very aware that I must keep things on to a life skills basis, or I must keep it, that it's.</p>	<p>This week has been hectic. The children are progressively getting negative and hurting, and self-hurting, and aggressive, and violent towards each other, and violent towards themselves, and frustrated. And it's like, emotionally extremely draining on us as well.</p> <p>Demonstrating a deep understanding of trauma: ... the child is really on the edge. And the thing is, because, so in Afrikaans, in English, and in Maths, he started to wet himself in class to get out of the class-situation. And he's bullying in the social situation, there's fights. And we had a meeting, we had to explain to the teachers and the powers that be that he's actually not doing it on purpose, because nobody will wet himself on purpose. He is, because he's in fight and flight, because he is actually... He is actually not able to comprehend the content of the class, he goes into fight or flight. That's why his behaviour is the way it is.</p>

A7	<p>Talking about the difficulty of implementing stabilisation methods: The Department of Education has a curriculum, and that we must follow and ... so I work according to that.</p> <p>It's quite overwhelming, but I did try. It was the second and the third of August, those two days was quite okay. And then I did apply some of the things that you taught me, and it worked wonders, I must say, they enjoyed it.</p> <p>You know, and greeting with the elbow, and asking how are you? And yeah, but yeah, it's, it's difficult for them to, you know, you've tried to put them in line, and you try to calm them down. And but, yeah. But I think that time goes, I think it will, it will get better. And I will get used to being in the same class and so then, I think, if everything is settled down, I think I will definitely, you know, apply those things. Most definitely.</p>	
A8	<p>You can do it, but you're going to do it much slower. So you're going to do the exercises. I think what you maybe do two weeks I will do maybe in a term. Yeah. So it's much lower because the curriculum is packed, packed, packed in here. Yeah. And we do. We do subject teaching as well, which means I don't even have my own class.</p> <p>So it is to get through the curriculum. I don't know, you can say, but I think sometimes the curriculum is not reasonable, it adds to the pressure very much. So the teachers has to perform, the children has to perform, and it's not the development, especially the smaller groups, the grade ones, twos and threes, the content of the curriculum is actually not developmentally aligned. You know, so they expect things that's not...I actually don't know how they can expect it.</p>	<p>Not that much. But I think it's going to be very, very useful to build-up a bank of things. Have a file, where you have this bank of things, because I know like even with my own class, my registered class, when I get a tiny gap with them. Then I do something, I do some movement, even if I make it up, even if it isn't one of the, one of the set things.</p> <p>We've just had art now and of course, it's just so wonderful. For example that little boy who lost his dad, he had the time of his life. We did clay slabs and then we printed into the clay slabs and he absolutely forgot all his troubles for an hour. He was just running around the class borrowing, sharing, bossing everybody...</p>
A9		<p>My takeaway from the workshop is that as adults, as teachers, as caregivers, we have a very huge responsibility in taking care of the children around us. Whether it be children in the classroom, the neighbourhood, anywhere, we have an opportunity to interact with children.</p>
A10	<p>I obviously asked permission first, but it wasn't, not from the girls, I mean, from the principal, and it wasn't really not that they don't allow you, but it was more missing. They're more academically inclined, you know. And I feel like, because they didn't attend the workshop and see what the whole idea behind it is and what the benefits are, they don't think of it as itself, because for them it's like: 'But you know, in that time you can actually teach this and this, and get this done. Are you going to do you know?' And then the whole COVID thing is an issue for them. Because in our school, you know, it's not going to take much time, five or ten minutes of the period and then I will go on teaching again. But you have a class of 20 girls, how are we going to social distance them?</p> <p>So what we've been teaching, it's content that is like, speak out because of COVID, they throw out a lot of things and add in, take out. So it's not really flexible, we can choose a story that would perhaps give you, you do either one of these two stories. And these are the questions you ask them, you know, it's very, very structured. And it comes from the education department themselves.</p>	<p>I've become aware of the fact that the way we interact with a child plays a vital role, I learned with my girls at school that sometimes all they need is for me to be present, to see them, to acknowledge them, to listen to them, to love them. And that is enough for them to get through the day no matter what their situation at home is.</p>

A11	<p>But the stuff around, you know, the breathing and grounding exercises that I can do with with my daughter, and she, she's, it's actually easier to do it with her because she understands that. She's 14 years old. So, she kind of understands if I explain to her why we're doing a grounding activity and stuff like that. But the others, I have no smaller kids around me at all to try it...</p>	<p>Responding to a story during online training: I was thinking of how often, where there is a disregard of what children have to say. Just because maybe what they say doesn't make sense to us, or we can't fathom that what they are saying can possibly be true. But sometimes, children also speak to us with metaphors and hyperboles, you know, and it could be a real trauma that they are trying to explain to you but at that moment, you're just not getting it. And that came out for me quite strongly in this story. How often we don't listen to children.</p>
A12		
A13	<p>I can hear by the response of the teachers that it's really something that is wanted, needed, it's supporting so many things, it's sharing ideas...</p> <p>the ideal model would be a sort of a blended way, you know, so that you can do, you can hold in a group, you know, online with a <i>WhatsApp</i>, but you can have a <i>Zoom</i>, but you can also go in and have some time with the children and the teachers, you know, in that way, so that the academic side of it is different, you know, it's like, it's, it's online (A13).</p> <p>So, I think it becomes difficult to have that saviour complex in a way, where we think we have to take the trauma away from the child, or try and prevent them from ever experiencing trauma, but I think, in fact, that it's more about that resilience and those tools and strategies and just having the support system to turn to, is already enough, you know? And we were speaking about not having to be perfect teachers or parents, and that's something that is really valuable and something that I'm taking away from this work (A15).</p> <p>that's the biggest challenge, is that people are great to support and be there online or whatever, but now go and do, it is a completely different ballgame. And, when I, just sharing a couple of those, like the storytelling one, someone said, 'Yeah, but I don't have a doll at home, so I can't do this activity'. So immediately, it's like, 'if the situations are not absolutely ideal and perfect, then I can't apply it.' Yeah, and I think, in your communication, you know, it needs to be really clear that if you don't have a ball, use a matchbox.</p> <p>Oh, you know, this is how we've got to do this' it's like, 'let's enjoy this'. And I think they're not even thinking of the value add of it, it's done more for fun. And it's done more for getting the group together, and getting all children to participate, and allowing the teachers and the children a different way of communicating.</p>	<p>less input, but more... if you just choose for example, five games that will that have a lot of impact. Five games that really do shift stuff and focus on everybody doing those five games, rather than introducing 10 games and say you choose which one will work for you. That doesn't work well. Because people then get overwhelmed, and they don't choose, and they're like, 'Well, I'm not exactly sure,' and so they don't do any. But if you want these activities to start, really focus on less, and spend more time that everybody understands this particular activity, and then goes and does it.</p> <p>Mentioning Manawee story: it's a story of hope to really not give up, despite, you know, we've got lockdown and we've got COVID level four, and we've got power failures and there might be no water, and whatever... but we're still gonna make it. This is still a great country and we're gonna make it.</p>
A14	<p>Yes, so it was holiday. And then it got also extended because of the Coronavirus. And so it's been actually quite confusing. And these last four or five weeks of school have been exhausting. And the time passes by so quickly. But I definitely have done some of the things that I've learned from you.</p> <p>And I saw a few ideas on the group that I want to do, but haven't got the time yet. But that's why I don't clear the chat. I save everything.</p> <p>It is very busy packed with the COVID, the kids are not playing</p>	

	at all. So I do sneak in a game in class when I have time. And when I can. I will do something like that for them to help and just to calm down and just to get back into their selves. Yeah.	
A15	<p>I've been using some of the exercises that you've put up as well, like a lot of the mirroring stuff, and the rhythm and group games, and, you know, maintaining some of the developmentally appropriate things. So even, I did some, I did a, like a class, with music. And I put two hula hoops on either side of the class, and then would lead them in skipping or hopping on one foot. And for that age group setting, you taught us in the trauma training, you know, that crossing over the body or using let's say, opposite hand, opposite leg, stimulates the brain. So, I've been incorporating that into the drama class. And but I think I've also learned from the trauma training as well, ...trauma work doesn't have to only be with children who have been traumatised, because I think everyone benefits in the class from those activities.</p> <p>So with the grade 0, we did superheroes, and obviously that was their theme. So, they had to create them as a superhero. And their superpowers, and over the next week, they created a prop, an item of costume for the superhero. <i>So, I think they had to take initiative.</i> So even, so then the grade ones, it was storybooks. So, I based it on the six-part story method. And so there were six pages in the story book, like page one was who's the hero page, and all they had to do was follow questions and draw the picture that was it. <i>So, they had to, you know, understand the question, and follow through.</i> So, I think that is a level of problem solving. And then the grade two's I did puppets, we created sock puppets. So, and they had to choose one of the poems that I gave them and learn the poem so and, you know, be able to manoeuvre the puppet with the poem.</p>	<p>You know, so I have, I know that some of the kids love to do handstands. So the kids who love to do it will obviously, let's say, <i>handstand</i> the longest, and they win. And then it's like, you know, well done. But then next week, the person who couldn't do a handstand is brilliant at monologues, you know, so I think how I balance the competition is trying to work to the strengths of every child in the class and bringing in activities that enhance the different strengths, you know, so yeah. I think we, I think maybe we spend too much time trying to make everyone the same so that everyone feels appreciated instead of enhancing the things that make all of us unique, then bringing that in, in a way that actually enhances everyone else, because we're celebrating each other's uniqueness. You know.</p>
GR B		
B2		This session has given me a broad idea of how I can notice if a child has some kind of trauma or if they have some kind of stress. It has really, really helped me.
B3	<p>Mentioning remedial work: ... we already do circle games and maths games. And, I'm not sure that's something that this can really address... I ... that I need to do something else. I don't know, you've done like NLP and stuff? Maybe that's what I need to do?</p> <p>I think we did that 1 2 3, that was really fun. We usually try everything.</p>	<p>They are still gonna be traumatised, because life is traumatising, I suppose. And the more you have, the more you need. You know, if you get a child who has nothing, then if you just give them this little bit of, you know, like, read them a story, it should make a world of difference, you know, but if you have all of this, but you're still experiencing trauma. What should you give them? You know, you know what I'm saying?</p>
B4	<p>But, it is possible that I might actually not work for some time now and how am I actually going to live. Because I am going through a lot. So, I decided to do some research on how to manage these things because I knew that it was going to actually, hit so bad on my side because one I started with this thing, I lost so much weight, I lost. All these things.</p>	

