

# HEALING CLASSROOMS: ANALYSIS OF SPECIAL PEDAGOGY PROCESSES TO ADDRESS SOCIAL TRAUMA, OPPRESSION AND DISABILITY FROM THE PERSPECTIVE OF INCLUSIVE LEARNING

## AULE DI GUARIGIONE: ANALISI DEI PROCESSI DI PEDAGOGIA SPECIALE PER AFFRONTARE TRAUMI SOCIALI, OPPRESSIONE E DISABILITÀ NELLA PROSPETTIVA DELL'APPRENDIMENTO INCLUSIVO

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### ABSTRACT

Classrooms are the place where social trauma and systemic oppressions intertwine. This article historically situates the role of the teacher, showing how knowledge of the social construction of race, disability and trauma can have a strong impact on classroom structures, teacher identity and pedagogical decisions to create healing conditions. Classrooms are the place where the damage of social structures emerges, which is why the suggested pedagogical model is that of classrooms as healing spaces. This approach should not be limited to individual teachers but should be part of school-wide initiatives. In this regard, the paper will offer to educators the necessary alternatives, in activist special pedagogy perspective, to promote and create healing containers.

Le aule sono il luogo in cui si intrecciano traumi sociali e oppressioni sistemiche. Questo articolo situa storicamente il ruolo dell'insegnante, mostrando come la conoscenza della costruzione sociale della razza, della disabilità e del trauma può avere un forte impatto sulle strutture della classe, sull'identità dello stesso e sulle decisioni pedagogiche per creare condizioni di guarigione. Le aule sono il luogo in cui emerge il danno delle strutture sociali, ecco perché il modello pedagogico suggerito è quello delle aule come spazi di guarigione. Questo approccio non dovrebbe essere limitato ai singoli insegnanti ma dovrebbe far parte di iniziative a livello scolastico. A questo proposito, il contributo offrirà agli educatori le alternative necessarie, in una prospettiva di pedagogia speciale attivista, per promuovere e creare contenitori di guarigione.

### KEYWORDS

Healing Classrooms, Teacher, Activist Special Pedagogy, Social Trauma, Disability

Aula di Guarigione, Insegnante, Pedagogia Speciale Attivista, Trauma Sociale, Disabilità

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## **Introduction**

According to pedagogist Blitz et al. (2016) in order to make students feel protected and enable them to heal from trauma, it is important to provide culturally responsive methods in classrooms, in which the student's cultural background and experiences are taken into account. This article uses Disability Critical Race Theory to show how trauma is linked to a range of systemic oppressions including racism, habit, sexual and gender discrimination, and gender-based violence. Furthermore, through the social model of disability DisCrit emphasises the theme of otherness, i.e. the social or psychological process of perceiving someone as different. DisCrit states that ableism and racism are interdependent on each other. As one of DisCrit's authors, David Connor, notes, the teacher's action within the classroom is crucial in facilitating healing and addressing oppression.

If, as Blitz et al. (2016) argue, increasing the capacity of classrooms to be safe havens where students are protected and able to heal depends on culturally responsive methods, frameworks that analyze the complexities of intersecting oppressive systems are necessary. Consequently, this article utilizes a DisCrit framework (Annamma et al., 2013) to show how certain constructions of trauma reify oppressive systems once again, as well as how trauma is connected to a range of other systemic oppressions, including racism, ableism, gendered sexuality discrimination, and gender violence. The social model of disability used in DisCrit helps to understand the processes of discursively constructed "othering," as well as those formalized by school policy, linking Brown's macro (2017) to the micro, and also revealing the insidious nature of oppressive systems and the agency of teachers that resides within them. DisCrit contributes to expanding the racial component of trauma-informed practices provided by Blitz et al. (2016) to include perspectives on disability. DisCrit is based on the understanding that racism and ableism circulate interdependently and fuel an examination of how these co-constituted elements discursively mobilize other constructs, especially regarding material conditions (Annamma et al., 2013). As one of the authors of DisCrit, David Connor (2016), notes, class and teacher agency within it are a useful site of control for analysis; Using DisCrit frameworks, therefore, not only identifies ways to facilitate healing but also lends itself to micro-interactional realms that are particularly agentive points of analysis for teachers.

