Collective Trauma and Trauma-Informed Practices in Higher Education

Karryl Mae C. Ngina
Faculty-Researcher
Benguet State University, km.ngina@bsu.edu.ph

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ABSTRACT:
Collective trauma has reshaped higher education in ways that extend well beyond students' mental health. It has also altered teaching practices, participation in learning, and the everyday functioning of academic institutions. Guided by Collective Trauma Theory, Bronfenbrenner's Ecological Systems Theory, and trauma-informed education, this study examined how students and teachers experienced collective trauma during a period of widespread social disruption and considered the educational responses that may support mental health, resilience, and meaningful learning. Using a descriptive-exploratory mixed-methods design with a convergent parallel approach, data were gathered through online surveys and open-ended narratives from 445 university students and 129 faculty members at a state university in the Philippines. Quantitative responses were summarized through descriptive statistics, while qualitative accounts were examined using thematic analysis. Both groups reported persistent anxiety, stress, emotional exhaustion, and academic burnout, although the pressures took different forms. Students described fear of loss, overthinking, family conflict, financial insecurity, and demanding academic requirements. Teachers emphasized heavier workloads, changing instructional modalities, health concerns, and employment-related pressures. Spirituality, support from family and peers, time in nature, sleep, and creative expression were among the most common ways of coping. Participants also stressed the value of flexible teaching, regular kamustahan or emotional check-ins, compassionate communication, and supportive learning environments. The findings suggest that personal coping is not enough when institutional conditions continue to generate distress. Trauma-informed higher education therefore requires coordinated changes that embed psychological safety, relational care, flexible pedagogy, accessible mental health services, and culturally responsive practices in institutional policy. Self-narratives, digital storytelling, reflective journaling, and expressive arts may further support emotional processing and engagement when used as optional elements within a broader system of care. The study proposes an integrated framework for building universities that are more compassionate, resilient, inclusive, and responsive to

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present and future collective crises.

Keywords: collective trauma; trauma-informed education; higher education; e-learning; self-narratives; expressive arts; student mental health; resilience; psychological well-being; mixed-methods research.

I. Introduction

Higher education now unfolds in settings repeatedly affected by collective trauma. Public health emergencies, climate-related disasters, armed conflict, political instability, economic crises, and other large-scale disruptions have changed how university students experience education across the world. Their consequences are not confined to interrupted classes or altered academic calendars. They reach into family relationships, community life, and psychological well-being, creating difficulties that follow students into the classroom and continue beyond it (Hirschberger, 2018; Psychotraumatology, 2025; Henshaw, 2022). As uncertainty and disruption become increasingly familiar features of contemporary life, universities are being pressed to reconsider how teaching and learning can remain humane, equitable, and sustainable under prolonged adversity.

University students already face a demanding period of development marked by identity formation, greater independence, and important educational and career decisions. These transitions become harder to manage when they occur alongside a collective crisis. Research has linked prolonged exposure to widespread disruption with anxiety, depression, emotional exhaustion, disturbed sleep, difficulty concentrating, and withdrawal from academic work (Dolbier et al., 2025). Such effects do not remain at the level of individual mental health. They also shape students' relationships with family members, peers, instructors, and the wider university community, often weakening the social supports on which learning depends.

Collective Trauma Theory provides a useful lens for understanding this broader pattern. Whereas individual trauma is usually discussed in relation to a person's direct experience, collective trauma affects groups by unsettling shared meanings, social identities, and assumptions about safety and the future (Hirschberger, 2018; Gandhi et al., 2024). Its effects may become embedded in families, institutions, and communities and may continue to influence how people interpret events and relate to one another across time. Alongside anxiety, depression, emotional dysregulation, burnout, and persistent uncertainty, collective trauma can erode trust, strain relationships, and weaken social cohesion (Psychotraumatology, 2025). Students therefore encounter crisis not only as a private psychological burden but also as a disruption of the households, communities, and educational systems in which they live.

The educational consequences of collective trauma have become increasingly visible. Infectious disease outbreaks, climate emergencies, and socioeconomic instability have been associated with heightened stress, depressive symptoms, sleep problems, cognitive overload, and fear of academic failure among university students (Cao et al., 2020; Wang et al., 2026). Multi-site and longitudinal studies likewise report sustained anxiety, depression, and psychological distress during and after major social crises. The burden is often greater for female students and for those from financially vulnerable households (Dolbier et al., 2025; Hamaideh et al., 2022; Wang et al., 2026). For many students, these pressures are compounded by caregiving duties, household work, financial insecurity, and unreliable access to the devices, connectivity, and spaces required for study (Cao et al., 2020).