B5		<p>And in our place of work, there are a lot of kids that are traumatised ... we can't go and investigate. As Participant 6 said, sometimes you can cause problems or sometimes you think you've helped.</p> <p>And really it would be helpful if you could send everything for us so that we can go through it and for us, ourselves, we need these sessions, we need to read through it.</p>
B6	<p>We had the training at the end of the holiday, yes. I think it was the last week of the holidays, when we had the training. Yes. And then we were due for work the week after that. Researcher: And that's when the COVID thing hit. And that's been three weeks... B6 : And you can imagine how frustrating it is. Because just when we saw that, even my daughter was so excited that she's finally going back to school. And then we receive letters from the school saying that school is closing for two weeks again, and then school closed again for another two weeks. And they also due back to school today. The first day back.</p> <p>Yes, if there was a sense, yes, we do know each other very well, because we are all working for the same people. So all the time when we do have meetings, then we are always in a group because it's much easier in terms of the Wi Fi. Okay, the Wi Fi, and then we use the laptops, because we sometimes have phone difficulties and network problems.</p> <p>No, I wasn't able to engage because I, I had phone difficulties, the messages came through on my husband's phone. So sometimes I wasn't even able to. That's why I sent you a message because I felt so guilty for the fact that I'm not participating. And yet I signed a form saying that I will definitely participate. So, I felt so guilty.</p>	<p>Especially, you know, what I noticed with the young ones at the ECD sites, there are a lot of children. That, sometimes will, from my observation, you know, that sometimes when playing, especially when playing and interacting with other children, I find that, they at times, that they really want to, but in a sense that they, they don't know how to... And then there are cases of children who seems, who come across, who come across as bullies, they're forever aggressive. You don't know why, there hasn't been any person who instigated it, but they are forever aggressive. You know, and I, since, because I spoke to the principal and I said to her, we sometimes have the mindset of thinking this child is a problem, the child is forever, just the problem.</p> <p>... finding the reason for the behaviour and dealing with that specifically because you know ... you can talk to the child ... in that moment in time, but if ... the root cause hasn't been dealt with, or been given attention, that thing ... is definitely going to continue, and it's going to be a barrier for the child in the future.</p>
B7	<p>For me the training was something new, and me, as a worker here at the school who works with very traumatised children, special needs, barriers, so I have learned a lot. So I am definitely going to use these methods on my kids. Thank you, Researcher, it was very helpful. There are a few aspects that I will try out in certain situations.</p>	<p>he's very introverted. So, when we actually went out of the classroom, then he's introverted. When all of the learners are outside with him, and he actually don't want to do anything, he don't want to do his exercises, he is actually quite shy, he is not participating, and that. So, I went out with him alone and asked him to do what everyone did. So, I actually made him comfortable. I actually did everything with him just to get him out of his comfort zone. So yeah, that's how I dealt with it.</p> <p>Because this is something we are facing every day. And we actually don't know what different trauma our children are facing actually at home, so it actually gives us more of an idea of how to deal with those learners.</p>

<p>B8</p>	<p>No, I didn't, because we went straight into project and then from project, you're on holiday, and now we're giving back exams. So, we haven't been playing at all.</p> <p>And also, I felt it was hard because I wasn't, I was like, reading it and going well, that's awesome. Put it on the back burner to implement at a later stage. So, I kind of felt, you know, if I was at school, I could try that. So quickly. Try that and then feedback.</p> <p>As a drama teacher, B8 noted that it may be difficult to implement the activities in other subjects with different age groups: we [i.e., drama teachers] jump up and do it whereas, you have to almost, yeah, you'd have to pave that way to go, 'well, we're going to be playing a couple of games in science now'... you almost think that that's going to be much easier in the junior school.</p> <p>I don't, I don't expect to see a radical transformation in the kids. But you do hope that over time, you know, that's that, you know, little Thando starts to volunteer to go first, you know, that, I can now hear her when she, when she speaks. And that for me is that I have now created a safe space where they are able to engage? (B8).</p>	<p>Response to a story: So, it's interesting because the timing of hearing your story and what I thought literally an hour ago, you've captured it so nicely for us. I was just saying it has been a hard year, and you know, they are all gifts and we need to take these struggles and these hardships and I know that how I deal with it is going to only serve me better in the future. But when you're there, it's hard to do that and, obviously, hindsight is a beautiful thing. Yes, to realise that your future can be better.</p>
<p>B9</p>	<p>I think I had two weeks of being able to implement what I've learned and the gap now with the illness, then I wasn't able to move forward. But I will still implement...</p> <p>And it seems that it becomes a generational cycle that now these children in the home, they exposed to that and they go out into the school. It is the same because they interpret the thing now with the adults, being the teachers, were coming from the same society that it's complicated. And now it's children, also, who are the peers in the school, they're coming from similar households, similar roles where they're experiencing similar challenges.</p>	<p>... my take-away from the workshop today is the realisation that, also as adults, caregivers, teachers working with children, we need to gently remind ourselves that we might be sitting with traumas that are unhealed that need to be worked on. Working with children, we need to gently remind ourselves that we need to be open to getting help and assistance from the outside space so that we can be able to holistically help and heal children.</p> <p>And it's not because children are impossible, or your children do not want to learn, it's I discovered that it's because children have things that you know ...troubles that they are exposed to that they cannot in their young age, articulate to say, you know, this is what is happening, this is what the problem is, then I started realising that 'Okay, so it simply means, you know, we have children who are growing up in homes, and in a society that is troubled itself'.</p> <p>Now when you hear, you know, a mother is abusing children or young children or children under 10... It's the fact that she has or does not know what she is doing physically she might know. But psychologically, subconsciously, subconsciously she is not aware that you know that the damage that she is inflicting on the child is the damage that was done to her...and it seems that it becomes a generational cycle...these children in the home, they exposed to that and they go out into the school, it is the same because they interpret the thing now with the adults being the teachers were coming from the same society that it's complicated. And now it's children, also, who are the peers in the school, they're coming from similar households, similar roles where they're experiencing similar challenges. So, to them, it becomes normal, it becomes normal life, you know, a normal setting, now they grew up and become adult.</p>

B10	<p>... did I get the chance to implement? ...Yeah, I did. Of course, even if it was just one child, or a few that I could interpret what you learned as, but I was able to, to, to do the trauma... Identify what, what the case is and I was able to implement, definitely, even in my own personal life. And my child is there at home also, literally traumatised, the signs to look out for, yeah. So, I did, definitely.</p> <p>The morning circle, yes, I do it with the music ring. I'll give the music to them in the morning. Oh, yeah, and maybe a few things that I just combined... I'm doing it this week for the whole week. Yeah. Because it is smaller children, I do maybe once a week. So they just can, they cannot memorise, exactly, but they can see, every day how the pattern must go. So next time, they know what they must do.</p>	<p>And the child was sitting there alone in his corner and he was afraid of coming to school every day. His father is also afraid. So he wasn't like that, mos scared or traumatised like he used to be. I just tried with a music part or something musical. And then he sees like the ... or he feels that there is no tension in the room. Like everything is like it's happy in class and everyone enjoys, and then he comes along. And he participates in whatever we do that morning, in the musical music. So yeah, I like. I haven't tried the others [i.e. activities] so much. But this one is definitely working.</p>
R:		

Table 4: Agency / Self-efficacy / Capacity

Agency / Self-efficacy / Capacity		
GR A	Promote the integration of arts-based methods and pedagogical practices to facilitate agency, self-efficacy, and capacity.	Training suggestions and reflections
A2	<p>Talking about her intervention as building capacity: I've had of course, I'm luckily, I've got, let's say, young adult boys, men going to XXX. And we are coping with it in class.</p> <p>I've got I've got older children, and I want them to be empowered... and let's say independent in a way. So, if it is, to be able to make their own coffee in the mornings, and the responsibility ... if you have ... if you might mess, clean it and you .. you wash it ... That's also my safety reasons, but it's life skills, but it also agency, it's all of it.</p> <p>Mentioning voice and choice: If somebody's talking about waking up four o'clock in the morning, then everybody is 'oh, but I took a bath this morning' and this one is 'oh, my future life this morning.' So, it's a common theme throughout the but that is not decided beforehand. It is the first one that comes up and starts talking, we go with it.</p>	<p>Mentioning the <i>WhatsApp</i> training: the information that you go through on a daily basis, that was fine, but sometimes the responses got a little bit too much. And you ... and I couldn't keep up with it, because I can't be on my phone, though, at any given time. So I kind of went to the pictures that you posted, and then I took it from there. Not that I didn't respect it, it's just a lot of responses that sometimes couldn't be managed.</p> <p>Mentioning the, the online training: I enjoyed that a lot. Seeing the people feel ... that was a lot. That kind of kick started a lot in my process, that the few days that we interacted with each other if it was virtual, but that was weird for me, 'this person needs to see somebody.' Yeah. Yeah ...</p> <p>About HAPPy Infusion training: Don't stop, just don't stop, please don't stop. Sometimes it gets overwhelming. Hey, I think you as a teacher know how that feels. Sometimes like, I don't know, thank you very much, I will feel very driven and very passionate about this. Because, you know, if we don't care who's going to care?</p> <p>For me, it was pretty late in the holiday, because then I wasn't bothered with the schedules, lesson plans, and that a good thing about the campaign before the term started.... So it was, it's good for me to do it in I enjoy doing it in the holidays, because I'm more settled and calmer. And my work got quiet on time.</p> <p>...it was very interesting. It made a big mind shift for me...</p> <p>It's not just something that you can, you know, look on a recording. And then yeah, it's a way but it's not. I also like the interactiveness. and the fact that and it was, it was a particularly fabulous group. I think, you know, I don't know if it was, of what was happening around us in those two days, because it wasn't the most terrible days in South Africa's history this, this year so far...</p>
A3	<p>Talking about the training: I think it is because the people in this group are actually very passionate about the job. And they don't, I think, I'm just assuming now, but I don't think a lot of us are doing it for the money. I think we do it because it brings hope and it brings change, and it enriches others you know, other people. Sets children on a course for the rest of their lives. I think that is what it is. It is not about just doing the work, but it's about investing in the future of, of children.</p> <p>Talking about her learners: ...he suffered trauma at this</p>	<p>Talking about the need for training: I really think, as teachers, we do need to upskill because the challenges that are coming is just so much.</p> <p>Mentioning the training: I enjoyed it so much. And I look forward to you know, to the daily fact or the fun fact for the day, and the interactions with the with the ladies on the group? Only a few of us actually, you know that do. Yeah. But that for me is so precious because we are we are not in the same sphere. We are not working with the same groups of people. But we have this in common. Yeah.</p>

