

‘Right, I can do this now’. Community based adult learning, health and well-being

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Abstract

This article explores the experiences of participants in community based adult learning (CBAL) in relation to health and well-being. It draws on data from a small-scale life history study undertaken with 10 adult learners in two local authority areas in Scotland. The article concludes that, for some learners, participation in CBAL had contributed to a sense of well-being and was seen by them as supporting their capacity to cope with ill-health. In addition, it is suggested that community based adult learning can play a role in the recovery from mental ill-health and depression.

Introduction

This paper reports on research that explored the experiences of a small group of adults who had participated in community based adult learning (CBAL) in Scotland. It presents the learners’ accounts of their participation in relation to issues of physical and mental health, and discusses the potential for CBAL to contribute to learners’ overall sense of well-being.

The provision that is the focus of the research was typical in that it was ‘targeted at excluded/disadvantaged groups’ and ‘developed substantially in negotiation with participants’ (Communities Scotland, 2003, p.9). The learning opportunities were offered in local community centres and included subject-based courses, as well as non-accredited discussion groups.

The study was undertaken in two local authority areas, in the context of an increasing focus in Scottish policy on the economic benefits of participation in adult learning (Scottish Government, 2007; 2011). Within this policy context, there is an emphasis on the needs of employers that might mean fewer resources are allocated to learning

provision aimed at those outside the workforce. In addition, providers of learning opportunities are often required to define the outcomes of their work (Tett, 2010).

The study

Ethical approval for this study was granted by the University of Strathclyde. It was undertaken with eight women and two men who had participated in CBAL in the preceding six months. They were aged between 36 and 70 years, and two were employed, both part-time. Pseudonyms have been used to protect the anonymity of the learners.

The learners were affected by health and well-being issues in different ways. Four had experienced difficulties with their physical health, while three learners had suffered from mental ill-health or depression. One learner, Elaine, was in both categories. Four of the learners were affected indirectly through their responsibility for the care of a family member with health problems. One of these was Alison, whose daughter had complex health needs, while she had health problems of her own. The learners were at various stages of recovery, and had addressed their health issues in diverse ways.

A life history approach to the research was chosen in order to take account of the context in which learning took place. Two semi-structured life history interviews were carried out with each of the learners.

The approach to data analysis was interpretive, and the interview data were searched for components of health and well-being drawn from the academic literature (Diener et al., 1997; Field, 2009; Schuller et al, 2004):

- self-esteem, sometimes linked to a sense of agency or self-efficacy
- well-being, expressed as positive moods or emotions
- protection or recovery from mental ill-health

The learners' perceptions

Self-esteem, agency and self-efficacy

One learner, Alan, had experienced physical illness and disability following a stroke several years earlier. He said that he had gained in confidence through his

participation in CBAL, and this was linked in his interviews to the development of self-esteem. One example was directly related to his health when he was able to challenge a doctor whom he felt had made assumptions about his ability to understand his treatment because he was in a wheelchair. It was important to Alan that he was not treated differently because of his disability, and CBAL had contributed to his self-esteem in this respect:

Well it's given me confidence that, you know, I still have the intelligence and the intellect that I always had. You know, what level you're at is hard to gauge but I can argue a point, you know? Because people are...they see someone in a wheelchair and think because they are disabled, they're disabled from the top of the head to the toe, including their brain. But some of the brainiest folk are disabled.

One of the aspects of the computing course that Alan enjoyed was that the other learners treated him 'like themselves'. Although Alan did not use the word self-esteem, these examples from his interviews suggested that how he was viewed by others was important, and CBAL contributed to his sense of self-worth in the sense that his disability was not the focus of his participation.

One interpretation of Elaine's interviews was that increased self-esteem, gained through her participation in CBAL, was linked with feelings of self-efficacy and agency: "It's made a big difference because I feel I have a choice, that my opinion counts, whereas before it never...you felt each person was respected, you know?" This was an important aspect of Elaine's participation in CBAL. She had been frustrated by not getting help following an injury at work, and in her subsequent struggle to recover and return to her job. CBAL had provided an opportunity for Elaine to feel that her voice was heard.