Taken together, this evidence makes clear that learning cannot be separated from the conditions in which students live. When grief, uncertainty, chronic stress, and emotional fatigue become part of everyday life, they inevitably affect academic participation (Psychotraumatology, 2025). Behaviors commonly read as poor performance—difficulty concentrating, missed deadlines, absenteeism, or reduced motivation—may instead be understandable responses to sustained

psychological strain rather than signs of laziness or personal inadequacy (Bath, 2008; Brunzell et al., 2016). Even so, many universities continue to operate through performance-oriented models that assume relatively stable learning conditions and give limited attention to the effects of prolonged collective adversity (Carello & Butler, 2015; McCloughry, 2024).

These concerns have drawn greater attention to trauma-informed education as a way of supporting learning without separating it from well-being. Trauma-informed approaches begin by recognizing how widespread trauma can be and by deliberately creating educational environments grounded in psychological safety, trust, collaboration, empowerment, and meaningful participation (Chafouleas et al., 2016; Substance Abuse and mental Health Services Administration [SAMHSA], 2014; Wells, 2023). Bath's (2008, 2015) three pillars of trauma-informed care—safety, emotional regulation, and connection—are especially relevant to education because secure relationships and opportunities for regulation are prerequisites for sustained engagement. From this perspective, academic success is not simply a matter of acquiring knowledge; students' emotional well-being and their capacity to think, participate, and persist are closely intertwined.

A growing body of research supports the value of trauma-informed educational practice. Studies in schools and higher education suggest that such approaches can lessen post-traumatic stress symptoms, strengthen coping and emotional regulation, improve classroom engagement, and support persistence and retention (Brunzell et al., 2016; Gao et al., 2023). Yet implementation across universities remains uneven. Responses are often reactive, with counseling referrals offered after a crisis, while trauma-informed principles are rarely embedded in curriculum design, assessment, faculty development, or institutional policy (Carello & Butler, 2015; McCloughry, 2024). The gap is particularly evident in low- and middle-income settings, where formal counseling may be limited and students often turn instead to peers, family networks, spirituality, and creative expression for support (Cao et al., 2020; Hamaideh et al., 2022).

Within these informal systems of support, narrative and arts-based practices deserve closer attention. Telling one's story can help organize fragmented experiences and restore a sense of coherence, while artistic expression can provide a nonverbal language for emotions that are difficult to explain directly. In educational settings, self-narratives and creative activities may therefore function as more than instructional exercises. When carefully facilitated, they can offer space for reflection, emotional regulation, meaning-making, resilience, and social connection. Despite this potential, relatively few studies have considered how narrative and arts-based practices might be integrated into digital learning environments for university students living through collective trauma.

The rapid expansion of online and blended learning has made this question more urgent. Digital platforms enabled universities to continue teaching during periods of disruption, but they also reduced informal interaction and, for many students, deepened isolation and emotional disconnection. A trauma-informed approach to e-learning cannot therefore be limited to the technical transfer of lessons to an online platform. It requires pedagogies that intentionally cultivate safety, reflection, creativity, choice, and interpersonal connection. Self-narrative and arts-based activities may help students make sense of collective adversity, reconstruct meaning, and remain connected to learning, provided that participation is voluntary and appropriate safeguards are in place.

Against this background, the present study examines how university students and teachers experienced collective trauma and explores the trauma-informed e-learning practices that may support mental health, academic engagement, and resilience. Particular attention is given to the possible contribution of self-narratives and the arts. The study is guided by Collective Trauma Theory (Hirschberger, 2018), trauma-informed educational principles (SAMHSA, 2014; Bath,

2008, 2015), and Bronfenbrenner's (1979) ecological perspective, which locates experience within interconnected family, institutional, community, and social systems. By bringing participants' lived experiences into conversation with these frameworks, the study contributes to the developing literature on trauma-informed higher education and offers practical direction for making learning more responsive during collective crises.

Accordingly, the study pursued three objectives:

1. Describe how university students and teachers experience and express collective trauma;
2. Examine how trauma-related mental health challenges affect academic engagement, motivation, and family relationships in disrupted educational contexts; and
3. Identify trauma-informed practices that can strengthen well-being, learning recovery, and resilience during present and future large-scale crises.

II. Methodology

A descriptive-exploratory mixed-methods design was used to examine the experiences of students and teachers during a period of collective trauma at a state university in the Philippines. The study followed a convergent parallel approach, with quantitative and qualitative data gathered during the same period and brought together during interpretation. This design made it possible to consider the breadth of reported mental health concerns and coping strategies while also retaining the detail and texture of participants' own accounts of disrupted teaching and learning.

The quantitative component consisted of an online survey administered through Google Forms. It collected demographic information as well as participants' reported stressors, stress levels, symptoms of anxiety and depression, coping strategies, and views on trauma-informed interventions. Open-ended questions formed the qualitative component and invited students and teachers to describe, in their own words, how the crisis affected their emotions, relationships, academic or professional responsibilities, and need for institutional support.