	<p>previous school...for him to say 'I really can't remember so well. Can we watch the video again? Please. Can you show me again please?' That was, you know ... he's okay with asking for help.</p> <p>Talking about her ability and self-confidence: En al die ander goed aanvoel [translated: and feeling all the other things], just to be confident in my ability to contain whatever is happening.</p> <p>Having agency and capacity to request: I thought could we maybe have a <i>Zoom</i> session together again, and we can do a song and we can do just to go to closing? Because you know, we all have one another's numbers, but life gets busy. And we got we going to lose touch eventually. I think a lot of us are gonna just Yeah, yeah. Yeah. I value connection a lot.</p>	
A4	<p>Talking about the story methods during the online training: It's making the trauma real, that they are more than just their trauma, and we can overcome, we can listen, we can share and, as you mentioned earlier, that cramp, know how to deal with that cramp.</p> <p>Mentioning her own agency: This was a very fruitful session, lots of listening and lots of learning. Especially, I work with future teachers, I'm a lecturer and this is what drew me to this session, this is what I wanted to do.</p>	
A5	<p>And then the other thing that I really found interesting was the emergency toolbox. I really will do it in my class, practise it. That was very helpful. And then the secondary traumatisation, when I shared it in the break, ... now I know what it is. The children were experiencing it and now I know what it is and how to deal with it.</p>	<p>I would like to have 'Kos vir die siel' [i.e. food for my soul]. I don't know how you say it in English, just to know what to do and how to handle it, because there's a lot of things that happen and a wide variety of things that happen.</p>
A6	<p>And that one, that backward counting one, also they like that ...</p> <p>... yesterday, with the story – the one with the precious stone story, because it was the last period of the day and they're tired, and it's like half-past-one in the afternoon. And there is a boy. So, he's a very quiet child that people don't think there's too much. He repeated grade three, and now it's repeating grade four. And I told the story, and I asked them, so what do you think what, what's going on in the story? What is it about? And he's put his hand up, and he said that the other boys were like laughing and having like jokes and stuff. And he said, it's life is not always about money. It's about, it's not about how rich you are, but what goes on in your heart. And I thought that so much insight, he gave so much. And it's so much abstract thought. And so, um, that was actually quite amazing. Because I actually found this. When I told the story, I thought, Oh, no, this wasn't a good idea, because they're not clicking it. And then at least one click. Yeah. And I could give him the feedback. Like, 'can you guys hear how amazingly clever, this boy has just answered?' Because you can give the feedback and say, because his self-confidence is low, or his confidence is low and I could say to him in the class. 'Wow, you guys hear what he just said?'</p>	<p>So, I enjoyed it. And the first day was like, I was so excited for the next day. I really enjoyed. I enjoyed that part, so I was looking forward to the next day's part. So, I don't know. And, and, and I've been digesting it a little bit, by little bit, like, as I, in practice, need it. Like as I get bombarded with a situation where I think, 'okay, now what can I use?'</p> <p>But I do, I do feel safe enough, in the group to not feel pushed to have to perform, to have to put something even though I'm so tired, I can't see things straight. But I have to do this. I don't feel like that. But I do feel that the, the constant brain has linked different things that I've learned over the last month together because we've been in contact with each other.</p> <p>Researcher: ... many teachers are experiencing secondary traumatisation just from witnessing the stuff that's happening with the children. A6: No, definitely I am. I'm convinced we need debriefing. But it's... I don't know who is going to take responsibility for that.</p>

A7	<p>I print it and then I laminate it. Yeah, and I've even got one in the class, the emoji faces, and I've got one where they stand in a row, and then one on my door, right if they stand in a row, I will I will tell them 'Okay, look, if you pass this, look how you feel today, and please come and share it in class if you come in.'</p> <p>The children are triggering each other. They are fighting, they are. So, we had our hands full these last two weeks. It was quite hectic.</p>	<p>... you did mail us all the <i>PowerPoint</i> notes. So I printed them out, and I went through them again. So no, I don't think it was too much information in No, not at all, I found it very, very interesting. And I learned a lot. I can't wait until the children are settled, and I use those things I can't wait. I think it's wonderful and I think it's going to work very well, for our children.</p> <p>Alles was my verskriklik interessant. Ek het baie geleer en vir al ek vir n' arts en crafts juffrou is, want dit wys my dat ek dit nog steeds met die kinders kan doen, al sien ek dit dan net twee of drie keer per week. Ek kan soveel meer doen om die kinders te help met alles, met die arts en crafts. So ek sal baie graag meer opleiding kry, en ek het via myself besluit om meer te leer, om meer die kinders te kan help.</p> <p>Translation summary: It was interesting, and I learnt a lot, despite being an arts and crafts teacher. I realised that I can still do it with the children even if it is only for 2 or 3 times a week. I can do so much more to help the children. I really want to learn more to help the children even more.</p>
A8	<p>What was nice today, as well, is I've got a little A4, blank page art book, they work in. They do a bit of colour theory and lines and whatever. And today I said to them, <coughing> Said to them today, 'let's take our book and let's just finish it'. And we'd done a butterfly for symmetry, it had gone through to the next page and then we did something else there. And they actually, my class, really enjoyed the freedom of 'I can do some more insects, or I can do this, tracing through work and finish the first page.' They loved it. They liked that thing of freedom. And they said that it was great. They enjoyed that very much.</p> <p>...last week, I went to my HOD and I said okay, we have musical instruments in the school. And then she took me to the storage, and I know where they are and I've 'gapsed' [Translated: taken] some and whatever. So, we're going to be doing some work with tambourines and whatever and then eventually, with xylophones, and so on. So I think it gives you, I think it reminds you about what you actually know, instinctively.</p>	<p>Mention making plans: I'm going to take your initial notes, I'm going to take to my HOD and then let her go through them and then let her see the value of it, and then we'll see how it snowballs from there.</p> <p>it's been a wonderful two days of learning and I particularly love the practical things that I can now go and do with my children.</p>
A9		

A10	<p>But I like the relationship that I have with the girls, and I don't only just make it a habit of forming it with the girls that I teach. I mean, I've got a relationship with my matrics also there, I don't teach matrics, but they know my name. They will come and greet me when I'm doing interval you can come and start up conversation, you know. And I like that. I'm very introverted, but when it comes to children, I've a very soft spot for them. And I'll always try and be open to conversation with them. Because I feel like many of you probably don't even keep that at home when they actually acknowledged in the morning. We are working on 'Good morning. How are you? Why are we so grumpy this morning?' You know, when I'm doing screening most of the mornings, I'm on screening, because I'm at school so early. I know what happened this morning, what's going on, you know. Simple things like that.</p>	<p>the timing was great, because it was in the school holidays. So, which means I was I wasn't having to rush between lesson planning or attending classes, which is what made it easier for me, because I was at home, were able to attend and be fully present.</p> <p>Yeah, managing <i>WhatsApp</i> in the week is also a mission for me.</p> <p>Suggesting training a full teaching body: ... some of these teachers are so, they have so many years of experience that you cannot change their way of thinking or try to let them be open about something. Because there will say: 'but you only came in, you only came into teaching now. So how do you know, you're right?' You know, and actually tell you things like that. So, I feel like if I have more than one person that's on my team, and on the same side as me something can actually work ... they [i.e. colleagues] tell you things like 'you came here for the first time and you want to change everything and how do you know it's going to work?'... So, do you not do, maybe, these types of training, like how you did with us, like with a staff at a particular school?</p> <p>I am the youngest teacher at the school. So I think that is also what makes the connection for the moment easier. And why now? Like you won't find the grade it nines go to any other teacher, 'we need to speak about something'. We do have the life orientation teacher that does the counselling, and I do a part sometimes because she and I are the only one that actually has background in terms of counselling ... They told me they see her as too old to understand.</p>
A11	<p>I know this is for children and for learners, but today I learned quite a few things because, as a coach, I do sometimes find that I'm a first-liner, I keep some mental health ideas in my toolkit. Because, sometimes we cover other things in the coaching conversation that might need trauma response, or somebody that knows something about trauma or how to help people come to terms etc, and some intervention.</p> <p>I enjoyed this training that we were in on <i>Zoom</i>. And I was just a bit sad at a second part of the session, you know, my internet was so bad. So I didn't really catch all of that. The second, the second part, because I kept getting kicked out. Because my internet was unstable at the time, then, the stuff itself is all useful.</p> <p>Asking permission to share the memes with other teachers: I couldn't, I didn't always check like the <i>WhatsApp</i> group, to always read the tips, etc. because I knew I wasn't gonna use it. And I've reflected on this a bit, but I didn't want to share the stuff without your consent.</p> <p>Furthering her studies: In fact, before I joined the call, the reason I'm a few minutes late, is because SACAP called me about my application, actually. So, I wanted to start the journey</p>	<p>I coach the new teachers, okay, so it's a cultural use... I'm not a trained therapist, okay. No, I'm not, and because I'm not trained, I was looking for outside sources that could support the teachers because I couldn't offer the teachers the support, and that's how I became interested in what you're doing because I'm like, here is, somebody who has studied this, who has specialised in this. The teachers need their support, okay, maybe you can give them that support? Because it's, it's out of my scope.</p>