Some of the other learners described their experiences in terms of feeling more in control of aspects of their lives and being able to make decisions. One learner, Melanie, cared full time for her son who had a disability. She had decorated her

kitchen, something she attributed directly to the content of a positive thinking course, and the encouragement of the tutors:

It's probably, maybe, the silliest answer you've heard but it's the truth, you know, and I thought: 'right I can do this now'. I've started to put the beading down and I was putting poles up. You name it, I'm trying DIY things just myself now.

This statement from Melanie suggested that she developed agency through her participation in CBAL, borne out by action, as she perceived it.

Well-being.

Some of the learners referred to aspects of their participation in CBAL that suggested it had made a positive contribution to how they felt about their lives. For example, Doreen looked forward to her course re-starting after a holiday break: 'I'll go back on Friday mornings and then whatever is coming up after Christmas. I actually do enjoy my Friday mornings...just getting dressed up on Friday mornings, out of my gym stuff'. Doreen's words suggested that going to her class provided a purpose to Friday mornings that gave her a reason to take extra care with her appearance.

Another example was Mary who had been diagnosed with Multiple Sclerosis (MS): "Well my husband says 'oh, you're a lot happier when you come back from your courses'. This sense of well-being was important, especially in the context of Mary's MS:

I suppose if you get a diagnosis of poor health, that makes you think well I'm not going to sit down and feel sorry for myself. I'm going to get up and do something with my life. So I want to see different places. I want to do as much as I can basically. Just in case. You never know what's round the corner.

However, participation in CBAL was not always a positive experience in this study. The interviews showed that assessment was a source of worry and stress for some of

the learners: “I go ‘I can’t do this, I can’t do it!’ And [the tutor] says ‘for goodness sake, Linda you know you’re fine’, but I panic about that”.

Some class discussions had been difficult for Melanie who was unable to work due to her caring responsibilities:

When I’m on courses I’ve had to sit there and bite my tongue because some folks say ‘and see these folks that’s on benefits’ and I’m like ‘do you want to live in my shoes?’...And I says ‘you should actually just sit and don’t cast aspersions on anybody’ you know? That sometimes is, I don’t actually like...the tutors never ask you that. It’s just the conversation of all in the group, you know?

On these occasions, the comments of others had acted against any feelings of well-being Melanie might have derived from participation in CBAL. However, these instances had not deterred Melanie from attending CBAL, and her words suggested that support from the tutors might have encouraged Melanie to continue to participate in CBAL, despite the difficulties.

Protection or recovery from mental health difficulties

The data analysis suggested that participation in CBAL had played a role in protecting the mental health of some of the learners as they coped with the circumstances of their lives. One example was Sam who had recently retired. His description of his participation in a Gaelic language class suggested a desire to protect his mental health by creating a sense of purpose: “Gaelic, the gym, just keeping myself busy. I miss my work. It’s terrible to retire, because then you realise that - I am old.” The way that Sam talked about retirement indicated a kind of battle to stave off sliding into inactivity or possibly even depression:

it’s just to keep myself, I like keeping myself, since retiring I find it’s very difficult to ... (laughs). You mustn’t let yourself get into a rut, you must keep active physically and mentally, I feel.

This suggested that Sam feared that he might feel down if he did not keep to his daily routine, and learning Gaelic through CBAL was part of his plan to keep busy.

Three of the learners in this study had experienced mental health problems prior to their participation in CBAL. Linda felt she had recovered fully at the time of her interviews, but stress and mental ill-health featured strongly in the life stories of Sarah and Elaine: “I ended up with back problems, reactive depression and I lost my hair” (Elaine). “With the self-harm ... I was just really, really ill.” (Sarah). These quotes revealed the seriousness of both women’s ill-health, as well as longer-term physical effects.

Both Sarah and Elaine emphasised that their participation had taken “courage.” Once there, they identified learning in a group as beneficial, and had contributed to their recovery from mental health problems as well:

I’ve learnt that coming here and listening to, you know other people.
I’m inspired by other people and I’ve enjoyed hearing, you know, what they’re like, what going through school was like. You know the struggles that people have and if you don’t know anybody coming here, it’s hard to go into classes (Elaine).

