

Fukushima and Beyond: Teaching Trauma Survivors

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Increasingly, many English learners come to the classroom with a history of trauma, which can impact on learning and behaviour. In this paper I examine posttraumatic stress disorder (PTSD) and English language learning within the context of the triple disaster in Tohoku in 2011. Now, after more than 5 years, Japan is still dealing with the psychological effects of the earthquake, tsunami, and nuclear disaster. This paper is aimed at raising awareness of traumatised learners and providing practical solutions for creating a learning environment in which all students can flourish.

心的外傷の既往歴を持つ英語学習者が次第に多くなりつつあるが、このことは学びや学習態度に影響を及ぼす可能性がある。本論文は、2011年に発生した東日本大震災における心的外傷後ストレス障害 (PTSD) をもつ学習者による英語学習を分析する。すでに5年以上経った後も、日本は地震、津波、および原子力事故による心理的影響に依然として直面している。本論文は、心的外傷を持つ学習者に対する認識を高め、あらゆる学習者が活躍できる学習環境の整備に向けた現実的な解決策を提供することを目的とする。

Adult language learners who have suffered significant trauma are an often hidden and underserved group. Recently there has been a growing body of research regarding the cognitive and affective impact of posttraumatic stress disorder (PTSD) on second and foreign language learning as well as literature within the field of TESOL about providing practical solutions for teachers. In an international context, most literature about teaching traumatised English language learners (ELLs) is concerned with refugees and other survivors of war, terrorism, and human rights abuses. However, there is a dearth of literature specifically dealing with English language learning by survivors of Japan's triple disasters of 2011.

As has been widely documented, on March 11, 2011, a 9.0 magnitude earthquake struck northeastern Honshu, triggering a massive tsunami and serious nuclear disaster. The triple disaster (hereinafter referred to as 3/11) was unprecedented. The tsunami took the lives of approximately 18,000 people and together with the nuclear disaster, rendered 500,000 homeless (Wooldridge, 2011). Survivors experienced “intense fear, horror and helplessness” (Tsujiuchi et al., 2016, p. 10), which are considered classic hallmarks of trauma. The most widely accepted definition of PTSD is that of the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders 5* (DSM-5), which identifies the trigger to PTSD as exposure to “actual or threatened death, serious injury or sexual violation” resulting in four clusters of symptoms: “re-experiencing, avoidance, negative cognitions and mood, and arousal” (American Psychiatric Association, 2013).

The research leading to this paper was initially motivated by my personal experience of living and teaching in coastal Fukushima at the time of the disasters and in the several months following. My own subsequent PTSD and ways in which it transformed my teaching also informed the research. This led to a heightened sensitivity to my students' various traumatic backgrounds and a desire to serve them in a way that would allow them to learn rather than to shut down and disengage. English language teachers worldwide are often woefully unprepared for the reality of traumatised learners and the barriers to learning that trauma can present (MacNevin, 2012; Munter, McKinley, & Sarabia, 2012; Nelson & Appleby, 2015; Stone, 1995). Despite the fact that today's English as a second or other language (ESOL) classrooms are likely to contain survivors of trauma, we as educators are hamstrung by a lack of teacher training in trauma-informed pedagogy. This paper, therefore, is an attempt to open a conversation and raise awareness about the widespread, long-term trauma caused by 3/11 and the implications for English language learning and teaching in Japan.

Theoretical Framework

In this paper I take a sociocultural perspective of PTSD and traumatised learners, who are “not psychiatrically disabled, but normal people who have survived abnormal, horrible circumstances” and whose symptoms can “be seen as reactions, or ways of coping with the immense stress they experienced” (Adkins, Birman, Sample, Brod, & Silver, 1998, p. 14). As opposed to the pathologised model of mental illness that frames PTSD as an individual deficit located within the medical realm, the sociocultural model recognises that the posttraumatic social context plays a key role in the long-term prognosis of PTSD (Maercker & Hecker, 2016; Silove, 2013). As discussed below, the 3/11 disasters uprooted survivors and dissolved communities, causing a “shrinking of human networks and social ties” (Tsujiuchi, 2015, p. 4). According to sociocultural perspectives of PTSD, it is these very networks and ties that need to be rebuilt if there is to be any real and long-lasting “communal mental health and psychosocial recovery” (Silove, 2013, p. 237). Just as PTSD occurs within a social context, teaching and learning—except in the case of the pure autodidact—are inherently social. Teachers and learners must interact and negotiate meaning. Therefore, the learning environment is inescapably a part of the larger social framework in which PTSD can be curtailed or exacerbated.