### **1. Social Trauma, race and disability in schools: exploring special education's impact**

Trauma, race and disability are intertwined phenomena, so rather than existing as separate and distinct issues, they are interconnected and mutually reinforcing. This means that systemic racism and ableism can contribute to intergenerational trauma, and experiencing racialisation or being labelled as disabled can make the harm persist. The difference between disability and special education is emphasized, but the latter is the primary means by which students with disabilities gain access to resources and is often the only way in which a disabled person's identity is recognised. This is why special education as a system remains the main source of criticism for the way schools handle disability. It is possible to describe special education through a dual functionality. Although on the one hand it can be interpreted as 'support', on the other hand it can be understood as a mechanism of disinvestment and dissemination of trauma. Special education is not a neutral system but is shaped by racial inequalities. Often school personnel through the medium of creative destruction traumatise racialised students causing alienation and isolation of these same students and consequently assign disability labels to them and guide them into special education. Racial and disability labels can cause trauma and psychological damage in those to whom they are assigned and at the same time lower expectations and accelerate disinvestment in educational outcomes.

### **1.1 Labeling and Classification Procedures**

Special education is based on a classification process that determines eligibility according to disability labels. The purpose of this system is to provide support for students with disabilities, but at the same time labelling causes trauma and increases inequalities between individuals. The students most affected by disparities are those of colour, which demonstrates the close link that exists between race, class, gender, disability and colonisation, which has been well documented. Annamma et al. (2013) argues that disability and race are used separately and together to deny rights, thus emphasising how the two are intertwined in the production of the special education system. However, it is not enough to only know the role of disability and race, it is also necessary to know the role of trauma. As Morrison and Casper (2012) argue, disability and trauma are intertwined, and the area where their connection is evident is in the labels associated with emotional disability. 'Emotional behavioural disorder' points to the nebulous relationships between race, trauma, identity, medical model as justification for special education categorisation and disability. It can be emphasised that the labels assigned to students can have a significant impact on how they are perceived and treated within the education system. At the same

time, they create inequalities but are important in order to inform school structures that promote student care and protection. Special education labels are based on a medical view of disability. Medical models perceive disability as an individual deficit to be corrected or extinguished. Their aim is to distribute notions of care, targeting disabled people rather than perceiving disability as a natural form of difference. In this view, the medical model does not fit Blooms' (1995) sanctuary model or Blitz et al.'s (2016) culturally responsive distortion model, but formalises deficits and uses disability and special education as oppressive categories that further marginalise struggling students.

### **1.2 The medical model: Interrelation with Treatment and Biomedicine**

As seen in the field of special education, concept of “helping”and “care” , according to Patel (2021), can consolidate support service delivery system under the broad concept of care. The medical model is the basis for defining support in special education (Artiles, 2016) and encourages interpretations that focus on the biomedical treatment of trauma, aiming at the treatment of the individual rather than to the critical analysis of power structures. Student’s support systems in schools are based on the medical model's conception of "care," which emphasizes disability as a problem requiring a solution. This approach, according to Skrtic (2005), contributes to the objectification of students and fuels school failure. Moreover, biomedical models of trauma and medical models of disability are strongly correlated, as trauma can cause disability and the medical model improve to ignore the complex systemic causes of trauma and disability. This medical view of human difference requires "expert" professionals to treat pathology while ignoring critical analysis of social forces and without questioning their own sources of power. This approach reflects a medicalized model of disability.

Based on a predominantly biomedical or medical approach, trauma is a system dominated by racism and ableism and excludes a plurality of approaches associated with an anti-oppressive approach.

Burch (2021) explains how the biomedical model perpetuates damage under the excuse of healing, saying that "Western biomedicine is a dominant force but doesn't represent a universal truth." As a healer, O-Zoush-Quah knew that there are many types of medicine, including numerous indigenous knowledge systems and practices that have been used throughout time to the present day. Recognizing different nations and their sovereign systems of medicine constitutes resistance what American studies scholar Jessica Cowinf calls "settler abilism," (Public Discourse, 2021). According to Burch (2021), biomedical diagnoses of

trauma are linked to institutionalization, as are special education and the medical model. Petrone and Stanton (2021) argue for a reconceptualization of trauma that is based on historical understanding rather than individualized notions of trauma. They assert that labeling certain behaviors as trauma links the student's identity to pathology and the biomedical model. Instead of locating the problem in an individual, it is important to consider the social structures that surround them.