A12	<p>I thought that partaking in this course would equip me with more skill to facilitate more instances like that in the future., as well as, a friend and I are currently embarking on a project to open-up an NPO focused on mental health and educational and familial support and development, so I think that it would be really cool to know about all of this now so that we can apply the same tools and skills to the initiatives that we are undertaking.</p>	<p>And I felt, at that time, I didn't know enough about psychology and how to handle certain things in terms of the kids, like I could advise them, but like Participant 11 also said, there's a very fine line between how much you can do and then counselling.</p>
A13	<p>... this is about helping the teacher and giving the teacher tools. But it's also about empowering ourselves and giving ourselves tools. And it's also about sharing with other people. And in this case, particularly other women who are facing life. And life's not easy. I mean, South Africa, life is not easy.</p> <p>Absolutely, courses with parents, helping the teachers to see and understand and for me, it's really encouraging everybody to come together to talk, because it takes a village to raise a child. And to speak to other teachers about the same child and. Saying 'what do you think? How do you think we can do this together?' Because you don't always see the signs, I mean, to me that's a classic of, it's impossible to always see the signs.</p> <p>Making this knowledge available to everybody. Making it available on an international platform that everyone can benefit, so many more teachers can really benefit from it.</p>	<p>Less is more: Yeah, I think the course was brilliant. I think it is very clear. It's ... there is a lot of information. However, the information is clear. So, I don't think it's too analytical or too detailed. I think I've indicated that there was a little bit of repetition, which might be cut out so that there, just allows a bit more time for conversation, for the information to sink in, for a bit more sharing to take place.</p> <p>to cut down, do less, and what you do spend more time on the actual preparation for the activity, the actual activity, and then afterwards, the discussion about the value of that activity in its way.</p> <p>Spend more time with that, that everybody has it in their body and in a way it's done, so that they can go and do it. Because the confidence to go and now stand up there and do something like that is huge, that you need. So, the resistance of implementation is big...</p> <p>And if the parents are not at all in sync, or in understanding, the work that's been done at the school will not have its impact...if it's not in any way held and supported at home. So I definitely think that working with the parents, is critical.</p> <p>the ideal model would be a sort of a blended way, you know, so that you can do, you can hold in a group, you know, online with a <i>WhatsApp</i>, but you can have a <i>Zoom</i>, but you can also go in and have some time with the children and the teachers, you know, in that way, so that the academic side of it is different, you know, it's like, it's, it's online.</p> <p>You need to reach more people. So it's not possible for you to do school, by school, by school, by school, and take the teachers away from their work and, you know, integrate and all of that...And, and then, you know, the point of, if you could only go in person, it would be very limited impact, if you can combine it with the <i>Zoom</i> session that you did, and now coming into the daily messages [i.e. <i>WhatsApp</i> memes].</p>
A14	<p>I am a grade one teacher, I have had a certain anxiety disorder from a very young age without really knowing what it is. So, this really enables me to be the type of teacher that I needed when I was their age.</p> <p>Learning the re-traumatisation of trauma was very interesting for me, it is really nice to hear all of this and to go think about it and how you can work with it.</p>	<p>I want to be able to understand the children's trauma and how to help.</p> <p>So there was nothing that was too difficult, or that I didn't understand or anything.</p> <p>English it was understandable, accessible English.</p> <p>I think the informal sharing is working. I think, if there was a man on that day, he would probably not send us pink hearts, and maybe just a thumbs-up or so. But I think the information will also be applicable to that person.</p>

A15	<p>what I'm gathering is that the intention of a workshop like this is not necessarily to take trauma away and I think that's something that I have experienced ... you can't save them from their situations and all we can do is give them the strategies and the tools to go forward and deal with their trauma in a better way. You know, to make different choices and to do more, and know that they can and they do have that potential to achieve more than their circumstance.</p> <p>So, I think it becomes difficult to have that saviour complex in a way, where we think we have to take the trauma away from the child, or try and prevent them from ever experiencing trauma, but I think, in fact, that it's more about that resilience and those tools and strategies and just having the support system to turn to, is already enough, you know? And we were speaking about not having to be perfect teachers or parents, and that's something that is really valuable and something that I'm taking away from this work.</p> <p>So I think now, maybe with self-esteem, something that I'm working on with this trauma-informed consideration is process. And trying to get like, not only the boys, but the parents to understand that a lot of drama is about process. It's not about just the final product. And I think that does build self-esteem.</p> <p>Like even two weeks later, the story linked directly to the theme or what the, what the lesson was about. So I think story does make it memorable.</p>	<p>I often think about how, you know, we spend a lot of time with the children at school, but we also don't know what's going on at home and the parents' relationship with the children, and how the children are being able to express themselves at home or, you know, so it just made me think about how, you know, how important the parents are to include in the, obviously holistic consideration of the child, but also in regards to trauma, you know?</p> <p>I've always been interested in early intervention and prevention. And I think that is something that collective healing is maybe the way to go, you know?</p> <p>because it's dense like it takes, it's a lot to understand that I would imagine, especially for someone who's never ever engaged in, like, let's say, psychology or something like that. Maybe, I think maybe, putting, doing it over a couple of weeks, I think could, could be beneficial, because you could maybe do like, modules over the weekend. And then we have time to also process it and maybe even apply it in the week. And then we reconnect, maybe you do, like some reflections and learn some more...</p> <p>I've struggled to engage with the <i>WhatsApp</i> group a little bit. And I think, I think it's not because it's overwhelming or anything like that. I think maybe it is that element of like, I'm not seeing my kids every day. So I think it's, it is a lot more tailored for people who are seeing their kids every single day. So they have an opportunity in their class every day to apply it. So I'm kind of using it more as like a resource, you know, like an inspirational platform.</p>
GR B		
B2		

B3	<p>Sharing a storytelling activity [i.e., Roll a Story]: We sit in a circle and I'll start with a sentence then the person next to me continues and adds something new until we have all had a turn and have an interesting story.</p> <p><i>WhatsApp sharing:</i> I have something that I do for focus. Not sure it will make sense on what's app though. Stand in a circle.</p> <p>Teacher says: earth. Everyone looks down, but at someone's shoes.</p> <p>Teacher says: sky. Everyone looks up at whomever's shoes they were looking at.</p> <p>If two people make eye contact, they are out.</p> <p>Game carries on until you have 2 people left standing.</p> <p>I will share one of our concentration games, I just need to make a video....</p>	<p>I understand why you wanted to keep people's time short, but I found a five-minute break, like too short, because you know, you need to go pee, or you needed to go eat something or anything. So, I understand as well, but it's just like, maybe one five minutes and then one 15 minutes</p> <p>It's quite intense in terms of your content...you did break, break it up nicely, so that you don't lose your focus too much, you know, obviously, concentrate for so long. So I think it was done nicely. And I think your slides are good and things like that. And the stories, I think were helpful, maybe.</p> <p>But you could do four hours, in four hours, and you put a little bit of extra time. And it's only a Saturday, you know, morning</p> <p>Reflecting on stories: I did lose track on one. But then it's good that you ask questions.</p> <p>I think the training is good. You know, the online training is actually fine, it's the next bit [i.e., <i>WhatsApp</i>] that's a bit of a struggle.</p> <p>It has been really great getting fresh ideas [i.e. <i>WhatsApp</i> memes]. I continue to use them with my students.</p> <p>Preference for in-person: it's a lot harder to watch a video or to read something is even worse. I'm terrible at that. So the videos are good. Yeah. So it is helpful, because then I don't have to go looking for things.</p> <p>I feel like I need more tools. Because I'm not sure which ones...</p>
B4	<p>...then at the back of my mind something just came up, since I was suffering from this anxiety, how many people out there are suffering with the very same and how are they going to be able to actually cope and win in this situation. Maybe they are not like me, because I am one person who goes to the internet, maybe as they are out there, they are not just like me, they cannot go to the internet, who is going to be able to help them in times like this? So, I decided to fill that gap as I am speaking, I am a counsellor and a mental health specialist, I work with kids somewhere around here, in Mpumalanga.</p>	
B5	<p>Really I like to use it in our classroom, and I am using the 'telling story' and when you are telling the story, you can see, okay, when you go through the story, some of them can get it...</p>	<p>The course for me was very helpful, especially on my own personal life. Especially at home. I learned a lot, really. In your house if something is happening with yourself or your children, you don't even give attention to the problem happening around you. So, especially in my personal life.</p>

B6	<p>Because if it wasn't for that I personally think if it wasn't for the workshop, then I don't know if I will be able to have gone through it and be emotionally strong as I can see. And so firstly, I just started with me before I could start with anyone else. So now I feel I'm in a better state and a better space. And now I'm able to, to, to at least help the next person.</p> <p>I told...her [i.e., her mentor teacher] of the specific course ... the reason why I told is that I was hoping that if ever she gets a chance that she just talks to them [i.e. school authorities] and ask, ask them permission that when we do these things [i.e. trainings], that we have a free platform to implement these things.</p>	<p>mentioning the 4 in one room: we understand things differently. So, then we are able to ask each other or one is able to say, Do you understand this the way I understand it? Or somebody else would say, No, I didn't understand it as that, but this is the way I saw. So that is, see, that's like a real workshop.</p> <p>It [i.e. language use] wasn't difficult. It wasn't difficult. It was, it was, it was quite understandable. It was accessible enough, because the thing is, what all the discussions we had, we managed to understand, it was just a fact of understanding it differently. But getting to the same understanding at the end of the day.</p> <p>At least, it was easily understood because all of us that is not English speaking. We're speaking Afrikaans, but we understood everything that was said, and everything that was discussed.</p> <p>I think both would be helpful because some of us were in terms of pre- reading, you'd get cases where you give pre-reading and some don't even go through that reading. Yes. Some people would go through but not all, not all would go through them. And giving the booklet would also be finding, you know, when the, when doing the retraining, then each of us has our own set to go through the notes. And so I think both will both be beneficial.</p> <p>really the moment I saw what the workshop is about, I really, I was the first one to tell XXX, I want to join, you know, because I found that what the information that we we get in, what we going to be taught in the workshop is something that you can, that you, that you don't not necessarily just apply with children at schools, but what, what every person that you come across or even in your daily lives. Because in our communities that we love, what you witness so much, and it's so sad to see children that is going through a lot that drops out or that doesn't even have a support system. So the things that, that we, that we receive, that we was taught, and these things that we can, that we can implement in our, in our daily lives as well. So that is mainly why I really, really wanted to be a part of the workshop.</p>
B7	<p>... some of the tips I can take back to people who have problems in my community. I am so willing to share what I have learned with other people also, even at school when we have time, and some of my colleagues. It was really helpful, even for me. It wasn't only about the trauma, it can help with our children.</p>	<p>Researcher: Was there any time during the course that you felt 'I need time out now?' You know. 'This is too much for me'. Or, you know, really feeling triggered?</p> <p>B7: No, no, not at all. I actually enjoyed every moment. Yes.</p>