Rationale for Trauma-Informed English as a Foreign Language Teaching in Japan

It is beyond the role and professional expertise of English language educators to diagnose and treat PTSD. However, there are practical, ethical, and pedagogical imperatives for EFL teachers and curriculum planners to take a trauma-informed approach to education. Given the large numbers of people traumatised by 3/11 and the inadequacy of mental health responses to date, the likelihood of having traumatised learners in any given English language classroom is high. “If we do not recognize that trauma issues are present in the classroom, and that instructors’ actions can help or hinder learners’ processes, we leave learners and educators isolated and unsupported” (Horsman, 2004, p. 5).

Learning objectives cannot be fulfilled if the learning environment—materials, content, and teaching methods—forms a barrier that shuts out the traumatised student. Furthermore, “teaching approaches that are sensitive to the needs of the trauma-affected comprise instructional practice for all learners; and . . . artful acts of instruction in themselves can be therapeutic and build resilience in all language learners” (Medley, 2012, p. 112).

Scale of Psychological Distress Post-3/11

The perceived stoicism of the Japanese people may have led initially to both survivors and authorities downplaying the psychological effects of 3/11. “It is a bitter irony that the forbearance of the people of Fukushima has been camouflaging underlying problems of traumatization and re-traumatization amongst survivors” (Kayoko, Hanani, Ishikawa, Sasaki, & Ogimoto, 2013, p. 5). This forbearance in turn

may have misled the government, who failed to recognize properly the importance of providing mental health care for victims. It now seems that the government denies the seriousness of mental health problems in specific stricken areas in East Japan, Miyagi, Fukushima, and Iwate prefectures. The expectation that the government should take the lead in providing mental health care and treatment has faded away and turned to deep disappointment. (Kayoko et al., 2013, p. 2)

The lack of centralised mental care coordination has led to confusion and inconsistency in services (Yamashita & Shigemura, 2013), with “no systematic action for prevention and treatment of PTSD” (Kayoko et al., 2013, p. 1). Delivery of mental health care was also hampered in the immediate wake of the disaster by logistical issues related to the destruction of infrastructure, lack of specialised personnel, and inaccessibility of the disaster zone (Fukunaga & Kumakawa, 2015; Suzuki & Kim, 2012). Furthermore, traditional methods of treatment have proved inadequate for the unprecedented scope and complexity of the 3/11 disasters (Kayoko et al., 2013).

Now, more than 5 years after 3/11, a bleak picture of the true psychological repercussions is emerging. Research indicates that since 3/11 the Tohoku region has seen an increase in suicide rates (Ohto, Maeda, Yabe, Yasumura, & Bromet, 2015), domestic violence, child abuse (Kayoko et al., 2013), anxiety, depression, alcohol abuse (Kanehara et al., 2016; Ueda et al., 2016), and severe traumatic problems including PTSD. The exact rates of the latter condition are unknown, partially due to cultural and regional stigma attached to seeking psychological or psychiatric help (Kayoko et al., 2013; Matsumoto, Sakuma, Ueda, Nagao, & Takahashi, 2016). However, “data following the Fukushima disaster shows severe psychological distress among the victims” (Tsujiuchi, 2015, p. 5).

Populations at High Risk of PTSD Post-3/11

The two groups evaluated to have the highest scores for probable PTSD are evacuees, both forced and so-called voluntary evacuees (Tsujiuchi, 2015). These internal refugees, who numbered almost 100,000 as of January 2016 (Flores, 2016), have higher levels of PTSD than 3/11 survivors who are still in Fukushima Prefecture (Kunii et al., 2016; Oe

et al., 2016). Not only have they suffered loss of jobs and home, but disparities and delays in compensation and reparation have exacerbated their distress (Tsujiuchi, 2015). The evacuees, “mentally weakened from thinking all day about whether they will or will not return to their hometowns” (Flores, 2016, para. 15), may not be able to return for at least 20 years (Tsujiuchi et al., 2016). As a result, “the sustaining bonds between individuals and community” have been shattered (Tsujiuchi et al., 2016, p. 11), with a separation of families and networks, a lack of social support in new communities, and discrimination caused by radiation stigma (Tsujiuchi, 2015). Such stigma, which has led to highly publicised accounts of bullying and harassment as recently as 2016 (“Fukushima Evacuee Bullied” 2016), is “pushing [evacuees] to hide their real origin in the neighbourhood” (Tsujiuchi, 2015, p. 4). Crucially, this means that teachers will often not know whether or not they have disaster evacuees amongst their students.

However, it is not only evacuees who are at high risk of PTSD. Other groups include those who were involved in postdisaster recovery, such as emergency workers, health care workers, and volunteers (Matsumoto et al., 2016); Fukushima nuclear power plant workers (Tanisho et al., 2016); children (Matsumoto et al., 2016); women (Oe et al., 2016), particularly mothers of young children (Tsujiuchi et al., 2016); and descendants of Hiroshima or Nagasaki survivors (Palgi et al., 2012). Moreover, people all over Japan have experienced vicarious trauma, possibly from media coverage of 3/11 (Ishikawa et al., 2015). Therefore, this is not just a Tohoku problem, but one that reaches across Japan.