In a society that perpetuates damage to marginalised groups, it is essential to have access to various non-medicalised supports that move away from Western notions of care in order to achieve an anti-oppressive healing process. The medical model of disability emphasises the individual deficit, leaving out systemic factors such as the lack of adequate support that promotes well-being. Relying on the medical model of disability set the trauma as an individual problem with targeted treatments at the individual rather than as an issue to be acted upon on a systemic level. If, as Kirkland (2020) argues, healing is primarily about protection from harm, instances of harm through creative destruction must be examined to discover opportunities for protection. In order to protect, it is necessary to uncover the moments when deft ideologies are used that link students to biomedical and racialised views of trauma.

### **1.3 Trauma Narratives: Deconstructing Discourses**

Given the influence of medical structures in the school system and the ways in which notions of care and support can be distorted to perpetuate harm, it becomes critical for practitioners to be highly reflexive and conduct an in-depth analysis linking discursive actions at the micro level to structures at the macro level. Accordingly, the authors focus on a DisCrit analysis of informal discursive domains in social media. DisCrit frameworks can help identify possible transformations in which the "micro-interactional must always be explicitly linked to the macro-sociopolitical" (Annamma & Morrison, 2018, p. 78). In a social media analysis of trauma and COVID-19, Goldin et al. (2021) found a discourse around trauma-informed practice characterized by the figure of the "white savior," a discourse that reflects an ideology that reinforces racist stereotypes. The authors chose this post on Reddit as a source of analysis because it represents a type of discourse that is common among teachers and contributes to a system of labeling in special education that can be considered a form of creative destruction. The discourses in this post are not harmless: unlike the arguments that emphasize the exceptional aspect of the pandemic, such discourses are neither new nor momentary, but historically rooted. The following commentary uses racial

discourse and, as has been done for years regarding disabilities, seeks to reinforce the connection with trauma.

"Feral or trauma? What makes children act this way?" writes u/animeg13 on Reddit:

*"After almost two years of virtual we are back in person and the problems are many. Some say the students are traumatized and that this is the reason for their behavior. Others say they have been let off the hook all this time. What do other teachers think? I think it's a little bit of both, but I'm not sure."*

This post on Reddit highlights how trauma is associated with race in everyday life and how it is considered a static disabling condition. It is no longer considered a "disease" to be treated by biomedical means, but becomes an immutable aspect. The post gives two causes of "feral" or "traumatic" behavior by focusing the problem on students. Students' noncompliant behavior is compared to that of wild animals, and it is insinuated that this is because it reflects the environment in which they live. Finally, trauma is an additional reason for such inappropriate behavior. The underlying assumption is not that the students' behavior is rational, intentional or due to school district problems; instead, it is assumed that the cause is related to trauma or negative experiences in family life. In order to explore in depth how the reproduction of trauma may be related to disability and race in this post, it is necessary to focus on definitions. According to the Oxford English Dictionary, "feral" has three meanings: "existing in a wild or untamed state"; "returned to a wild state after being domesticated"; and "of, or evoking, a wild animal; savage." For the animeg13 user, "feral" is associated with trauma, suggesting that some students' home life causes both wild behavior and harm. The use of the term "traumatized" implies a form of creative destruction. The word not only defines certain behaviors or life patterns as undesirable or not conforming to norms, but also suggests that the source of trauma is external, outside the school walls, as if the school itself were not a complex system of causing harm. The use of trauma as an explanation for deviant behavior replaces cultural notions of disability, which are now a medical model, and functions similarly to oppression. Trauma, as an explanation for noncompliant behavior, replaces cultural notions of disability, which are now a medical model, and functions similarly to oppression. Instead of being seen as a possible "emotional or behavioral disorder," the concept of "trauma," it is seen as a labeling of difference. The high number of upvotes and comments on this post confirms the importance of the issue. The first commenter, u/d0lltearsheet00, writes, "I think the pandemic has only amplified all the existing social ills. As usual, the kids who have someone at home to be