Quantitative responses were summarized using descriptive statistics, with bar charts and word clouds used to present prominent patterns. The qualitative narratives were examined through thematic analysis to identify recurring ideas related to collective trauma, coping, educational difficulties, and expectations of institutional care. The two sets of findings were then read alongside one another to develop a more complete account of participants' experiences.

This article draws on the data and visual summaries generated in the original study, portions of which were previously presented in university extension forums to support institutional mental health initiatives. Ethical safeguards were observed throughout the research process, and informed consent was incorporated into the online survey. During manuscript preparation, artificial intelligence tools were used only for language editing and readability. They were not used to generate, alter, or reinterpret the study data.

Table 1. Comparative Profile of Student and Teacher Respondents for Informed Policy Planning

Profile Indicator	Students (n = 445)	Teachers (n = 129)	Policy Relevance
Sex: Female	75.70%	68.20%	Need for gender-responsive mental health and support programs

Profile Indicator	Students (n = 445)	Teachers (n = 129)	Policy Relevance
Primary Age or Career Stage	Traditional college age (18-22)	30–39 years (39.5%)	Different developmental and career-stage stressors require tailored interventions
Urban Residence	53.50%	54.30%	Comparable urban access conditions across groups
Rural Residence	46.50%	45.70%	Need for policies sensitive to connectivity and resource access
High to Very High Academic or Teaching Load	84.7% enrolled in 19 or more units	69.8% handling 21 or more units	Need for workload regulation and burnout prevention
Economic or Employment Insecurity	82.3% from low- to lower-middle-income households	34.1% in contractual or non-permanent positions	Financial stress represents a shared vulnerability
Overall Risk Profile	High academic demand and financial strain	High workload and employment precarity	Supports trauma-informed, system-level institutional responses

Table 1 presents the demographic and contextual profiles of the 445 student respondents and 129 teacher respondents, with attention to factors relevant to trauma-informed policy. Women constituted the majority in both groups, underscoring the importance of gender-responsive mental health and support initiatives. Most students were within the traditional college-age range, whereas the largest group of teachers was between 30 and 39 years old. These differences matter because the sources and expression of distress are likely to vary across developmental stages and points in an academic career.

Urban and rural participants were represented in nearly equal proportions in both groups. This balance highlights the need for policies that take seriously differences in connectivity, transportation, and access to educational and mental health resources. Workload was another prominent concern. Among students, 84.7% were enrolled in at least 19 academic units, while 69.8% of teachers were handling 21 teaching units or more. Such demands leave both groups vulnerable to sustained stress, fatigue, and burnout, particularly during periods of disruption.

Economic conditions added another layer of pressure. Most students came from low- to lower-middle-income households, and more than one-third of teachers were employed on contractual or other non-permanent terms. The profile that emerges is therefore not one of isolated psychological difficulty but of overlapping academic, occupational, and financial strain. These conditions support the need for trauma-informed policies that attend to the well-being of students and educators while also addressing the institutional arrangements that shape their daily lives.

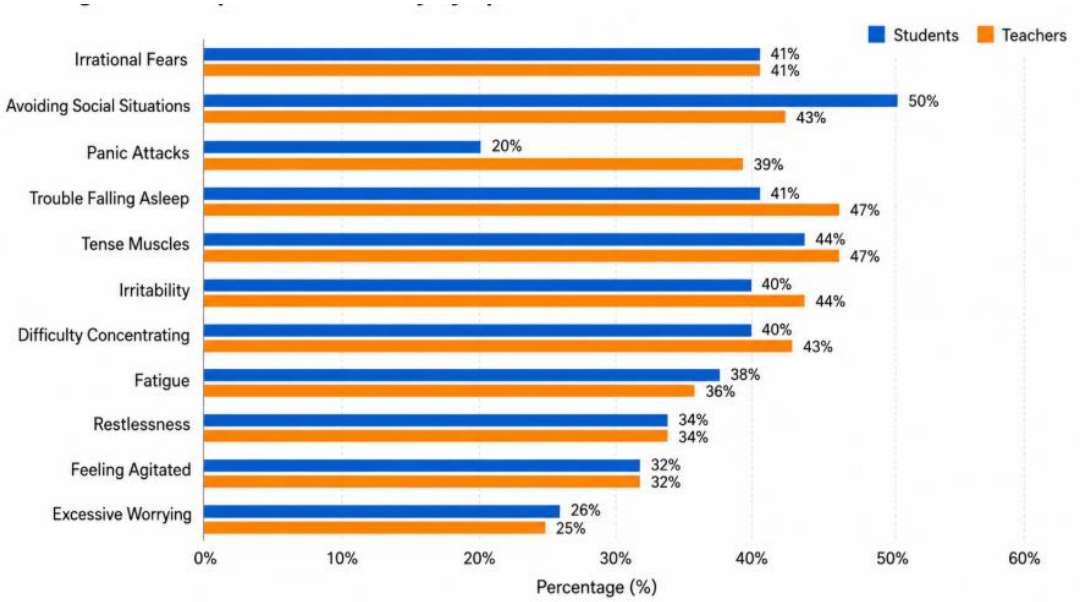
III. Results and Discussion

Psychological Effects of Collective Trauma

Students and teachers both reported a decline in psychological well-being during the period of collective trauma, although the symptoms they emphasized reflected their different positions within the same disrupted educational setting. As shown in Figure 1, students more often reported panic attacks, persistent tiredness, excessive worry, social avoidance, and emotional

exhaustion. Teachers, by comparison, more frequently mentioned irritability, muscle tension, difficulty concentrating, and worry that continued over time.