Impact of PTSD on the English Language Learner

It has been well documented in the psychiatric and neuropsychology literature that PTSD negatively impacts cognition, including verbal learning, concentration, and memory (see, e.g., Brandes et al., 2002; Bustamante, Mellman, David, & Fins, 2001; Jelinek et al., 2006; Johnsen & Asbjornsen, 2009; Lindauer, Olf, van Meijel, Carlier, & Gersons, 2006; Vasterling et al., 2002) and impedes the speed of second language acquisition (Theorell & Sondergaard, 2004). Conversely but not contradictorily, increased memory function and brain activity is shown for stimuli specific to the trauma (Bryant & Harvey, 1995; Thrasher, Dagleish, & Yule, 1994). This is particularly relevant for English teaching and learning, as many ESOL teaching textbooks contain units on natural and man-made disasters; materials that remind survivors of the original trauma can act as a trigger for cognitive interference, with “measurable disturbances in normal attention and attendant recall” (Wolfe & Schlesinger, 1997, p. 210).

In addition, PTSD has impacts on mood and behaviour that can be misunderstood by the non-trauma-informed teacher. The person with PTSD is typically hypervigilant

with a strong startle response (Herman, 1997). This can lead to panic attacks and “fight or flight” behaviour. PTSD is also known to cause mistrust (Silove, 2013). Although the research literature on PTSD sometimes characterises human-caused trauma as more likely than natural disasters to elicit an erosion of trust and sense of safety (Durish, 2012), it can be argued that natural disasters undermine these on an even more fundamental level. “The earth that had [been] assumed to be firm ground moved unsteadily, and the ocean that used to produce food to support their lives assaulted them” (Saito, Ohmura, Higuchi, & Sato, 2015, p. 251). In any case, as 3/11 was both a natural and man-made disaster, Japanese nationwide also suffered a massive loss of trust in their government and institutions (Uslaner & Yamamura, 2016).

Other symptoms of PTSD include withdrawal and disassociation (Herman, 1997), which can be misinterpreted as lack of interest in the class or an unwillingness to interact. PTSD can also cause insomnia, leading students to sleep in class, as well as a host of somatised symptoms such as headaches and other physical ailments, causing absenteeism. Other effects of PTSD pertinent to the ESOL classroom include a lack of confidence and difficulty with starting new tasks and goal setting (Horsman, 2004). However, “we cannot fall into the trap of suggesting that learners can go away and ‘heal’ from the trauma and come back to class when they are ready to learn” (Horsman, 1998, p. 1). Instead, educators need to reflect on and change their pedagogy when necessary so that they can better support traumatised students in their learning.

The Trauma-Informed Classroom: Allowing Learners to Flourish

As memory and the ability to focus can be affected by PTSD, scaffolding and repetition of material are particularly important in the trauma-informed classroom (Finn, 2010). Fortunately, these are a key part of most ESOL classrooms. Nevertheless, teachers should be cognizant of the fact that traumatised learners may have extra difficulty remembering and comprehending information due to PTSD-related memory impairment and not as a “result of a lack of preparation for class” (Finn, 2010, p. 593). Hence, extra patience and the ability to motivate may be required (Finn, 2010). In addition to providing extra cognitive support, the trauma-informed classroom offers a nonthreatening, supportive environment for all learners, using material that will not cause a resurgence of PTSD symptoms. This does not mean a lowering of standards (Brunzell, Stokes, & Waters, 2016) or a forced atmosphere of positivity and false jollity in which no negative emotion is permitted. Rather, it means providing a safe space for learners to engage with the English language, their teacher, and classmates.

Teaching Materials and Lesson Content

As referred to above, many ESOL textbooks—especially reading texts for tertiary students and adult learners—contain units that focus on natural disasters, life-threatening situations, and other “stories of survival.” Similarly, a cursory Internet search of the exact terms “ESL OR EFL textbooks and disasters” using Google yields about 1,130,000 results. To take a random example from these results, the *Teaching English* website run by the BBC and international organisation British Council (which, among other TESOL-related services, provides assistant language teachers for Japanese schools; British Council, n.d.) introduces the topic as follows:

Natural disasters are constantly in the news and provide a good topic of conversation for your students, as they will all have some knowledge of the subject. Depending on where in the world you are teaching you can use events that are closer to the students’ countries as a talking point. Obviously, if you are living very close to the location of a recent natural disaster you’ll need to be extra sensitive to your students’ feelings. (Budden, 2009, para. 1)

The perfunctory warning recognises that this may not be an appropriate topic, and yet the rationale provided for the lesson is simply newsworthiness and student knowledge. The lesson aims are stated as “To review vocabulary related to weather and natural disasters; To practise reading skills; To practise question formation; To develop process writing skills; To develop speaking skills through a debate” (Budden, 2009, para. 4).