Sharing her experiences had contributed to Elaine making sense of them, and she had drawn comfort from knowing that others had experienced similar difficulties. However, Elaine’s confidence was very fragile and she said that there were “still a lot of things [she was] unsure of.”

Discussion

Clearly, participation in CBAL did not transform the difficult circumstances of these learners’ lives in relation to health issues. Also, it is not possible to attribute positive health benefits directly to the various learning opportunities attended. Nonetheless, the interpretation of the interview data suggests that CBAL contributed to positive health and well-being outcomes for some learners.

In this study, participation in CBAL was associated with self-esteem, linked to increased confidence that for some learners had been eroded through experiences of disability, mental illness or depression. The development of confidence was found by

Schuller et al. (2002) to be “fundamental and pervasive” in many other studies of adult learning (p.14), and they identified ways in which increased confidence might be important to health outcomes, that can be seen in this study. Firstly, one learner, Alan, had “challenged the views of others” (Schuller et al., 2002, p. 14), and his self-esteem was increased through feelings that he had stood up for himself. However, this was in contrast with Melanie’s experience of saying nothing when other learners in her group expressed views with which she disagreed. Secondly, both Alan and Mary had been able to “communicate more effectively with professionals, notably on health or education matters” (p. 15). A third aspect of increased confidence – “to draw on and make sense of their own personal experience” (p.14) – was applicable in Elaine’s case. In this study, the development of confidence and increased self-esteem were inter-linked in ways that supported health outcomes for some learners.

The analysis of the interview data suggested that participation in CBAL had supported the development of self-efficacy and feelings of agency. Through their participation, some of the learners reported feelings of independence, and that their opinions counted. A sense of agency was highlighted in the stories of some learners who had made decisions about their lives, and carried out their plans. However, the learners did not use the words agency or self-efficacy in their interviews. This has potential implications for providers of learning opportunities that are often required to provide evidence of the outcomes of provision (Tett, 2010). It might be important for practitioners to look for ways to evaluate CBAL that makes explicit the health and well-being outcomes of participation.

The findings of this study support recent research that suggests that participation in learning can contribute to health and subjective well-being (Aldridge & Lavender, 2000; Field, 2009; Schuller et al., 2004). However, there were some negative aspects of their participation which had worked against this on some occasions. Field (2009) has noted that some adults experience “anxiety, stress and frustration through learning” (p. 184), and this had been the case for some of the learners in this study. Accreditation was a source of concern for Linda, who feared assessment processes.

Also, although some learners had benefitted from learning in a group, Melanie described how insensitive comments from others had been upsetting.

The interview analysis suggested that participation in CBAL had contributed to the protection of the mental health of some of the learners in this study. The focus of Sam's interviews for example, was on the role CBAL had played in coping with retirement. Schuller et al. (2004) distinguished this "sustaining effect" (p.25) of participation in adult learning, from what they described as the more dramatic transformations that can result from education. Elaine and Sarah both described their participation in terms of their recovery from mental illness. However, it is important to acknowledge that participation in CBAL was a part of their recovery from mental health difficulties, in the context of other aspects of their lives and relationships.

Conclusion

The findings of this research contribute to the debate about the potential roles and purposes of CBAL. The learners described the ways in which the support of CBAL practitioners and feelings of being heard by others, as well as a new sense of agency and independence, facilitated health and well-being. This study identified potential benefits of participation in CBAL yet none of these learners had plans in relation to employment. This research might support CBAL practitioners as they seek funding for learning opportunities for adults that are outside the workforce.

However, this needs to be held in balance with negative experiences of learning that can detract from these potential benefits. The learners in this study identified some aspects of their participation in CBAL that had a negative effect on their experiences of learning. It is important that those who provide CBAL opportunities are alert to the barriers to learning that both assessment and learning in a group can create, and that they remain sensitive to the circumstances of learners' lives. Nonetheless, the potential for CBAL to support learners' positive health in a variety of ways is an important research finding in a policy context that prioritises economic outcomes of participation.

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