<p>B8</p>	<p>B8 developed a podcast on trauma reactions: ...I've known from the podcast that I've developed with you, and thank you ...it reminded me of the power of the story. And with, with everything, with you know, the way our world is, and that it's these, it's, it's stories that people, especially kids are going to relate to, despite the fact that they [i.e., educational system] feel that the syllabus and the curriculum is all, much more important.</p> <p>B8 wrote to colleagues: I had a kid who, for some reason, chose to confide in me. And it was really, really lovely, and I felt honoured. But she just said, you know, she's getting a lot of flack from your teachers, but in actual fact, she's in a state of such depression, that she can barely wake up in the morning. And she said, she's been off school for so long, that, you know, to catch up is overwhelming. And she just said, she feels like teachers are judging her and that she's just being naughty. And she's not managing to get back on track. She said, but 'I can't, I just can't, and I'm on the journey' and so yeah, sure, I wish, so you know'. It obviously really helps for me to be able to send an email to her teachers and go, just be gentle, because it's not just her being naughty, and she didn't know how to get that message across to her teachers.</p> <p>And so it does feel very familiar. And that's, without even realising it. I think that because we well versed in Theatre of the Oppressed, and we use games in, you know, through our own our own tertiary education, or even just because we've been already doing this for so long, that we have acquired, you know, all these wonderful games, and actually realise that, when you make it intentional, you know, that you obviously, you can just play the game and it has a benefit, but when you know that the the, the the positive ramifications of it, I think that you could you could use it, you know, in a by being not explicit with the kids, but for you, yourself to know ... So I felt that I've been in a very privileged position. With that, with that sort of background knowledge.</p> <p>Noticing her own awareness of trauma: ...what's interesting is conversations have started. First of all, I need to keep an eye open, because one of my mentees lost her dad in the holidays to COVID complications. So I need to keep a very keen eye on her.</p> <p>So what we've decided to do is yes, it will be on the radio [i.e. a school radio station], but because I think it's relevant, I don't want to risk people not listening. So we've now decided to make these very short little segments. I've broken up your interview into two little segments that we can listen to during the mentor time. And so ... hopefully, more people will listen, because I do think that, you know, a lot of 'she's so naughty', you know, 'she just doesn't do her work' ... so I think it's really, really good for teachers to hear as well. And probably more so for them to hear.</p>	<p>I could have given you the whole day [i.e., for the training] ... and then all of a sudden, 'Well, hello, now we've got to teach.' So that, that, that for me, made my focus, unfortunately, split. So, you see, yeah, maybe... I did feel it was rushed. And even within the three hours, I mean, the three hours just went by like [snap her fingers].</p> <p>I think that the, the whole offering that you had in terms of 'Well, let's dig deeper, let's have a deeper understanding of the brain and how the brain functions'. For me, it starts to, start to recognise that it's not just cause and effect, that, that we as human beings are so complex and, and we all reactive ... we are so similar, but ... for me it [i.e., neuro-science] just it gave it more gravitas...I wouldn't scrimp on it, but maybe, maybe it's break it up a little bit, and say, 'Okay, well, because, because we're learning about this, let's quickly look at the brain.'</p> <p>I thought the language was accessible and appropriate. And I, I never felt that I didn't understand you. And I also didn't feel that you were talking down to me at all, I thought it was pitched on a level that I could respond to and access.</p> <p>But I would think that this is, in subjects like LO that are struggling with integrity, I think they could be tapping into this, you know, far more, it shouldn't be necessarily a theory based class episode, they should be playing with these games.</p> <p>I was wondering if there was maybe to extend, that I don't know, if it's possible to extend the time and have an opportunity for us to talk to each other.</p> <p>for me that the <i>WhatsApp</i> is so in your face, because it's an appendage. We, our phones, we have on all the time, and so that's a, that's a positive and a negative. You know, the, the positive is that it is, it's there. It's, I can respond like this. And you know, it's, it's, it can mirror where I am at that exact moment. The Facebook for me is, I go in intentionally looking for the Researcher and, and the feed, and you know, so it's not something that pops up. And so but then maybe I'm also old fashioned. So, I don't know ...</p>
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<p>B9</p>	<p>they [i.e teachers] react ... and to certain things that they are not even aware of that this is inflicting trauma on this child, whether it is in preschool, or primary or in high school.</p> <p>So the beauty of what we are discussing in that training and learning and researching as well, it also incorporates music as well, that the arts themselves are the most healing.</p> <p>it is evoking certain emotions in people that people are able to sit and relax.</p> <p>able to see it and be able to react appropriately</p>	<p>So now when your advert came up, I was like, 'Yes, this resonates with..', it resonates within the belly...</p> <p>... the problem is that we are gifting our children with grownups who are not from a conscious ... environment, the extended environment that is not trauma-conscious. So now for us to expect that these kids are going to excel in their education is to really expect way too much. It's too expensive. It's just not possible. I think that is not possible. Yeah. That for me is when I understood how the brain works, I realised, but it's not possible, you know, it's not possible. Absolutely, absolutely. We have to start from the grass roots level.</p> <p>And I really wish it's one of those problems [i.e., trauma] that could be implemented in schools as part of the training of teachers. And because now the teachers are part and parcel of how they the first part of interacting with children, and also I see teachers also as parents themselves. And I feel that if you educate a teacher, if you made it that the teacher is trained with your program that they understand, ...</p> <p>Researcher: I'm hearing a deep need for parent education... and in XXX teaching philosophy but also in trauma-awareness and trauma-sensitivity. B9: Especially, even before the xxx teaching philosophy, the trauma-awareness.</p> <p>I would make reference in mostly the black communities, that, you know, there is so much trouble, there are drugs, there are pregnancies, there's all this, you know, social challenges. And for me, I always ask myself that, when there are so many troubles that, you know, our leadership cannot be able to address it, this should be the foundation ...</p>
<p>B10</p>	<p>Talking about a rhythmical activity: I tried that, even in class and the children enjoyed it very much.</p> <p>Yeah, I like my time, like, especially in the evenings, and then I'd go through everything. There was some that I wasn't able to look at. But, I definitely go through like the latest TED talks and all that stuff. I managed to do that in the evening.</p>	<p>I think we asked you to send some of the stuff like, in the group, because we couldn't like read, like some of it properly. But once you demonstrated, we could actually proceed without any problems - [laptop for 4 people].</p> <p>... maybe the training was very good, but I did just think that the hours were too long. It was too much information for, maybe that amount of time.</p> <p>I didn't feel there was enough interaction, especially, not with you, but with the others. They were like, there were people that weren't really talking and like, even on the group, the <i>WhatsApp</i> group, it is just certain people responds.</p> <p>Thanks so much, it has been fruitfully ideas [i.e., thanking other teachers for sharing <i>WhatsApp</i> ideas].</p>

R:	I'm so glad you came to this course because your feedback has been invaluable. Thank you very much. the girl that was transcribing for me, became completely, I don't know, she became completely immersed in the training... And so I was listening to her responding to me as she was transcribing through it. And I thought, 'Oh, my goodness, she's getting more out of this training than the actual participants were', you know, because what was happening is that, like, I would teach something, and it would spark something in her and she could switch it [i.e. the recording] off, go into her space, process the things that it sparked, then come back into. And so, as much as I was very reticent about the whole idea of Alison [i.e. online training platform] and you know, not being in person and not being there, I suddenly thought, but actually the Alison training could work exactly as good as that because people are in control. They can switch off, they can, they can go and process, they can come back and learn further. In some ways, you know? So yes, I think that was one of the things that came up for me around online training. Perhaps it's really not a bad idea. Whereas the three hours, you know, it's go, go go. Yeah, it's too much.
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APPENDIX G: ETHICAL CLEARANCE CERTIFICATE



Research Office

HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)

R14/49 De Beer

CLEARANCE CERTIFICATE

PROTOCOL NUMBER: H20/09/07

PROJECT TITLE

A proposed drama therapy training model: innovating and implementing a healing centred, teacher professional development programme to address trauma and build resilience in South African schools

INVESTIGATOR(S)

Mrs W De Beer

SCHOOL/DEPARTMENT

School of Arts/

DATE CONSIDERED

18 September 2020

DECISION OF THE COMMITTEE

Approved
Permission letters are required before data collection can commence
Risk Level: Medium

EXPIRY DATE

14 December 2023

DATE 15 December 2020

CHAIRPERSON


(Professor J Knight)

cc: Supervisor : Dr W Nebe and Dr L Draper-Clarke

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10004, 10th Floor, Senate House, University. Unreported changes to the application may invalidate the clearance given by the HREC (Non-Medical)

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to resubmit the protocol to the Committee. **I agree to complete a six (6) month progress report.**

Signature _____

Date _____/_____/_____

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES

APPENDIX H: PRINCIPAL PERMISSION AND CONSENT LETTER (1 AND 2)

Document #2: Permission Request Letter to Principals



Principal consent form:

I, _____ principal from _____
(name and surname) (school name)
herewith give permission to _____
(name and surname of the teacher)

to participate in the Wits PhD research program led by Welma de Beer.

The title of project is **A proposed drama therapy training model: innovating and implementing a healing centred, teacher professional development programme to address trauma and build resilience in South African schools.**

I give my permission for them to do the following: attending an on-line healing centered, teacher professional development programme that addressed trauma in Primary Schools in the Gauteng area.