The question that teachers and curriculum planners need to consider above all is, *what are the English language learning goals of this lesson?* With regards to the example above, all the goals except the first one could easily be achieved via a vast range of other material. Whether learners need vocabulary related to natural disasters depends on the specific aims of the English learning course. In an English for specific purposes (ESP) course, engineers and scientists within the field of seismology would of course require these terms. However, in a general EFL teaching situation, there is dubious benefit to be gained from teaching English vocabulary for disaster preparation or recovery. (In contrast, this vocabulary would be highly useful for the learner of Japanese as a second language.) The primary justifications for choosing topics and materials should be pedagogical value and level appropriateness as well as interest value. However, when judging the latter, attention should also be paid to the wider purpose of materials we are asking students to read, listen to, discuss, and write about. General English teaching materials that focus on disasters and life-threatening situations can well descend into voyeurism, amounting to little more than “disaster porn.” For ELLs who have experienced the trauma of these events, it is highly doubtful that being confronted with them in class will have any positive English learning value.

Although teachers are advised to avoid materials that could trigger PTSD symptoms, the trauma-informed classroom is not about censorship. Students should have opportunities to share life experiences if they elect to do so and should also be allowed to choose their disclosure level (Isserlis, 2000). The challenge for teachers is to balance the need to listen to students’ stories with the necessity to avoid retraumatisation. As a general rule, students should not be exposed involuntarily and unexpectedly to lesson content that could recall the original trauma (Stone, 1995).

In place of trigger materials, teachers can provide lesson content that focuses on building resilience. Stress management techniques applied in a “nonpathologising framework” are a key part of PTSD recovery (Silove, 2013, p. 241), and as a content area, units on health, wellbeing, and stress management are recommended in the TESOL and trauma literature (Duignan, 2010; Gordon, 2015; Medley, 2012). Although the classroom is not therapy, study materials that integrate the themes of health, wellbeing, and stress management can benefit students whilst fulfilling pedagogical aims (Baik et al., 2016).

Classroom Interactions

For trauma-affected communities to recover, Silove (2013) proposed the adaptation and development after persecution and trauma (ADAPT) model, in which it is argued that it is necessary to restore five pillars critical for mental health: safety/security, bonds/networks, justice, roles and identities, and existential meaning. Although the ADAPT model was not specifically designed for the ESOL classroom, its principles align closely with existing literature on creating a trauma-informed teaching and learning environment. The final sections of this paper are focused on how the first four pillars—safety, bonds, justice, and roles—in particular can guide interactions in the classroom.

Safety and Stability

As discussed, people with PTSD have suffered a loss of trust and therefore it is necessary to restore “safety, stability and predictability” (Silove, 2013, p. 241). For traumatised learners, having the classroom as a place of safety, structure, and predictability is crucial (Cole, Eisner, Gregory, & Ristuccia, 2013; Durish, 2012; Isserlis, 2000; Perry, 2006). Fortunately, many ESOL “teachers have a repertoire of strategies such as cooperative learning, which engender an atmosphere of trust in classrooms” (Stone, 1995, p. 53). Other strategies include providing supportive feedback and making sure students feel emotionally and academically safe to make mistakes and take risks in trying out new language (Cole et al., 2013; Stone, 1995). Pair- and small-group work give students the opportunity to try

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out their answers in a nonintimidating environment, allowing them to experiment, gain confidence, and self-correct before “performing.” Overall, the emotionally safe classroom is “relaxed, low-anxiety, fun, carefully paced, respectful of differences, and encouraging to all students” (Lucey et al., 2000, p. 10).

Fostering a sense of safety also means not forcing interaction. In the Western communicative model of language teaching that predominates in Japanese conversation schools, learners are strongly encouraged to interact vocally at all times. However, even having to speak in class can trigger anxiety and other PTSD symptoms (Durish, 2012). Giving learners the freedom and power to interact at their own pace restores a sense of control and safety. Teachers who allow students to take “time out” of class—either physically or mentally—are providing a safe space (Kerka, 2002).

Bonds and Networks

Restoration of interpersonal bonds and networks is seen as integral to overcoming PTSD (Silove, 2013). Therefore, classroom practices could include building bonds between teacher and learners as well as between students. The learner-centred classroom allows students to develop bonds with one another through interaction (Finn, 2010; Isserlis, 2000), but in many ESOL classrooms it is common practice to make students constantly change speaking partners. However, disrupting already established bonds has no apparent benefit to the learning process. When possible, and especially in a larger class, students should be allowed to strengthen existing bonds and work in pairs and small groups that allow comfort and compatibility. Within the bounds of professional ethics, teachers and students should also be allowed to form bonds, with the teacher as a trusted and consistent presence (Finn, 2010) who relates with caring and compassion (Durish, 2012; Munter et al., 2012). Although, as previously noted, the English teacher is not a therapist, it is “unavoidable that teachers are seen by students as a very important social resource” (Duignan, 2010, p. 5). The social support offered by teachers can be as simple as showing respect, kindness, and the willingness to listen (Adkins et al., 1998). This can mean going “off script,” but the ESOL teacher should not be reduced to automaton, infinitely replaceable with a cast of interchangeable colleagues.