accountable to and who cares about their well-being are probably fine, maybe not model students, but they move on. Those who have already had a traumatic home life or poor parental involvement or supervision, come to school and behave as they always have, compounded by having spent a year at home." These statements recall historical discourses linking trauma to social, racial, parenting and home life issues. The author assumes that home is a harmful environment for students and that spending time at home reduces their ability to go to school. He also states that some parents care about their children's well-being, while others do not (characterized as "low involvement"). These views recall historically entrenched conceptions of "disaster homes," often associated with black families, such as those presented in the controversial Moynihan report, which contributed to the marginalization of black students. This discourse activates historical stereotypes that link trauma to disability and racism. The authors carefully analyze the dynamics of creative destruction and the power of discourse in consolidating and accelerating the marginalization of students. Creative destruction, as described by Annamma (2017), occurs when school personnel refuse to engage and provide needed resources, thereby limiting learning opportunities for the most marginalized students by generating a vicious cycle. The Reddit post cited above is an example of how discourse about trauma can become a mechanism for creative destruction. Race and disability not only expose people to an increased risk of systemic trauma, but the very concept of "trauma" can be used as a discursive tool for creative destruction.

## **2. Structural obstacles in educational context to collective healing: the active role of teacher**

Castrellón et al. (2021) suggest "*positioning schools as sites of collective healing*". Therefore, it is essential to disrupt individualizing notions of trauma and have the courage to define healing as a collective endeavor (Castrellón et al., 2021; Petrone & Stanton, 2021). However, increased containment and surveillance of multiply-marginalised students mediate relationships and foreclose natural possibilities for solidarity, despite it being well recognized that peer supports are an essential part of trauma informed instruction (Avery et al., 2020; Cosantino, 2021). When students are assigned to special classes or other restrictive settings, the control-based approach is influenced by a medical view of disability and trauma. These classes are often hidden in a remote corridor, to prevent that students witness to a non-normative behaviour. This concealment serves to preserve the myths of mind-body dualism, fixed intelligence and self-

sufficiency. However, interdependence and work-sharing are a natural feature of human beings, so one must ask what survival structures are hindering collaboration, solidarity and healing in the school context.

In order to turn classrooms into healing spaces, factors that hinder the evolution of natural support and interdependence between classrooms must be eliminated.

As illustrated above, creative destruction is a complex phenomenon that requires the individual actions of those involved. Research has shown that teachers are influential in the healing process, but this aspect has been little explored. This section focuses on teachers, considering them active and powerful actors in creating a healing environment in the classroom. Teachers need to adopt a healing-centered political commitment, recognizing that neutrality is not conducive to true healing. It is important to note that the majority of teachers are white women, which requires an awareness of the influence that the white middle class has in social progress. Teachers must engage in activism that addresses the root causes of harm rather than moving toward superficial healing. To do this, they must practice self-care and view self-care as a political act. This requires energy, purpose, understanding and solidarity. However, teachers must be aware of the cultural and historical roots of the profession, which can perpetuate oppression toward marginalized students and teachers. It is critical that teachers reflect on the impact of their work and the identity it holds. To build healing spaces, teachers must overcome the paternalistic myths of "good teachers" and "bad teachers" and embrace a fluidity that supports teacher and student liberation and autonomy. Only then can healing cultures be created in which teachers reject creative destruction and work for collective well-being.

### **3. Reflections and proposals from an "*activist special pedagogy*" perspective**

Reflecting on the importance of teacher agency in the management of trauma requires attention not only to teacher identity and subjectivity, but also to pedagogical approaches. According to Castrellón et al. (2021), trauma-informed pedagogy often relies on a medicalized discourse and does not sufficiently account for the socially, historically, and culturally situated nature of responses to trauma, nor how such discourses can justify inequalities or conceal collective responses. However, education that considers trauma is critical to meeting the diverse needs of students and is based on recognition of the systemic and pervasive impact of trauma on development, growth, and school performance. It is not intended to diminish the contributions of the literature on trauma-informed education, but to

combine them with contextual and interdisciplinary understandings to guide practical application and professional competence. According to Castellón et al. (2019), collective solutions to trauma as a social construct must recognize and include disability as a central aspect. Forms of trauma-informed education must include the social construction of disability and race and how trauma is intertwined with them. Annamma (2017) proposes a "Pedagogy of Resistance" that focuses on the needs of marginalized students. Petrone and Stanton (2021) offer a "socio-historical framework for trauma reduction" based on relational, participatory, and humanizing methodologies. Although they refer to research, some ideas in their framework can also be applied to teaching and complement Annamma's (2017) ideas on the DisCrit approach to trauma reduction. The next section offers Petrone and Stanton's (2021) framework along with Annamma's (2017) Resilience Pedagogy and Castellone's (2021) Healing-Centered Approach, exploring practices that support a holistic approach to trauma reduction geared toward healing and activism in teaching. Directions are organized according to Annamma's (2017) pedagogy of resistance to emphasize DisCrit analysis.