Figure 1. Comparison of Anxiety Symptoms Between Students and Teachers



student

Among students, psychological distress was closely bound up with disrupted learning, isolation, financial uncertainty, and the continuation of academic requirements despite rapidly changing circumstances. Their narratives described the pandemic as more than an interruption to schooling. It was lived as fear, grief, loneliness, and uncertainty, often while schoolwork and responsibilities at home continued to accumulate. One student captured this overlap of personal fear and everyday pressure:

> "*This pandemic made me fear losing my loved ones. I was paranoid thinking that someone valuable to me might die. It made me stressed; schoolwork and household chores add up to it.*"
> —19-year-old female

Other narratives pointed to more serious levels of distress. Some students wrote about crying alone, being unable to quiet overwhelming thoughts, or feeling trapped in circumstances they could not change. A small number referred to thoughts of self-harm and a deep sense of hopelessness. These accounts indicate that the effects of collective trauma extended beyond temporary stress and, for some participants, raised concerns requiring timely professional attention.

Teachers also described considerable emotional strain, although they usually spoke about it through the language of professional responsibility. They were expected to learn unfamiliar modes of instruction, respond to students' academic and emotional needs, and maintain continuity in their classes while managing uncertainty in their own homes and lives. Their responses also challenged the assumption that mental health services in

universities should be directed only toward students. As one teacher stated:

> "*We must have our mental health and psychological interventions offered for our students as well as faculty.*"
> —34-year-old teacher

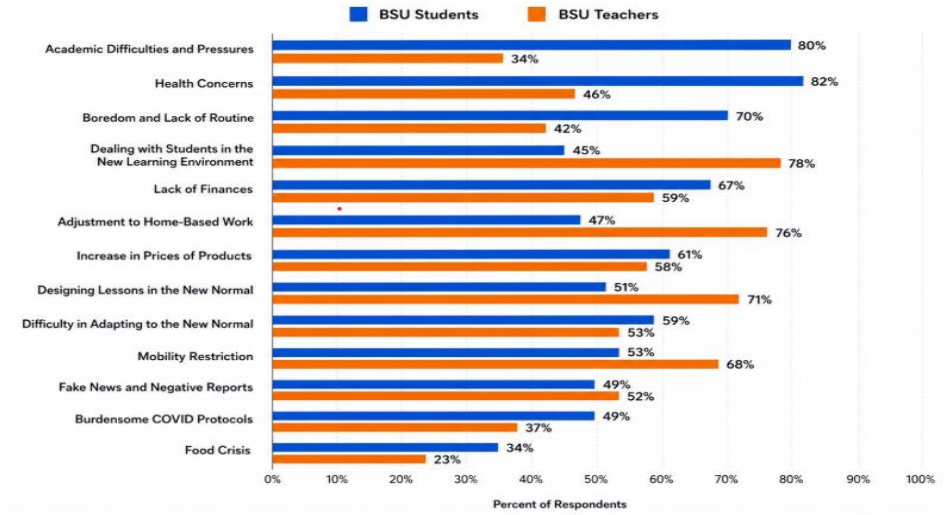
Juxtaposed, these accounts show that collective trauma cannot be reduced to separate cases of individual anxiety or depression. Students and teachers occupied different roles, but both were living within the same atmosphere of uncertainty, disrupted routine, and shifting educational expectations. This pattern is consistent with Collective Trauma Theory, which understands large-scale crises as disturbances in shared meaning, social relationships, and institutional life rather than as the simple accumulation of individual symptoms (Hirschberger, 2018).

The data also reveal how closely student and teacher well-being were connected. Teachers' emotional condition shaped their ability to communicate calmly, adjust requirements, and offer supportive instruction. At the same time, students' distress increased the emotional and relational demands placed on educators. A trauma-informed response must therefore consider the academic community as an interdependent whole rather than treating students as the only population in need of care (Carello & Butler, 2015; Dorado et al., 2016).

Academic Distress and Structural Pressures

Participants rarely described psychological distress as separate from the material conditions of education. Heavy workloads, unreliable internet access, financial hardship, family responsibilities, and uncertainty about the future tended to overlap and reinforce one another. The stress reported by students and teachers was therefore both emotional and structural, emerging from the interaction between personal vulnerability and the demands of a disrupted educational system.