Justice

To overcome PTSD, it is necessary for a society to cultivate “a culture of justice and human rights that afford[s] survivors and their communities a sense of acknowledgement, dignity, respect and empowerment” (Silove, 2013, p. 243). Although 3/11 was initially a

natural disaster, the nuclear meltdown at Fukushima Daiichi Power Plant and the subsequent evacuations have led to “structural violence” or institutional harm towards victims (Tsujiuchi, 2015, p. 6). It is therefore imperative to make sure that learners are treated fairly within the classroom. Fairness sometimes equates to equity rather than equality; that is, “levelling the playing field” rather than treating everybody the same. In a practical sense, this means recognising when a student is struggling and responding with extra time, encouragement, or scaffolding on a task. Additionally, giving learners input into class rules and expectations is important, as is giving them an opportunity to voice their expectations of the teacher and the lessons. Actively promoting an antibullying climate can also foster a sense of justice and fairness in educational settings (Yohani, 2015).

Roles and Identities

Especially for survivors whose trauma involved displacement, such as Fukushima evacuees, identity and roles are severely disrupted (Silove, 2013). Furthermore, “marginalisation, prejudice and discrimination within settings of displacement” add to the trauma survivors’ mental health burden, leading to disengagement and alienation (Silove, 2013, p. 243). As we have seen, Fukushima evacuees across Japan continue to face harassment and discrimination because of radiation fears. In the face of such disrupted identities, the role of classmate can also be valuable, as it “identifies a person as a member of a group with a shared goal” (Lucey et al., 2000). Therefore, it is important to give learners a feeling of belonging and empowerment in the classroom. Teachers are advised to give students some choice in lesson content, aims, and even teaching methods when possible (Duignan, 2010; Lucey et al., 2000; Nelson & Appleby, 2015) so that learners do not have merely passive roles.

Students should also be enabled to express and value identities they have outside the classroom and to recognise the worth of their lived experiences. “Pointing out individuals’ strengths sets the stage for survivors to make choices to seek positive social support and engage in advocacy” (Hoover, Luchner, & Pickett, 2016, p. 156). Similarly, teachers should take a strength-based approach to students’ roles as English language learners by validating their strong suits and focusing on incremental improvements and achievements. “Hollow promises, such as *you can do it!* aren’t helpful; concrete indications are: *Look. Last week you wrote a paragraph; this week you’ve completed two pages. Do you see the progress you’ve made with your use of punctuation?*” (Isserlis, 2009, p. 44).

Conclusion

Teaching traumatised learners is a challenge that increasingly every ESOL teacher will face, knowingly or otherwise. Because of its prolonged period of peace, relatively low crime rate, and a culture that frowns on outward displays of emotion, Japan is often overlooked as a site for traumatised populations. However, the complex disasters of 3/11 and their aftermath act as a powerful reminder that Japan has a history of large-scale disasters and subsequent trauma. The English language classroom is not a place where learners can simply cast aside their outside lives, but it can be a safe space where all students—whether coping with PTSD or not—can benefit from trauma-informed teaching and learn from a position of inclusiveness, security, and strength. Currently there is insufficient research regarding English language learners in Japan who are suffering PTSD post-3/11. Further investigation is warranted, particularly that which privileges the voices of learners themselves. That the majority of literature in the field of TESOL and PTSD does not record the perspectives of learners is a serious shortcoming that disempowers traumatised learners by excluding them as experts in their own learning. I am currently undertaking doctoral research that puts these students' experiences and opinions at the forefront. Further enquiry is also needed into how teachers can fulfil the need to be trauma-informed and compassionate without risking burnout and vicarious traumatisation. It is hoped that future research directions will continue to build practical knowledge so that traumatised students in the English language classroom—and their teachers—can thrive.