The peer support component is crucial in trauma education, as healing is considered a collective process. This requires solidarity, which involves understanding how disability is constructed and involves all of us. According to Bell Hooks, solidarity is not simply providing support, but requires ongoing engagement based on shared interests, beliefs and goals. Teachers must enable solidarity by removing barriers, rejecting hyper-surveillance and not monitoring the sexuality of marginalized students. Solidarity can be expressed through peer support, with teachers facilitating instead of performing. Creating environments that promote solidarity can be as simple as not intervening, taking a strengths-based approach and rejecting disciplinary practices that isolate the most marginalized students.

According to Annamma (2017), if we view disability as a political identity with material inequalities and the resistance attached to it, rather than as a biological failure, we will achieve a more effective pedagogical response. Although the concept of "trauma" is ambiguous in that it is not generally considered a desirable political identity, it is still useful to reevaluate and complicate the pedagogical response not only to disability but also to behaviors labeled as "trauma." According to Principle 4 of DisCrit (2013), authentic relationships are nurtured and sustained by listening. One of the recommended approaches is "talking circles," but Castellón et al. (2021) note that teachers and families must also be part of this and make themselves vulnerable in the process. In addition, Annamma (2017)

points out that her multi-marginalized students required a kinesthetic and embodied component. This raises the question to what extent our curricular responses to trauma define somatic healing in a normative way, implicitly supporting able-bodied bodies-minds or allowing different kinds of bodies and minds to self-regulate in ways that are more natural to them. These questions, which DisCrit considers, can inform pedagogical implementation with a more intersectional justice-oriented approach. Modern notions of skills go beyond traditional assessments based on academic skills, such as math problem solving and literary analysis, and increasingly address alternative domains such as emotional intelligence, perseverance and cooperation. These "soft skills," often presented as part of a more equitable and holistic approach toward student achievement, seem to invest in the whole student without blaming him or her for past experiences of systemic inequality. However, it is important to consider that these skills are subject to the tendency to reintegrate them into a racial and habitual context. Staub (2021) states that concepts such as emotional quotient (EQ) were linked to racial notions and in the past it was thought that they could be "taught" through controlling one's impulses, a deeply racialized idea. Therefore, trauma-informed education should not confuse healing and growth with adherence to an ideal of able-bodied whiteness. Annamma (2017) notes that the girls in her study desired an arts-centered curriculum and that a DisCrit-based curriculum must be meaningful to the subjectivities and values of multi-marginalized students. This is especially important when addressing learning loss, as skills recovery can alienate students who already struggle to see themselves represented in school curricula. A curative curriculum would address how trauma, race, gender, and disability are historically intertwined by empowering students to recount their experiences and dissent. Multi-marginalized students often construct identities that escape hegemony and need curricula that allow them to explore these identities with autonomy. As Banks et al. (2022) point out, when students reconstruct their personal and collective truths about their intersectional identities, they can construct positive racial and disability identities, challenging ideas of white and normative superiority. In sum, it is critical that the process of healing from trauma also enables multi-marginalized students to develop identities free from hegemony and to express their own experiences.

## **Conclusions**

Educators need to adopt trauma-informed approaches to create a healthy environment in schools. However, it is important that they broaden their

understanding of trauma, including considering its relationship to race, disability, and other identities. Educators must work both to prevent trauma and to challenge fixed conceptions that may marginalize students. Localized studies of trauma in relation to race and gender can help create classrooms that promote healing and protection. Classrooms as healing spaces require practices that are activist and resilient, based on embodied and accountable interdependence, prioritizing those who are most vulnerable. According to Paperson (2017), those who dream of decolonization are an integral part of the colonizing machine, which is constantly reshaping itself. Teachers play a key role in recomposing identity and agency through the process of classroom healing. Only by struggling against this machine is it possible to recover the agency of those who dream beyond it. Critical race theory and disability studies offer tools to take a more holistic and comprehensive approach to trauma, avoiding essentialization.

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