The Effects of English Learning on Mental Illness

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This paper is meant to be helpful for those teachers who face difficulties while working with mentally ill students in their classrooms, because the number of mentally ill patients in Japan is increasing. This longitudinal study is a report on two students who suffer from depression and bipolar disorder and uses semistructured interviews, classroom notes, and email exchanges. I gave additional learning support to the students while teaching them English. As a result of instruction and support, these students reentered university, graduated, and started working. Findings suggest that English lessons gave them confidence and paved their ways to recovery. Moreover, with encouragement and additional time, they overcame problems such as lack of concentration and impaired memory.

　日本で精神病患者数が増加するにつれ、筆者は本研究が英語のクラスで精神病患者を助けようとする教員の手助けとなることを希望する。本縦断的研究は、うつ病と双極性障害を持つ2人の学生の事例研究であり、研究者によって半構造的面接、レッスン中のメモ、eメールの内容によって分析されている。著者は英語を教えながら、学生に特別の学習援助を行った。英語教育と支援の結果、学生たちは大学に再入学し、卒業し、ほとんどフルタイムで勤務している。分析の結果、英語のレッスンが学生に自信を与え、リカバリーへと導いたことが判明した。また、ほめること、時間の猶予を与えることで、彼らは集中力のなさ、記憶力の減少などの問題を克服した。

Recently the number of depressed patients in their 20s is on the increase (Kasahara, 1996). Moreover, the number of students who withdraw from school or university due to mental illness is becoming a serious problem in school systems. Mental illness can be one of the reasons a person becomes a NEET, which according to Genda and Maga-numa (2004) stands for Not in Education, Employment, or Training. The term became popular based on the release of the report *Bridging the Gap* (1999) by the British government. The problem of mentally ill patients becoming NEETs is a serious social problem worldwide, because they become a drain on not only public resources but also their own families.

One purpose of this paper is to encourage teachers of mentally ill students and mentally ill students to engage in foreign language learning. Recently, integration of students has been an important government policy in education. Therefore, integrating mentally ill students into the educational system is essential.

As an EFL teacher, I was aware of the impact mental illness has on the lives of patients. When I taught at university, a student once pleaded with me to give her credits for a required freshman English course. She had missed more than two thirds of the English lessons, thus she was unable to pass the course according to university regulations. She said she could not attend lessons because she was scared of other students watching her; she felt that she could not avoid other students' gaze in a classroom. This seems to be an example of interpersonal-relationships disorder (*taijin kyofusho*). She was, however, a senior and had found a job. I consulted a senior colleague in the English department and decided to grant the credits to give her a chance; however, I faced a problem in granting credits when a student had not done the required work. This experience made me want to explore the issue further.

The purpose of this study was to find out the effects of mental illness on learning, confidence, and achievement as well as the importance of having access to additional learning support. In addition, I sought to discover the characteristics of mentally ill students and classroom tactics useful in dealing with their problems. In this paper, I present a case study of two mentally ill students who withdrew from university. Having learned English one-on-one with me, the students not only reentered university, but they also graduated and are currently working 5 days a week.

Review of the Literature

Recently in the field of education in general, supported education has been focused on as a new possibility for helping severely mentally ill patients return to education or employment. In supported education, lectures are given to help patients manage the environment and stress and to accomplish vocational goals. Studies have shown that supported education assisted those with severe mental illness to pursue career and educational goals (Anthony & Unger, 1991; Collins, Mowbray, & Bybee, 2000; Cook & Solomon, 1993; Unger, Anthony, Sciarappa, & Rogers, 1991). These studies focused mainly on students in secondary education. In the Japanese university context, Pallos, Yamada, and Okada (2005) studied Japanese graduate students' mental health conditions and argued that universities need to provide more services for preventing mental illness.