Bio Data

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References

- Adkins, M. A., Birman, D., Sample, B., Brod, S., & Silver, M. (1998). *Cultural adjustment and mental health: The role of the ESL teacher*. Wheat Ridge, CO.: Spring Institute for International Studies.
- American Psychiatric Association. (2013). *Posttraumatic stress disorder* [Fact sheet]. Retrieved from <https://www.psychiatry.org/psychiatrists/practice/dsm/educational-resources/dsm-5-fact-sheets>
- Baik, C., Lacombe, W., Brooker, A., Wyn, J., Allen, L., Brett, M., . . . James, R. (2016). *A framework for promoting student mental wellbeing in universities* [Brochure]. Retrieved from http://unistudentwellbeing.edu.au/wp-content/uploads/2016/11/MCSHE-Student-Wellbeing-Framework_FINAL.pdf
- Brandes, D., Ben-Schachar, G., Gilboa, A., Bonne, O., Freedman, S., & Shalev, A. (2002). PTSD symptoms and cognitive performance in recent trauma survivors. *Psychiatry Research, 110*, 231-238.
- British Council. (n.d.). *Where can I go?* Retrieved from <https://www.britishcouncil.org/study-work-create/where-to-go>
- Brunzell, T., Stokes, H., & Waters, L. (2016). Trauma-informed positive education: Using positive psychology to strengthen vulnerable students. *Contemporary School Psychology, 20*(1), 63-83. <https://doi.org/10.1007/s40688-015-0070-x>
- Bryant, R. A., & Harvey, A. G. (1995). Processing threatening information in posttraumatic stress disorder. *Journal of Abnormal Psychology, 104*, 537-541.
- Budden, J. (2009). *Natural disasters*. Retrieved from <https://www.teachingenglish.org.uk/article/natural-disasters>
- Bustamante, V., Mellman, T. A., David, D., & Fins, A. I. (2001). Cognitive functioning and the early development of PTSD. *Journal of Traumatic Stress, 14*, 791. <https://doi.org/10.1023/A:1013050423901>
- Cole, S. F., Eisner, A., Gregory, M., & Ristuccia, J. (2013). Helping traumatized children learn: Creating and advocating for trauma-sensitive schools. In W. Steele (Ed.), *Optimizing learning outcomes: Proven brain-centric, trauma-sensitive practices* [Kindle version]. Retrieved from <https://www.amazon.com/>
- Duignan, J. (2010). *Past tense: Curriculum and professional development issues in working with torture and trauma survivors*. Retrieved from http://www.ameprc.mq.edu.au/docs/feature_spots/Jonathan_Duignan.pdf
- Durish, P. (2012). War, trauma, and learning: Staying present in the classroom. In S. Mojab (Ed.), *Women, war, violence and learning* (pp.133-148). London, England: Routledge.
- Finn, H. B. (2010). Overcoming barriers: Adult refugee trauma survivors in a learning community. *TESOL Quarterly, 44*, 586-596.
- Flores, S. (2016, March 9). Five years on, Fukushima evacuees voice lingering anger, fear and distrust. *The Japan Times*. Retrieved from <http://www.japantimes.co.jp/community/2016/03/09/voices/five-years-fukushima-evacuees-voice-lingering-anger-fear-distrust/#.WUYUaBOGP64>
- Fukunaga, H., & Kumakawa, H. (2015). Mental health crisis in Northeast Fukushima after the 2011 earthquake, tsunami and nuclear disaster. *The Tohoku Journal of Experimental Medicine, 237*, 41-43.