Figure 2. Top Ten Stressors Reported by Students and Teachers



Academic difficulty was the most frequently reported stressor among students, affecting almost nine in ten respondents. Heavy coursework, deadlines that clustered across subjects, difficulty understanding online lessons, and pressure to maintain high grades contributed to sustained emotional strain. These demands were accompanied by boredom, loss of routine, financial difficulties, and uncertainty about future study and employment. What appeared on the surface as an academic problem was often inseparable from the wider instability surrounding students' lives.

For many students, academic tasks had to be completed alongside household work, caregiving, or contributions to the family's livelihood. Studying from home did not necessarily create

more time for learning; in some households, it increased expectations that students would remain available for domestic responsibilities. One participant described the tension between these competing demands:

"It was hard for me to follow their orders, especially while studying. They kept saying, 'Your grades should be high because classes are online,' yet at the same time they expected me to do household chores."—A 20-year-old male student

The shift to online learning also made existing technological inequalities more visible. Unstable connections, inadequate devices, and the continuing cost of mobile data limited students' ability to attend classes and submit work. In this context, a missed deadline or a period of low participation could not automatically be interpreted as poor motivation. For many respondents, such difficulties reflected restricted resources, shared devices, weak connectivity, and responsibilities that competed directly with study time.

Teachers faced a related but distinct set of pressures. The rapid move to remote instruction required them to redesign lessons, produce digital materials, track student participation, and protect instructional quality with limited preparation and uneven technological support. These new responsibilities were layered onto existing teaching and administrative duties, as well as concerns about their own health and the safety of family members. The burden of adjustment was therefore substantial and often continuous.

Financial insecurity cut across both groups. Students worried about household income, tuition, internet costs, and access to devices. Teachers raised concerns about contractual appointments, delayed salaries, job security, and the personal expenses associated with remote teaching. Economic vulnerability did not simply accompany academic and psychological stress; it intensified both by limiting the resources available for learning, coping, and recovery.

Table 2. Comparison of Student and Teacher Experiences

Domain	Students	Teachers
Psychological distress	Fear, hopelessness, panic attacks, emotional exhaustion	Worry, irritability, fatigue, and concentration difficulties
Academic or professional stress	Heavy workload, online learning difficulties, and household responsibilities	Curriculum redesign, student monitoring, and administrative workload
Financial stress	Internet expenses and family income insecurity	Employment insecurity, delayed compensation, and teaching expenses
Common coping resources	Family, spirituality, peers, nature, and recreational activities	Family, spirituality, colleagues, and professional support
Priority support needs	Flexible learning, counseling, and wellness initiatives	Workload reduction, institutional support, and faculty wellness

These patterns align with Bronfenbrenner's (1979) ecological perspective, which locates well-being within the interaction of family, educational, occupational, community, and broader social systems. A disruption in one part of this ecology frequently produced consequences elsewhere. Financial hardship restricted access to online education, academic workload strained family relationships, and public health restrictions reduced contact with peers and community-based sources of support.

The experience of collective trauma was also uneven. Participants with fewer financial, technological, or employment resources carried a heavier burden and had less room to adapt when conditions changed. Difficulties in maintaining academic performance should

therefore be interpreted in relation to these structural limits, not attributed only to personal weakness or inadequate coping. Comparable patterns have been reported in research on digital inequality and pandemic-related educational disruption (Aristovnik et al., 2020; UNESCO, 2021).

This distinction has important implications for institutional practice. Counseling and psychological services remain essential, but they cannot by themselves resolve distress rooted in excessive workload, financial insecurity, poor connectivity, or unstable employment. A trauma-informed university must attend not only to how people cope with difficult conditions but also to the conditions under which students are expected to learn and teachers are expected to work.

Coping, Relationships, and Sources of Support

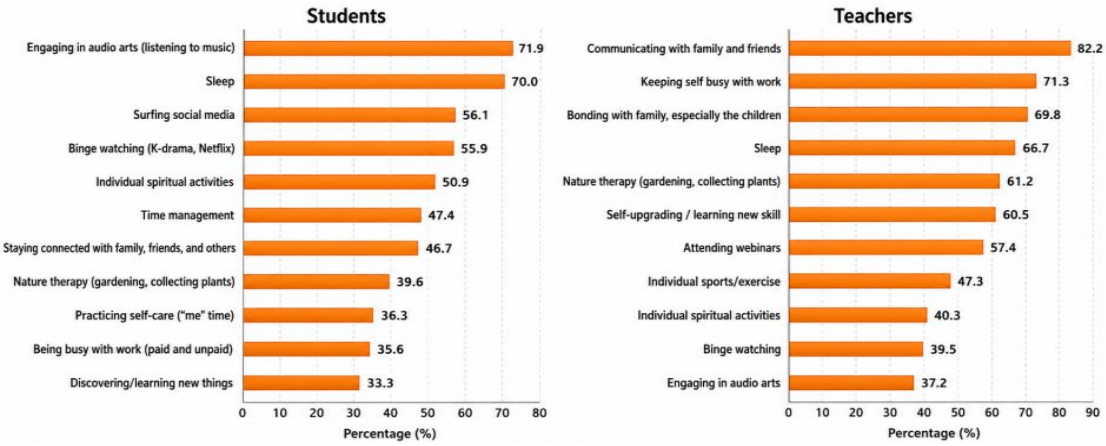
Even amid substantial distress, students and teachers described ways of sustaining themselves through prolonged disruption. Most depended on informal and culturally familiar sources of support rather than formal mental health services. Family relationships, friendships, spirituality, movement and exercise, time in nature, and recreational or creative activities helped participants manage uncertainty and recover, at least temporarily, a sense of routine and stability.