- o Base-line questionnaire prior to initial Professional development workshop will be issued 1 week before the workshops begins to collect data about subjective experiences about classroom dynamics, own teaching experiences and classroom practices.
- o On-line Professional development Zoom workshop (2 X 3 hours = 6 hours long) with an on-line feedback form to be completed afterwards.
- o One one-on-one mentor meeting with an on-line progress feedback form to be complete beforehand.
- o On-line private social platform group sharing weekly experiences and knowledge for a period of 2 months
- o On-line semi-structured, one on one interview with the researcher – 2 months after the interview concluding the training program.

Signed: _____

Date: _____



Principal

Dear Mr/s,

Re: Research with Primary School teachers from Gauteng

Two promotional posters for the 'Our HAPpy Place Infusion workshop'. The left poster is titled 'Teacher development on easing trauma and stress through healing arts in education methods' and features a photo of five women wearing face masks. It lists dates '12 and 13 July 2021' and times '10:00 – 13:00'. The right poster is titled 'Our HAPpy Place Infusion workshop' and features three photos: a group of people outdoors, a group of people in a circle, and a colorful circular object. It lists dates '22 and 23 July 2021' and times '10:00 – 13:00'. Both posters include the text 'An online workshop that offers teacher development on easing trauma and stress through healing arts education methods and an opportunity to collaborate as part of the community on the Healing Arts Platform: Our HAPpy Place.' and contact information for Welma de Beer.

My name is Welma de Beer and I am a PhD student in Humanities at the University of the Witwatersrand in Johannesburg. I am seeking your support to do research with (10 teachers X 2 training sessions) primary school teachers. I am inviting 20 teachers from a cross section of Primary Schools in Gauteng to participate. I am asking you to disseminate this invitation to your staff members. I would like for this training to be voluntary. This is not staff development training that takes teachers away from their teaching time. The training takes place in the teachers own time, online. After volunteering the teachers will be requested to bring a signed consent form, from you, their principal. Included please find the letter from GDE which gives me permission to conduct this study.

I believe that my research will be of value to the Department of Basic Education because it focuses on supporting learners experiencing trauma through providing trauma-informed training for teachers.

The title of my research is: **A proposed drama therapy training model: innovating and implementing a healing-centred, teacher professional development program to address trauma and build resilience in South African schools.** My research is aimed at innovating a model for trauma-informed teacher training using artistic interventions, to support learners who have experienced trauma. Teachers' participation and feedback will provide valuable input and data for this research.

For the last 5 years my interest has been around trauma in schools. I am a long-time teacher, lecturer in drama therapy at DFL, Wits and a HPCSA-registered drama therapist. I am also a founding member of Emergency Pedagogy without Borders, South Africa. Emergency Pedagogy without Borders is an International volunteer organization that has worked with children, teachers, and parents in disaster areas for over 10 years. I have participated in 3 of their international interventions and attended their training. I have further been involved in providing Psychological First Aid training (PFA) of the World Health Organisation, working with NGO's and providing training to facilitators and teachers of children. I am part of the Frontline Support group of arts therapists providing support to frontline workers during the Covid-19 pandemic. I am one of the directors of Baratang Initiatives, and NPO working towards supporting children and teachers.

This research project is a 2-month (10 notional hours) commitment. The questions that will be asked will focus on their observations with regards to the usefulness and efficacy of the training when dealing with trauma in your classroom. As the work revolves around trauma, it is imperative that the training is thorough, creating deep understanding and psychological safety for the teachers to effectively use the tools and awareness it provides in their classrooms.

The invitation to the research and written consent for teachers will be required before the research begins. Participant responses will be treated confidentially, and identities (their names and the name of the school) will be anonymous unless otherwise expressly indicated. Individual privacy will be maintained in all published and written data resulting from the study. Please find the participant invitation letter and consent form attached to this document.

Please let me know if you require any further information. I look forward to responses from your staff members as soon as is convenient.

Yours sincerely,

Welma de Beer

Researcher: Welma de Beer welmadb@gmail.com | C: 082 3727898

Supervisors: Lucy Draper-Clarke (lucyheartmind@gmail.com)

Warren Nebe (Warren.Nebe@wits.ac.za).

Document #2: Permission Request Letter to Principals



6. 12. 2020

Principal

Dear Mr/s,

Re: Permission to conduct research with Primary School teachers from Gauteng

My name is Welma de Beer and I am a PhD student in Humanities at the University of the Witwatersrand in Johannesburg. I am seeking permission to do research with (10 teachers X 2 training sessions) primary school teachers from Gauteng. My research proposal is in the process of being approved by the University, and I believe that my research will be of value to the Department of Basic Education because it focuses on support learners experiencing trauma through providing trauma-informed training for teachers.

The title of my research is: **A proposed drama therapy training model: innovating and implementing a healing centred, teacher professional development programme to address trauma and build resilience in South African schools.** My research is aimed at innovating a model for trauma-informed teacher training using artistic interventions, to support learners who, have experienced trauma. Teachers' participation and feedback will provide valuable input and data for this research.

For the last 5 years my interest has been around trauma in schools. I am a long-time teacher, lecturer in drama therapy at DFL, Wits and a HPCSA-registered drama therapist. I am also a founding member of Emergency Pedagogy without Borders, South Africa. Emergency Pedagogy without Borders is an International volunteer organization that has worked with children, teachers, and parents in disaster areas for over 10 years. I have participated in 3 of their international interventions and attended their training. I have further been involved in providing Psychological First Aid training (PFA) of the World Health Organisation, working with NGO's and providing training to facilitators and teachers of children. I am part of the Frontline Support group of arts therapists providing support to frontline workers during the Covid-19 pandemic. I am one of the directors of Baratang Initiatives, and NPO working towards supporting children and teachers through mental health initiatives and training.

My research will entail collecting data from Primary school teachers in Gauteng schools. I would like to invite (10 teachers X 2 groups) 20 Primary school teachers to take part in the following training. The training will involve the following:

- Base-line questionnaire prior to initial Professional development workshop will be issued 1 week before the workshops begins to collect data about subjective experiences about classroom dynamics, own teaching experiences and classroom practices.
- On-line Professional development Zoom workshop (2 X 3 hours = 6 hours long) with an on-line feedback form to be completed afterwards.
- One one-on-one mentor meeting with an on-line progress feedback form to be complete beforehand.

Document #2: Permission Request Letter to Principals

- On-line private social platform group sharing weekly experiences and knowledge for a period of 2 months
- On-line semi-structured, one on one interview with the researcher – 2 months after the interview concluding the training program.

This research project is a 2-month (10 notional hours) commitment. The questions that will be asked will focus on their observations with regards to the usefulness and efficacy of the training when dealing with trauma in your classroom. As the work revolves around trauma, it is imperative that the training is thorough, creating deep understanding and psychological safety for the teachers to effectively use the tools and awareness it provides in their classrooms.

Signing a written consent will be required from teachers before the research begins. Participant responses will be treated confidentially, and identities (their names and the name of the school) will be anonymous unless otherwise expressly indicated. Individual privacy will be maintained in all published and written data resulting from the study. Their one-on-one mentor meeting and interview will be coded. This study will be written up as a research report which will be available online through the university library website. If you wish to receive a summary of this report, I will be happy to send it to you.

The research participants will not be advantaged or disadvantaged in any way. They will be reassured that they can withdraw their permission at any time during this project without any penalty. If triggering or secondary traumatization occur teachers will receive stabilization as part of the training and will be referred to a qualified drama therapist for 3 sessions should they require it free of charge. Participants will not be paid for this study. All research data will be preserved anonymously for reuse by other researchers.

I therefore request permission/consent from you, the principal, in writing to conduct my research with a teacher/s from your school.

Please let me know if you require any further information. I look forward to your signed response as soon as is convenient.

Yours sincerely,

Welma de Beer

Researcher: Welma de Beer welmadb@gmail.com | C: 082 3727898

Supervisors: Lucy Draper-Clarke (lucyheartmind@gmail.com)
Warren Nebe (Warren.Nebe@wits.ac.za).

APPENDIX I: PARTICIPANT LETTER AND CONSENT FORM

Document: Key Informants
Participant Information Sheet



Participant Information Sheet

Research Topic: A proposed drama therapy training model: innovating and testing a healing centred, drama therapeutic teacher training engagement focussed on addressing trauma and building resilience in South African schools.

Dear Teacher,

My name is Welma de Beer and I am drama therapist, teacher and lecturer at Wits University. I am currently enrolled as a Drama Therapy PhD student at the University of the Witwatersrand (Drama for Life). This letter invites you to participate in this research study.

A flyer for an 'Our HAPPy Place' Infusion workshop. The flyer has a green header and footer. The header text reads: 'An online workshop that offers teacher development on easing trauma and stress through healing arts education methods and an opportunity to collaborate as part of the community on the Healing Arts Platform: Our HAPPy Place.' The main body contains a list of bullet points under 'During the workshop I will share:' and 'Post the workshop:'. The 'During the workshop' section includes: 'Background theory to trauma, definitions, meta and the course of trauma.', 'How trauma affects the child's (i.e. symptoms) thinking, feeling and doing.', 'Practical ways to apply trauma healing tips through exercises and creative challenges.', 'Self care for teachers and how to support affected learners', and 'Classroom activities and practices'. The 'Post the workshop' section includes: 'You will be invited to be part of HAPPyplace a learning community and share your experience applying your learning in your community' and 'You will be part of a space that respects the learning together.' There are several small images: a group of people holding a large colorful umbrella, a person drawing a colorful mandala, a group of people in a classroom setting, and a person drawing a spiral on a black surface. A central green box contains the text: 'Trauma stabilisation and stress relief through Emergency Education April 2021 17 and 24 April 2021'. The footer text reads: 'Our HAPPy Place Infusion workshop by Welma de Beer 082 372 7898'.

My research is aimed at innovating a model for trauma-informed teacher training through the use of artistic interventions, in order to support learners who, have experienced trauma. Your professional participation and feedback, as a teacher, will provide valuable input and data to innovate a model that will create a safe healing-centred teacher training engagement to support our children and teachers in South Africa.

In order to be part of this research you will be required to participate in:

- An on-line Zoom training workshop (2 X 3 hours = 6 hours long) with an on-line feedback form to be completed afterwards.