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- Fukushima evacuee bullied by Yokohama classmates issues appeal against suicide. (2016, November 24). *The Japan Times*. Retrieved from <http://www.japantimes.co.jp/news/2016/11/24/national/social-issues/fukushima-evacuee-bullied-yokohama-classmates-issues-appeal-suicide/#.WUYU1hOGP64>
- Gordon, D. (2011). Trauma and second language learning among Laotian refugees. *Journal of Southeast Asian American Education and Advancement*, 6(1), article 13. <https://doi.org/10.7771/2153-8999.1029>
- Herman, J. L. (1997). *Trauma and recovery: The aftermath of violence—From domestic abuse to political terror*. Philadelphia, PA: Basic Books.
- Hoover, S. M., Luchner, A. F., & Pickett, R. F. (2016). Nonpathologizing trauma interventions in abnormal psychology courses. *Journal of Trauma & Dissociation*, 17, 151-164. <https://doi.org/10.1080/15299732.2016.1103109>
- Horsman, J. (1998). But I'm not a therapist! The challenge of creating effective literacy learning for survivors of trauma. In S. Shore (Ed.), *Australian Council for Adult Literacy 21st national conference: Literacy on the line*. Adelaide, Australia.
- Horsman, J. (2004). But is it education? The challenge of creating effective learning for survivors of trauma. *Women's Studies Quarterly*, 32(1), 130-146.
- Ishikawa, S., Motoya, R., Sasagawa, S., Takahashi, T., Okajima, I., Takeishi, Y., & Essau, C. A. (2015). Mental health problems among undergraduates in Fukushima, Tokyo, and Kyoto after the March 11 Tohoku Earthquake. *The Tohoku Journal of Experimental Medicine*, 236, 115-122. <https://doi.org/10.1620/tjem.236.115>
- Isserlis, J. (2000). *Trauma and the adult English language learner*. [ERIC Digest]. Retrieved from [https://eric.ed.gov. \(ED444397\)](https://eric.ed.gov. (ED444397))
- Isserlis, J. (2009). Trauma and learning—What do we know, what can we learn? In *Low educated second language and literacy acquisition: Proceedings of the 5th Symposium*, (pp. 42-51).
- Jelinek, L., Jacobsen, D., Kellner, M., Larbig, F., Biesold, K. H., Barre, K., & Moritz, S. (2006). Verbal and nonverbal memory functioning in posttraumatic stress disorder (PTSD). *Journal of Clinical and Experimental Neuropsychology*, 28, 940-948. <http://doi.org/10.1080/13803390591004347>
- Johnsen, G. E., & Asbjornsen, A. E. (2009). Verbal learning and memory impairments in posttraumatic stress disorder: The role of encoding strategies. *Psychiatry Research*, 165, 68-77. <https://doi.org/10.1016/j.psychres.2008.01.001>
- Kanehara, A., Ando, S., Araki, T., Usami, S., Kuwabara, H., Kano, Y., & Kasai, K. (2016). Trends in psychological distress and alcoholism after The Great East Japan Earthquake of 2011. *SSM-Population Health*, 2, 807-812.
- Kayoko, H., Hanani, T., Ishikawa, Y., Sasaki, H., & Ogimoto, K. (2013). Struggling with the fourth disaster in East Japan. <https://doi.org/10.3280/FORU2013-006009>
- Kerka, S. (2002). *Trauma and adult learning*. [ERIC Digest], Retrieved from [https://eric.ed.gov. \(ED472601\)](https://eric.ed.gov. (ED472601))
- Kunii, Y., Suzuki, Y., Shiga, T., Yabe, H., Yasumura, S., Maeda, M., . . . Abe, M. (2016). Severe psychological distress of evacuees in evacuation zone caused by the Fukushima Daiichi nuclear power plant accident: The Fukushima health management survey. *PLoS ONE*, 11(7), e0158821. <https://doi.org/10.1371/journal.pone.0158821>
- Lindauer, R. J., Olf, M., van Meijel, E. P., Carlier, I. V., & Gersons, B. P. (2006). Cortisol, learning, memory, and attention in relation to smaller hippocampal volume in police officers with posttraumatic stress disorder. *Biological Psychiatry*, 59, 171-177. <https://doi.org/10.1016/j.biopsych.2005.06.033>
- Lucey, M., Chaffee, M., Terry, D., Le Marbre, J., Stone, B., & Wiencek, D. (2000). *Mental health and the ESL classroom: A guide for teachers working with refugees*. Boston, MA: International Institute of Boston.
- MacNevin, J. (2012). Learning the way: Teaching and learning with and for youth from refugee backgrounds on Prince Edward Island. *Canadian Journal of Education*, 35(3), 48-63.
- Maercker, A., & Hecker, T. (2016). Broadening perspectives on trauma and recovery: A socio-interpersonal view of PTSD. *European Journal of Psychotraumatology*, 7. <https://doi.org/10.3402/ejpt.v7.29303>
- Matsumoto, K., Sakuma, A., Ueda, I., Nagao, A., & Takahashi, Y. (2016). Psychological trauma after the Great East Japan Earthquake. *Psychiatry and Clinical Neurosciences*, 70, 318-331. <https://doi.org/10.1111/pcn.12403>
- Medley, M. (2012). A role for English language teachers in trauma healing. *TESOL Journal*, 3, 110-125. <https://doi.org/10.1002/tesj.6>
- Munter, J., McKinley, L., & Sarabia, K. (2012). Classroom of hope: The voice of one courageous teacher on the US-Mexico border. *Journal of Peace Education*, 9, 49-64. <https://doi.org/10.1080/17400201.2012.657616>
- Nelson, C. D., & Appleby, R. (2015). Conflict, militarization, and their after-effects: Key challenges for TESOL. *TESOL Quarterly*, 49, 309-332. <https://doi.org/10.1002/tesq.187>
- Oe, M., Fujii, S., Maeda, M., Nagai, M., Harigane, M., Miura, I., . . . Suzuki, Y. (2016). Three-year trend survey of psychological distress, posttraumatic stress, and problem drinking among residents in the evacuation zone after the Fukushima Daiichi Nuclear Power Plant accident [The Fukushima Health Management Survey]. *Psychiatry and Clinical Neurosciences*, 70, 245-252. <https://doi.org/10.1111/pcn.12387>
- Ohto, H., Maeda, M., Yabe, H., Yasumura, S., & Bromet, E. E. (2015). Suicide rates in the aftermath of the 2011 earthquake in Japan. *The Lancet*, 385(9979), 1727. [https://doi.org/10.1016/S0140-6736\(15\)60890-X](https://doi.org/10.1016/S0140-6736(15)60890-X)