In the ESL context, the need for English teachers to help support the mental conditions of refugees and immigrants has been discussed (Adkins, Birman, Sample, Brod, & Silver, 1998; Adkins, Sample, & Birman, 1999). However, I found no research on a Japanese teacher providing special support to mentally ill patients in EFL education. Therefore, it is vital that research be conducted in the EFL context.

For mentally ill patients, additional learning support is essential. Provisions of emotional support, patience, affection, and encouragement are necessary (Rethink Mental Illness, 2012). Patients with mental illness often complain about a lack of concentration and impaired memory (Leete, 1989). Spaniol, Wewiorski, Gagne, and Anthony (2002), Kirkpatrick, Landeen, Woodside, and Byrne (2001) and Andresen, Oades, and Caputi (2003) have all said that meaning in life is the most important factor in helping mentally ill people. Moreover, according to Andresen et al. (2003), Leete (1989), and Rethink Mental Illness (2012), it is important to break down recovery goals into small steps. Andresen et al. also mentioned the role of responsibility when dealing with mentally ill patients. Patients need to take on responsibilities for accomplishing recovery goals.

It is not only the assistance of teachers and families that helps mentally ill patients. Duberstein (2007) and Gladstone (2007) both emphasized the importance of social support for depressed patients. For bipolar disorder, social support is vital according to Frank et al. (1999) and Johnson, Winett, Meyer, Greenhouse, and Miller (1999). The research presented in this paper was conducted to help fill the gap for Japanese teachers of English with mentally challenged students.

Research Questions

There were three research questions:

- RQ1. What are the effects of mental illness on learning, confidence, and achievement, and how important is having access to additional learning support?
- RQ2. What are the characteristics of mentally ill students that a teacher should be aware of?
- RQ3. What classroom tactics are useful to help mentally ill students?

Methodology
Research Background

This research took place in a Social Welfare Foundation (*Shakai fukushi hojin*) in Tokyo. Two students, Kaori and Yoshikazu (both pseudonyms), withdrew from one of the most prestigious universities in Tokyo as a result of their mental problems. They had been enrolled in the School of International Liberal Studies. Most of the classes were conducted in English. Kaori suffers from bipolar disorder and Yoshikazu from depression. I was asked to tutor them one-on-one by the director of the Social Welfare Foundation to help them reenter the university.

Data Collection

Semistructured interviews were conducted to find out the students' medical histories, their process of quitting university, their reentry into university, their emotional transitions, and the effects of English learning on their motivation to reenter university. Each interview was about 1 hour long and was held in a private room at the Social Welfare Foundation in August 2013. The interview was recorded, transcribed, and analyzed to find the traits of these mentally ill students and how to cope with their problems. For the semistructured interview schedule, see Appendix A. At the time of the interview we exchanged our email addresses and began corresponding. Because Kaori's and Yoshikazu's classes were almost all in English, they needed to practice conversational English. We chatted about our daily lives, the university, our families, and social life. The classroom notes were taken at those times and were included in the data.

Analysis

I summarized the classroom notes and noted important dates such as when they started the lessons with me, when they submitted the reentry essays, and so on. The semistruc-

tured interview was conducted in Japanese, transcribed, and read repeatedly while making notes. The transcripts were coded by descriptive coding (Saldaña, 2015). The causes of illness, the students' emotional states, the effects of mental illness, and the life events were coded. The codes used included confidence, onset of illness, stress management, and leaving university. Email exchanges were printed out and I underlined the parts that seemed important for the students' recovery.

Participants

Yoshikazu's major was international relations. Kaori's major was film studies and her minor was psychology. Yoshikazu became ill at the beginning of 2006 when he was active in three university clubs and worked part-time at a bar at night in addition to doing all the schoolwork at his university. He did not sleep at all two or three nights per week and even if he slept, it was only for about 5 hours. Overwork precipitated his depression. He found a self-check program about depression online and realized that he had it. He first visited a psychiatric clinic in August 2006.