Figure 3 brings together participants' recommendations for trauma-informed learning. Words such as mental health, break, time, support, activities, and understanding appeared repeatedly. The pattern is revealing: participants were not primarily asking universities to provide more content or additional requirements. They were asking for time to recover, greater flexibility, emotional support, and recognition of the circumstances affecting their ability to study and work.

Figure 3. Word Cloud Results on Trauma-Informed Recommendations from Teachers and Students

As shown in Figure 4, maintaining contact with family and friends was among the most frequently reported protective practices for both students and teachers. Conversation, shared experience, and emotional reassurance helped reduce the sense of isolation created by prolonged restrictions. These relationships also reinforced belonging and reminded participants that their difficulties were not theirs to carry alone. This may explain why students value teachers regularly checking in with them as a form of trauma-informed practice. This process makes students feel grounded.

Figure 4. Comparison of Coping Strategies Among Students and Teachers



Spirituality occupied a similarly important place in participants' accounts. Prayer, Bible reading, meditation, and trust in God were described as sources of hope, comfort, and emotional regulation. Participants generally did not present these practices as substitutes for professional care; rather, they formed part of a wider network of support. This finding is consistent with research that identifies religious and spiritual coping as a significant resource during periods of trauma and uncertainty (Koenig, 2018; Pargament, 2011).

Nature-based and physical activities provided another form of relief. Gardening, caring for plants, exercising, and spending time outdoors allowed participants to step away, even briefly, from academic and professional demands. Listening to music, drawing, watching motivational content, and returning to personal hobbies also helped some respondents regulate emotion. Creative activity therefore had value as a coping resource, although it was not the main form of support emphasized in the data.

At the same time, the narratives showed the limits of personal coping. Some students continued to cry in isolation despite drawing strength from family, faith, or hobbies. Teachers continued to meet professional obligations while carrying persistent fatigue and emotional strain. Resilience should not be mistaken for the absence of distress or for an unlimited capacity to endure harmful conditions. As Ungar (2021) argues, resilience develops through access to supportive relationships, material resources, and responsive institutions.

Trauma-Informed Teaching Practices

Students repeatedly identified teachers' attitudes and everyday classroom decisions as central to both emotional well-being and academic engagement. They valued instructors who communicated with care, adjusted reasonably to difficult circumstances, kept workloads manageable, and created regular opportunities for students to say how they were coping. These practices mattered because they changed not only what students were required to do but also how safe and supported they felt while doing it.

Flexible deadlines and reasonable adjustments were particularly important. Students appreciated instructors who understood that illness, caregiving, financial hardship, and connectivity problems could affect performance. Such accommodations were not usually interpreted as a lowering of academic standards. Instead, they conveyed fairness, acknowledged unequal circumstances, and allowed students to remain engaged without being further penalized for difficulties beyond their control.

Regular *kamustahan*, or informal emotional check-ins, also emerged as a meaningful classroom practice. Students valued instructors who asked about their well-being before moving into academic content. For some participants, these brief conversations created the only opening in which they could mention challenges that would otherwise remain unseen. Teachers,

too, recognized the importance of this relational gesture. One participant explained:

"Before the class begins, I usually take time to ask my students how they are." - A response from a female middle age teacher

Kamustahan or informal checking-in illustrates the relational core of trauma-informed education. A brief and sincere expression of concern can strengthen trust, deepen a sense of belonging, and make a classroom feel psychologically safer. Such practices are consistent with trauma-informed frameworks that identify safety, connection, and supportive relationships as necessary conditions for meaningful learning (Bath, 2008; SAMHSA, 2014).

Workload management was another persistent concern. Students distinguished between instructors who coordinated requirements and those who continued assigning large volumes of work without considering demands across subjects. When deadlines overlapped and tasks accumulated, learning became an exercise in submission rather than understanding. Students focused on finishing requirements as quickly as possible, while motivation, curiosity, and enjoyment steadily declined. Yet, teachers also commonly observed that teacher workload has increased.