Document: Key Informants
Participant Information Sheet

- One one-on-one mentor meeting with an on-line progress feedback form to be complete beforehand.
- An on-line private social platform group sharing weekly experiences and knowledge.
- An on-line semi-structured, one on one interview with the researcher – 2 months after the interview.

The questions that will be asked will focus around your observations with regards to the usefulness and efficacy of the training when dealing with trauma in your classroom. The interview and mentor meeting should take no more than an hour each and will be conducted over Skype/Zoom at a time of your convenience. The training, mentor meeting and final interview will be audio/video recorded with your consent and then transcribed by the researcher. All data will be kept till my research is completed and safely stored digitally for 10 years after completion. Your anonymity and confidentiality cannot be guaranteed as we are doing on-line participatory training which include other participants. Anonymity and confidentiality can, however, be ensured in that the individual mentor meetings, interviews and feedback forms will be coded and assigned a number, to represent your participation in my final research report.

Your participation in this research is completely voluntary. You will not receive any direct benefits, apart from the training itself, when participating in this research. There are no disadvantages or penalties if you choose not to participate. You may also withdraw at any time. This will in no way negatively affect your relationship with the University of Witwatersrand or your workspace. You are free not to answer any questions in the interview that make you feel uncomfortable. There is no financial benefit for being a part of this study. This study will be submitted for completion of my PhD thesis requirements and data collected may be used in further publications keeping in mind our agreement for anonymity and confidentiality. The research will therefore be available to you. Should you experience any distress or triggering because of the training a therapist will be made available to support and stabilise you, free of charge.

If you have any questions at any time during the research or afterwards, feel free to contact me or my supervisor on the details listed below. This study will be written up as a research report which will be available online through the university library website and to the Gauteng Department of Education. If you have any concerns or complaints regarding the ethical procedures of this study, you are welcome to contact the University Human Research Ethics Committee (Non-Medical), telephone +27(0) 11 717 1408, Email Shaun.Schoeman@wits.ac.za

Yours sincerely,

Welma de Beer

Researcher: Welma de Beer welmadb@gmail.com | C: 082 3727898
Supervisors: Lucy Draper-Clarke (lucyheartmind@gmail.com)
Warren Nebe (Warren.Nebe@wits.ac.za).

APPENDIX J: PERMISSION FROM THE GDE



8/4/4/1/2

GDE RESEARCH APPROVAL LETTER

Date:	13 October 2020
Validity of Research Approval:	08 February 2021– 30 September 2021 2019/645
Name of Researcher:	De-Beer W
Address of Researcher:	10 Brecknock 25 Van Selms Crescent Bryanston
Telephone Number:	082 372 7898
Email address:	welmadb@gmail.com
Research Topic:	A proposed drama therapy training model: innovating and testing a healing centred, drama therapeutic teacher training engagement focused on addressing trauma and building resilience in South African schools.
Type of qualification	PhD
Number and type of schools:	20 Primary Schools
District/s/HO	Ekurhuleni North

Re: Approval in Respect of Request to Conduct Research

This letter serves to indicate that approval is hereby granted to the above-mentioned researcher to proceed with research in respect of the study indicated above. The onus rests with the researcher to negotiate appropriate and relevant time schedules with the school/s and/or offices involved to conduct the research. A separate copy of this letter must be presented to both the School (both Principal and SGB) and the District/Head Office Senior Manager confirming that permission has been granted for the research to be conducted.

Shabalala 13/10/2020

The following conditions apply to GDE research. The researcher may proceed with the above study subject to the conditions listed below being met. Approval may be withdrawn should any of the conditions listed below be flouted:

Making education a societal priority

Office of the Director: Education Research and Knowledge Management

7th Floor, 17 Simmonds Street, Johannesburg, 2001

Tel: (011) 355 0488

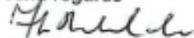
Email: Faith.Tshabalala@gauteng.gov.za

Website: www.education.gpg.gov.za

1. Letter that would indicate that the said researcher/s has/have been granted permission from the Gauteng Department of Education to conduct the research study.
2. The District/Head Office Senior Manager/s must be approached separately, and in writing, for permission to involve District/Head Office Officials in the project.
3. **Because of COVID 19 pandemic researchers can ONLY collect data online, telephonically or may make arrangements for Zoom with the school Principal. Requests for such arrangements should be submitted to the GDE Education Research and Knowledge Management directorate. The approval letter will then indicate the type of arrangements that have been made with the school.**
4. **The Researchers are advised to make arrangements with the schools via Fax, email or telephonically with the Principal.**
5. A copy of this letter must be forwarded to the school principal and the chairperson of the School Governing Body (SGB) that would indicate that the researcher/s have been granted permission from the Gauteng Department of Education to conduct the research study.
6. A letter / document that outline the purpose of the research and the anticipated outcomes of such research must be made available to the principals, SGBs and District/Head Office Senior Managers of the schools and districts/offices concerned, respectively.
7. The Researcher will make every effort obtain the goodwill and co-operation of all the GDE officials, principals, and chairpersons of the SGBs, teachers and learners involved. Persons who offer their co-operation will not receive additional remuneration from the Department while those that opt not to participate will not be penalised in any way.
8. Research may only be conducted after school hours so that the normal school programme is not interrupted. The Principal (if at a school) and/or Director (if at a district/head office) must be consulted about an appropriate time when the researcher/s may carry out their research at the sites that they manage.
9. Research may only commence from the second week of February and must be concluded before the beginning of the last quarter of the academic year. If incomplete, an amended Research Approval letter may be requested to conduct research in the following year.
10. Items 6 and 7 will not apply to any research effort being undertaken on behalf of the GDE. Such research will have been commissioned and be paid for by the Gauteng Department of Education.
11. It is the researcher's responsibility to obtain written parental consent of all learners that are expected to participate in the study.
12. The researcher is responsible for supplying and utilising his/her own research resources, such as stationery, photocopies, transport, faxes and telephones and should not depend on the goodwill of the institutions and/or the offices visited for supplying such resources.
13. The names of the GDE officials, schools, principals, parents, teachers and learners that participate in the study may not appear in the research report without the written consent of each of these individuals and/or organisations.
14. On completion of the study the researcher/s must supply the Director: Knowledge Management & Research with one Hard Cover bound and an electronic copy of the research.
15. The researcher may be expected to provide short presentations on the purpose, findings and recommendations of his/her research to both GDE officials and the schools concerned.
16. Should the researcher have been involved with research at a school and/or a district/head office level, the Director concerned must also be supplied with a brief summary of the purpose, findings and recommendations of the research study.

The Gauteng Department of Education wishes you well in this important undertaking and looks forward to examining the findings of your research study.

Kind regards



.....
Mr Gumani Mukatuni

Acting CES: Education Research and Knowledge Management

DATE: 13/10/2020

2

Making education a societal priority

Office of the Director: Education Research and Knowledge Management

7th Floor, 17 Simmonds Street, Johannesburg, 2001

Tel: (011) 355 0488

Email: Faith.Tshabalala@gauteng.gov.za

Website: www.education.gpg.gov.za

APPENDIX K: WITS COVID-19 POLICY

WITS COVID-19 POLICY

Department of Health draft guidelines for research during COVID-19 (extracts of relevance for social science research):

It is important that researchers adhere to incident-specific prevention and control national regulations, guidelines, and protocols in the collection of data during this time, to limit transmission of the pathogen and reduce risk for both the researcher and the research participants. Face-to face meetings (e.g. door to door survey in a community, focus groups, or handing out a hard copy questionnaire or doing face to face interviews) should be limited, and where possible could be replaced by internet based research processes, but where electronic/online consent process and data collection are not feasible and some populations may not be reachable via these means, and the research methodology cannot be adapted then the researcher should carefully weigh up the risks to the researcher and participants, and ensure all fieldwork adheres to prevention and control measures such as

- Requiring masks to be worn properly i.e. covering both nose and mouth,
- Hand hygiene: frequent washing of hands with soap and water or use of 70% alcohol-based sanitizer
- Frequent environmental cleaning
- Cough etiquette: coughing or sneezing into a tissue or elbow
- Social distancing (1.5m between people) is maintained and number of participants per day or at any one time can be limited
- Ensuring proper ventilation, and sufficient space in indoor venues. Wherever possible, consideration to meet outdoors rather than indoors should be made, but allow for privacy, as required.
- Symptom monitoring, screening and testing

It is important that the study protocol being submitted to the HREC has identified all possible risks that both the researchers and participants might face and has detailed precautionary measures and strategies in place to mitigate the risks. The researcher must ensure that the risks to the participants and researchers are justified by the potential benefits to the participants, society and/or science. The HREC should be provided with all the information to allow proper assessment of the risk: benefit ratio of the study. The researcher should identify possible hazards, evaluate the potential to mitigate the hazard, and indicate how the hazard will be eliminated or mitigated and who will be responsible. Additionally, the researcher may develop a research specific document covering all the COVID-related aspects.

In principle, the following should apply:

- Delay fieldwork where COVID-19 safety rules cannot be upheld.
- Consider the age and co-morbidities of researchers, as well as of research participants, for in-person data collection and fieldwork

All proposals to carry out fieldwork must adopt the National Disaster Management Act Regulations and other applicable national guidelines and protocols and adhere to the restrictions imposed by the risk-adjusted approach (Alert Levels) from the government. It is the responsibility of each researcher to be aware of the information from health authorities about COVID-19, and their institutional guidelines of what is permissible.

APPENDIX L: DECLARATION OF ORIGINAL WORK



Declaration of Original Work

I, Welma de Beer,

Student number: 1296294

know and accept that plagiarism (i.e., to use another's work and to pretend that it is one's own) is dishonest.

Please confirm the following:

x	<p>I declare that the assignment entitled A proposed arts-based training model: innovating and implementing a healing-centred, professional development program for teachers to address trauma and build resilience in South African schools.</p> <p>and handed in on the date below is my own work.</p>
x	I have acknowledged all direct quotations and paraphrased ideas.
	I have provided a complete, alphabetised reference list, as required by the APA method of referencing (described in the Referencing Handbook).
x	I have not allowed, and will not allow, anyone, to copy my work with the intention of passing it off as his or her own work.
x	I understand that the University of the Witwatersrand will take disciplinary action against me if evidence suggests that this is not my own unaided work or that I failed to acknowledge the source of the ideas or words in my writing
	<p>Did you use AI? X Yes o No</p> <p>If yes, please fill in the following statement:</p> <p>During the preparation of this work, I used Chat GPT to assist with grammar corrections, as my first language is Afrikaans.</p> <p>After using this/these tool/s or platform/s, I reviewed and edited the content as needed and therefore take full responsibility for the content of my work.</p>

Signed:

A rectangular box containing a handwritten signature in black ink that reads "W de Beer".