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- Palgi, Y., Ben-Ezra, M., Aviel, O., Dubiner, Y., Baruch, E., Soffer, Y., & Shrira, A. (2012). Mental health and disaster related attitudes among Japanese after the 2011 Fukushima nuclear disaster. *Journal of Psychiatric Research, 46*, 688-690.
- Perry, B. D. (2006). Fear and learning: Trauma-related factors in the adult education process. *New Directions for Adult and Continuing Education, 2006*(110), 21-27. <https://doi.org/10.1002/ace.215>
- Saito, C., Ohmura, T., Higuchi, H., & Sato, S. (2015). Psychological practices and religiosity (shukyosei) of people in communities affected by the Great East Japan earthquake and tsunami. *Pastoral Psychology, 65*, 239-253. <https://doi.org/10.1007/s11089-015-0685-x>
- Silove, D. (2013). The ADAPT model: A conceptual framework for mental health and psychosocial programming in post conflict settings. *Intervention, 11*, 237-248.
- Stone, N. (1995). Teaching ESL to survivors of trauma. *Prospect, 10*(3), 49-58.
- Suzuki, Y., & Kim, Y. (2012). The great east Japan earthquake in 2011; toward sustainable mental health care system. *Epidemiology and Psychiatric Sciences, 21*, 7-11.
- Tanisho, Y., Shigemura, J., Kubota, K., Tanigawa, T., Bromet, E., Takahashi, S., . . . Harada, N. (2016). The longitudinal mental health impact of Fukushima nuclear disaster exposures and public criticism among power plant workers: the Fukushima NEWS Project study. *Psychological Medicine, 1*(15), 1-9. <https://doi.org/10.1017/S003329171600194X>
- Theorell, T., & Söndergaard, H. P. (2004). Language acquisition in relation to cumulative posttraumatic stress disorder symptom load over time in a sample of resettled refugees. *Psychotherapy and Psychosomatics, 73*, 320-323. <https://doi.org/10.1159/000078849>
- Thrasher, S., Dagleish, T., & Yule, W. (1994). Information processing in posttraumatic stress disorder. *Behaviour Research and Therapy, 32*, 247-254.
- Tsujiuchi, T. (2015). *Mental health impact of the Fukushima nuclear disaster: Posttraumatic stress and psycho-socio-economic factors* (Fukushima Global Communication Programme Working Paper Series No. 8). Tokyo: United Nations University. Retrieved from <http://i.unu.edu/media/fgc.unu.edu-en/page/922/FGC-WP-8-FINAL.pdf>
- Tsujiuchi, T., Yamaguchi, M., Masuda, K., Tsuchida, M., Inomata, T., Kumano, H., . . . Mollica, R. F. (2016). High prevalence of posttraumatic stress symptoms in relation to social factors in affected population one year after the Fukushima nuclear disaster. *PLoS ONE, 11*(3), e0151807. <https://doi.org/10.1371/journal.pone.0151807>
- Ueda, Y., Yabe, H., Maeda, M., Ohira, T., Fujii, S., Niwa, S., . . . Yasumura, S. (2016). Drinking behavior and mental illness among evacuees in Fukushima following the Great East Japan Earthquake: The Fukushima health management survey. *Alcoholism: Clinical and Experimental Research, 40*, 623-630. <https://doi.org/10.1111/acer.12984>
- Uslaner, E. & Yamamura, E. (2016). *Disaster and political trust: The Japan tsunami and earthquake of 2011*. Retrieved from <https://mpra.ub.uni-muenchen.de/70527/>
- Vasterling, J. J., Duke, L. M., Brailey, K., Constans, J. I., Allain, A. N. J., & Sutker, P. B. (2002). Attention, learning, and memory performances and intellectual resources in Vietnam veterans: PTSD and no disorder comparisons. *Neuropsychology, 16*, 5-14. <https://doi.org/10.1037/0894-4105.16.1.5>
- Wolfe, J., & Schlesinger, L. K. (1997). Performance of PTSD patients on standard tests of memory. *Annals of the New York Academy of Sciences, 821*, 208-218. <https://doi.org/10.1111/j.1749-6632.1997.tb48280.x>
- Wooldridge, M. (2011, March 15). More than 500,000 people have been made homeless in Japan. *BBC News*. Retrieved from <http://www.bbc.com>
- Yamashita, J., & Shigemura, J. (2013). The Great East Japan Earthquake, tsunami, and Fukushima daiichi nuclear power plant accident: A triple disaster affecting the mental health of the country. *Psychiatric Clinics of North America, 36*, 351-370.
- Yohani, S. (2015). Applying the ADAPT psychosocial model to war-affected children and adolescents. *SAGE Open, 5*(3), 1-18. <https://doi.org/10.1177/2158244015604189>