Teachers recognized the need to be flexible, but their accounts also showed why compassion cannot depend on individual effort alone. Many were managing heavy teaching loads, expanding administrative responsibilities, intensive student monitoring, and limited technological support. Trauma-informed teaching requires working conditions that give educators enough time, resources, and institutional backing to respond flexibly without sacrificing their own health.

Support nevertheless varied widely from one instructor to another. Some faculty members adjusted assessments, maintained regular communication, and incorporated attention to mental health into their classes. Others retained rigid deadlines and heavy workloads despite the crisis. Consequently, a student's access to a supportive learning environment often depended on the personal orientation of an individual teacher rather than on a clear and consistently implemented university policy.

Table 3. Major Themes From Teacher Narratives

Theme	Representative Statement	Policy Implication
Mental health support	"We must have mental health interventions."	Expand psychological and referral services for students and staff.
Compassionate teaching	"I ask my students how they are."	Promote relational and trauma-informed teaching practices.
Workload concerns	"Lessen school requirements to faculty."	Review teaching loads and administrative expectations.
Financial stress	"Please don't delay the salary."	Strengthen employment and compensation security.
Professional well-being	"Mental health breaks."	Institutionalize faculty wellness initiatives.

Participants therefore called for more systematic forms of support, including counseling, mental health webinars, peer-support programs, wellness activities, academic breaks, spiritual enrichment, clearer guidance for online learning, and faculty development in trauma-informed practice. Individual acts of compassion remained valuable, but the responses made clear that they were not enough. Supportive teaching and care must be established as shared institutional responsibilities rather than left to personal discretion.

Trauma-Informed E-Learning

When participants discussed e-learning, their strongest concerns were not technological sophistication but flexibility, human connection, manageable workload, and access to support. Effective online education involves more than uploading materials or transferring face-to-face

lessons to a virtual platform. It must respond to the isolation of remote study, unequal access to devices and connectivity, emotional distress, and the loss of the informal interactions through which students often seek reassurance and help.

Table 4. Trauma-Informed Practices Identified in the Study

Practice	Student Perspective	Teacher Perspective	Institutional Status
Flexible deadlines	Highly valued	Practiced by some faculty	Inconsistent
Regular kamustahan	Increased belonging and trust	Strengthened relationships	Mostly teacher-initiated
Workload adjustments	Reduced stress	Difficult under institutional demands	Limited
Mental health webinars	Strongly requested	Strongly supported	Occasional
Peer-support programs	Needed	Needed	Limited
Counseling services	Needed	Needed	Available but insufficient
Reflective or creative activities	Viewed as stress-relieving	Recognized as useful	Rarely integrated
Self-narrative activities	Potentially useful for reflection	Emerging practice	Not systematically implemented

Within such an environment, self-narratives, reflective writing, and guided discussions may give students a structured way to process difficult experiences and relate their personal realities to academic learning. These activities, however, must remain voluntary, psychologically safe, and carefully facilitated and anchored to what students identify as psychologically safe - for example, feeling valued, experiencing increased belonging and trust, and feeling listened to. The data do not support treating narrative or arts-based work as a replacement for counseling, flexible policy, or structural assistance. Its value lies in serving as an additional resource within a broader trauma-informed system of support.

Participants spoke more consistently about the need to be heard, understood, and treated with compassion than about any single creative technique. For this reason, trauma-informed e-learning should begin with relational teaching, clear and predictable communication, reasonable requirements, meaningful student choice, and accessible pathways to professional help. Relational teaching is the foundation of trauma-informed e-learning as students feel more connected to the learning process. Creative and reflective methods may enrich this foundation, but they cannot substitute for it. Implications for Higher Education Policy When viewed through the theory of collective trauma, the collective trauma event is not a series of individual hardships, but rather a shared disruption of the emotional, social, and academic life of the university including students and teachers alike. Students and faculty played different roles. However, their experiences were woven together within the same institutional conditions. Anxiety, exhaustion, uncertainty and loss were not merely individual reactions, but patterned responses shaped by a shared environment. This questions the tendency to frame wellbeing as an individual responsibility, pointing rather to the institutional contexts that structure how distress is experienced and managed.

From this perspective, current higher education policies have a limited scope. If trauma is collective, responses that focus mainly on individual coping risk missing the conditions which in the first place produce and sustain distress. In the pandemic, universities often promoted adaptability, but this expectation frequently masked deeper structural issues. Participants encountered heavy workloads, financial precarity, unstable internet access,

inconsistent teaching expectations, and inadequate psychosocial support—not as isolated obstacles, but as recurrent features of academic life during the crisis. In this sense, adaptation was less a sign of institutional strength than a reflection of the shifting of burdens onto students and faculty.