Date: 18/3/2024

Course code: PhD Drama therapy

Lecturer / Tutor: Petro Janse Van Vuuren / Lucy Draper-Clarke

APPENDIX M: DISTRESS PROTOCOL

PROTOCOLS and GUIDELINES IN THE SUPPORT AND MANAGEMENT OF PARTICIPANTS EXPERIENCING POSSIBLE PSYCHOLOGICAL DISTRESS/ PSYCHIATRIC CRISIS

Crisis: A crisis is defined as:

- Any situation when a life is in danger or when the participant re-experiences a situation as dangerous or as a threat.
- When a participant feels uncontained and needs immediate practical and/or psychological containment.
- When a participant comes in saying they have just experienced a trauma flashback or experience stress or shock reaction symptoms and feels overwhelmed and uncontained as a result of the training.

Distress: Distress is defined as:

extreme anxiety, sorrow, or pain. acute physical or mental suffering, a state of extreme necessity or misfortune.

- When a participant feels extreme anxiety, sorrow or emotional pain as a result of the training.

IMPORTANT TO NOTE:

- Within the first 48 hours of a traumatic incident, the participant will mainly need practical containment, safety and information about self-care, etc.
- After 48 hours – counselling may become an appropriate and/or necessary intervention.

Research description:

Part of aims of this research is to find safe ways to provide Trauma training that

- a) prevent re-traumatisation and triggering even within the first 48 hours
- b) provide self-care tools and exercises that can alleviate, ground and stabilize people/children after traumatic and distressing events
- c) provide time and space to be mindfully present with your own reactions and be able to artistically and verbally express them.

Please follow the steps:

STEP 1:

If a participant is in crisis or feel distress (as a result of re-traumatisation and triggering) and you need help, ask for it during the training. Immediate support will be given through

- containment, stabilizing, grounding and anchoring exercises.

This is part of the training and will benefit all participants.

Should these interventions and activities prove to be insufficient, please follow the following steps:

STEP 2:

If a participant is in crisis or feel distress (as a result of re-traumatisation and triggering) and you feel that the training intervention and self-care is not enough, please ask the researcher/trainer for

- an appropriate referral – A drama therapist Nonkululeko Faith Busika has kindly agreed to provide holding and containment space outside the training for participants.

STEP 3:

If stress reaction increases and participant is feeling suicidal, psychotic, and homicidal: please ask either the researcher/trainer and/or the drama therapist for a referral letter: They will:

- Discuss and understand breach in confidentiality
- Identify a contact person / next of kin
- Participant cannot be left alone
- Hospitalize through participant's contact person (where possible)
- If not possible, they will contact AKESO or you will call AKESO (Emergency Response Unit-24hr) for containment, assessment and hospitalization if necessary. These are the STEPS to follow:
 1. Call Sister Adri Coetzee : 083 922 7515; adri.c@akeso.co.za
 2. If Sister Adri is not available, CALL Sister Nonhlanhla Mathebula: 076 505 4556; nonhlanhla.ma@akeso.co.za
 3. Either of them may advise you to also call the call centre: 0861435787 / 0100 404357 or email: help@AKESO.co.za
 4. PLEASE have a referral letter to the hospital for the student. This must be signed by the student, supervisor and yourself.

CONTACT DETAILS

Alternative AFTER HOURS contacts:

- AKESO Psychiatric Response Unit 24 Hour 0861 435 787 , or email: help@AKESO.co.za
- SADAG: 0800 567 567 (8am – 8pm crisis line)
- Lifeline: 011 728 1347 / 0861 322 322
- Gender based harm, rape GEO: 076 827 4001

APPENDIX N: LETTER THERAPIST



19/11/2020

Ethics committee

To whom it may concern

I herewith confirm that I have agreed to provide counselling support free of charge (3 sessions per client) to participants from Welma de Beer's research, who might need it.

I am a registered HPCSA Drama Therapist and lecturer in Drama therapy at Drama for Life, Wits.

Yours sincerely

A small, square image showing a handwritten signature in black ink on a light-colored background. The signature appears to be "F. Busika".

Faith Nonkululeko Busika

MADT Wits

0764014784

nonkululekobusika@gmail.com

APPENDIX O: FEEDBACK FROM AFTER THE PROFESSIONAL DEVELOPMENT WORKSHOP

Appendix O:

Immediate feedback form after the professional development workshop:
1 (strongly disagree) to 5 (strongly agree)

1. The program met my expectations
1 2 3 4 5
2. I was satisfied that the content broadened my professional skills
1 2 3 4 5
3. I was satisfied that the content broadened my professional knowledge
1 2 3 4 5
4. I found the workshop space to be safe: culturally sensitive
1 2 3 4 5
5. I found the workshop space to be safe: gender sensitive
1 2 3 4 5
6. I found the workshop space to be safe: age sensitive
1 2 3 4 5
7. I found the workshops promoted values of democracy: autonomy
1 2 3 4 5
8. I found the workshops promoted values of democracy: equality
1 2 3 4 5
9. I found the workshops promoted values of democracy: social decision-making
1 2 3 4 5
10. I found the drama and arts-based processes applicable to my teaching
1 2 3 4 5
11. I found that the processes and games, built relationship: social support
1 2 3 4 5

12. I found that the processes and games, built relationship: social engagement
1 2 3 4 5
13. I found that the processes and games, built relationship: social cohesion/unity
1 2 3 4 5
14. I found the processes and games created a sense of belonging
1 2 3 4 5
15. I found the processes created collective healing opportunities for us as a group
1 2 3 4 5
16. I found the processes increased agency: self-esteem
1 2 3 4 5
17. I found the processes increased agency: self-awareness
1 2 3 4 5
18. I found the processes increased agency: self-management
1 2 3 4 5
19. I found the processes disrupted the "Trauma cramp": re-established rhythm
1 2 3 4 5
20. I found the processes disrupted the "Trauma cramp": re-established breath
1 2 3 4 5
21. I found the processes disrupted the "Trauma cramp": re-established movement
1 2 3 4 5
22. I found the processes created a safe container/safe space
1 2 3 4 5

23. I was triggered by the content, other participants and/or the facilitators during the presentation
1 2 3 4 5

24. Clear supporting tools were explained and engaged with during the workshop if participants were triggered?
1 2 3 4 5

25. I found the process and workshop content to be educational: accessible
1 2 3 4 5

26. I found the process and workshop content to be educational: appropriate
1 2 3 4 5

27. I found the process and workshop content to be educational: in-depth
1 2 3 4 5

28. I found the process and workshop content to be therapeutic
1 2 3 4 5

29. The course content can be used and applied in my classroom situation
1 2 3 4 5 6

30. I found the time allocation for the course appropriate
1 2 3 4 5 6

31. Are there any observations regarding the workshop that you would like to share with this research:

¹The Cambridge dictionary defines a psychological trigger, as something "that causes someone to feel upset and frightened because they are made to remember"
(<https://dictionary.cambridge.org/dictionary/english/trigger>).

APPENDIX P: One-Hour online Interview Guide:

Classroom observations:

1. Have you noticed any changes in learners' behaviours?

Please respond by thinking about:

Empathy and understanding towards each other

Ability to focus and give attention

Listening skills

Learning and problem-solving skills

Classroom participation

Attitude and socially supportive behaviour

Sense of belonging among the group and collective healing opportunities

Self-esteem, self-awareness, self-management

The resilience of the group to deal with difficulties and children's levels of hope

Attunement and harmony

Calmness vs aggressive outbursts

2. Have you noticed any changes in your teaching style and relationship to the learners?

Use of *rhythm, breath and movement in the classroom to 'unramp' the trauma*

Classroom as a *safe container/safe space*

Your ability to work *safely* with learners' stress reactions in class.

3. Have you noticed any changes in the learners' behaviour towards you as the teacher?

4. Which *qualities* need to be fostered by a teacher to support traumatised learners?

Two formal workshop sessions:

Triggering:

5. Did you experience any triggering; and if so, to what extent were you triggered during the training sessions?

Could you say more about this?

Were you supported with clear supporting tools when triggered? If so, were these tools effective?

[1]Did you need to use the stabilising tools during the workshop on yourself?

[1] The Cambridge dictionary defines a psychological trigger, as something "that causes someone to feel upset and frightened because they are made to remember (<https://dictionary.cambridge.org/dictionary/english/trigger>).

Suggestions for professional development workshop sessions:

1. What suggestions could you give regarding the workshop sessions?

Please think about the following:

- Content:
 - o Did you find the content appropriate, useful, in-depth, accessible?
 - o Games, songs, dances, stories etc. useful, easy and supportive tools to stabilise children exhibiting stress reactions
 - o Are you able to create your OWN games, songs, dances, stories etc. that could be culturally more appropriate options for?
 - § expressing and addressing the WOUND,
 - § synchronising the RHYTHMS and
 - § creating form and presence in the THRESHOLD spaces?
- Length of the workshop sessions
 - o of the 2 training workshops
 - o of the 1 mentoring hour
 - o of the 3-month platform sharing
- time management by the facilitator
- modelling
 - o Do you believe the presenters modelled safe and positive attitudes in working that are applicable to working with children?

Using the online Our HAPPy place: The WORK as resource:

1. Were you able to engage and contribute to the online HAPpy Place: The Work platform?

YES NO PARTLY

Please tell us why?

2. Could you give some feedback as to what you found that did not work? Motivate.
3. Could you give some feedback as to what you found useful? Motivate.
4. How did you experience the weekly social platform check ins?
5. How did you experience the monthly mentorship check-ins?
6. How did you experience the idea that the whole group shared their experiences through a social media platform?
7. How did you experience the idea that the whole group witnessed YOUR experiences through a social media platform?