Collective trauma theory thus calls for a more demanding view of institutional responsibility. Trauma-informed approaches cannot be considered temporary or emergency-driven interventions. If treated this way, they run the risk of being symbolic gestures rather than substantive structural change. Instead, they should be viewed as an ongoing commitment to transform educational environments so that they can respond to disruption without compromising trust, belonging, or psychological safety. This shift positions trauma-informed policy not as an act of institutional compassion, but as a measure of institutional accountability and resilience.

The findings also challenge the assumed divide between educational quality and institutional health. It is often assumed that organizational conditions have no or little effect on teaching effectiveness, student engagement and academic performance. But the data tell a different story. Learning inevitably suffers when faculty are overextended and students are in prolonged states of uncertainty. Thus, a narrow focus on individual mental health obscures the broader institutional ecology that shapes everyday academic experiences and, ultimately, educational outcomes.

Together these insights indicate a required reorientation of higher education policy. The question is not only how universities can help recovery after collective trauma, but how they might forestall reproducing the very conditions that make it worse. Recognizing trauma as both shared and structurally mediated turns attention to the role of institutional design in either alleviating or amplifying harm. Moving beyond reactive crisis management involves facing these structural dimensions directly and making a commitment to policies that promote long-term well-being, equity, and more sustainable forms of academic life.

IV. Conclusion

This study reveals that collective trauma affected both psychological well-being and participation in higher education. High workloads, financial insecurity, unstable internet access, family responsibilities and uncertainty about the future were strongly related to anxiety, emotional exhaustion, depressive symptoms and academic burnout. Participants' distress was therefore not merely a private or clinical matter. It was shaped by the interaction of personal experience with institutional, economic and social circumstances.

Students and teachers experienced these pressures from different angles. Students talked about fear, hopelessness, conflict at home, difficulty concentrating, and uncertainty about their education. Teachers reported feeling fatigued, increasing instructional and administrative demands, technology challenges and concerns about health and employment. However, both groups found strength in similar things: family, friends, colleagues, spirituality, rest, nature and recreational activity.

All the findings consistently showed participants appreciated manageable workloads, flexible deadlines, open communication, and regular emotional check-ins. Although these practices helped to build trust and psychological safety, their availability was often dependent on the disposition of individual instructors. This unevenness leads to the central conclusion of the study: trauma-informed education cannot be built on personal kindness alone. Institutional policy, resources and shared expectations need to support compassion.

What makes a university trauma-informed is not whether or not counseling services are available. It acknowledges the impact of adverse experiences on motivation, focus, relationships, and participation and addresses these through safe, trusting, collaborative, flexible, and culturally responsive practices (SAMHSA, 2014). In particular, reflective writing, self-narratives and creative work can offer more opportunities to express, particularly in the online learning

environment, but should be considered as complementary to professional care and structural support.

Resilience should not be framed as an individual responsibility. Students and teachers coped under extraordinarily difficult conditions, but their stories showed there are limits to coping. A sustainable recovery requires coordinated action on teaching, assessment, mental health services, faculty support, digital access, employment conditions and institutional leadership.

V. Recommendations

Trauma-informed principles should be integrated into everyday policy and practice at higher education institutions, and not only be brought into use during moments of emergency. Psychological safety, predictability, flexibility and cultural responsiveness should guide curriculum design, assessment, teaching and support for students and employees.

We must maintain high academic standards, but allow for responsible change. Universities can coordinate deadlines between courses, diversify assessment methods, set realistic workloads, and implement temporary academic pauses during periods of severe disruption. These measures recognize that illness, care giving, financial hardship, and limited access to technology may constrain participation, without assuming that the students it affects are less capable or committed.

Faculty development should provide practical guidance on identifying distress, responding safely, maintaining appropriate boundaries and fostering supportive classrooms. Relational practices such as kamustahan (informal checking in), mentoring, effective communication, and constructive criticism can cultivate students' sense of belonging while reinforcing the professional role of the educator.

Mental health systems should cater for the whole university community. Counseling services should be linked with easily accessible referral systems, psychological first aid, crisis protocols, peer-support systems, psycho-educational programs, and wellness programs for faculty and staff. In cases of extreme distress or suicidal thoughts, students and staff should be referred to appropriate mental health professionals immediately.

Universities also should respond to the structural pressures documented in the study. These include: improved access to internet and technology; equal access to learning resources; review of student and faculty workloads; reduction of unnecessary administrative workload; timely compensation; and increased job security.

Guided journaling and self-narrative activities are examples of optional reflective practices that can complement student support and online learning. Use of these tools should be voluntary, culturally appropriate, and accompanied by clear safeguards for privacy, emotional safety, and referral when difficult disclosures arise.

Future research should look at trauma-informed interventions in various institutions, disciplines, and populations. Longitudinal and intervention studies could investigate how much flexible assessment, relational teaching, peer support, faculty wellness programs, and expanded mental health services lead to long-term benefits in well-being, engagement, retention, and learning outcomes.

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