Yoshikazu started coming to the Social Welfare Foundation in October 2011. He received social support such as consultations with staff members who specialize in mental health care. In addition to treatment with medicine, he participated in programs to help him cope with his illness and communicate well with people around him such as Social Skills Training (SST), which is a part of Cognitive Behavior Treatment (CBT).

While taking those sessions of psychotherapy, Yoshikazu's ideas about the reason he had depression shifted. He is a perfectionist with a low level of confidence and trust in himself. According to an email in December 2015, he offered three reasons for becoming ill: accumulation of stress due to not being able to assess his situation properly, failure in stress management, and overwork.

Kaori has bipolar disorder and had not been to university since 2009. According to Knott (2012), bipolar disorder means that mania and depression alternate. Kaori first became ill when she was studying abroad in England as an exchange student when she was 21. She had a relapse when she started seminars at university and began job hunting. She left university and worked part-time for the following 2 years. Then she started coming to the Social Welfare Foundation. She took a Wellness Recovery Action Plan (WRAP) organized by the Social Welfare Foundation. It is an American program developed by Mary Ellen Copeland to discuss the experience of how to cope with the illness. Like Yoshikazu, she took CBT such as SST at the Social Welfare Foundation. She also took medication, attended peer counseling, did patients' self-research (*tojisha kenyu*), as well as participated in exercise, cooking, and recreation.

Yoshikazu's Story

It was one early summer day that I received a phone call from my friend who said, "I'd like you to help a mentally ill student with his English. You used to teach English at university and have an MA in TESOL. You should be able to help him return to university." This was how I was introduced to the director of the Social Welfare Foundation. Soon after, in June 2012, I made an appointment to see Yoshikazu. In this first session of Yoshikazu's study, the lessons were held in the lounge of the Social Welfare Foundation. The classes were from 9 to 12 in the morning on Tuesdays, Wednesdays, and Fridays.

Yoshikazu was 25 when I met him. He had a goal to graduate from university in 2 and 1/2 years. I first met him on the 12th of June and he had three essays to hand in by the 22nd of June. Each essay had to be written in English and have a length of more than 500 words. He also had a reentry interview planned on the 4th of July. Therefore, we made goals to complete the tasks one by one while practicing English by having conversations in English, using Jazz Chants, playing *shiritori* (a word game in which the first person says a word and the next person says a word starting with the last letter of the word the first person said), doing tongue twisters, and so on. Since his hospitalization and following a leave of absence from the university in 2009, he had not used English for about 3 years. So in addition to writing essays and preparing for the interview, I suggested he do activities to relax and enjoy himself while using English. He also brought his old university textbook to review.

For the preparation of the reentry interview in English, I asked him about the qualities of a good interviewee and came up with some interview questions. We did a role-play: I was the interviewer and Yoshikazu was the interviewee. This session ended on the 29th of June; therefore, it was very short and intensive. I provided emotional support, patience, affection, and encouragement. He regained confidence thanks to the English instruction and psychotherapies offered by the foundation. Yoshikazu reentered university in September 2012.

The second session took place in November 2012, 2 months after his reentry into university. This time the lessons took place in the counseling space or another room in the Social Welfare Foundation. He had two papers to write in English. I helped him with reading the reference articles and writing the paper. I taught him strategies for reading and writing. We also continued having conversations in English. At that time, I could only teach him for an hour on Wednesdays, due to other commitments. The lowest point for Yoshikazu came once when he was not feeling well and could not come in for our lesson. The staff at the Social Welfare Foundation called Yoshikazu and apparently the phone call woke him up. He was very sorry for missing my class, but I did not blame him.

I repeatedly highlighted his good points and did not criticize him. His mental condition was in decline and after only three lessons he asked me to stop the tutoring until he was ready to start again.

The third session took place from the 13th of February to the 10th of April, 2013. The lessons were again once a week for 1 hour. He had an 800-word paper to write and a presentation to give in English. He asked me to assign readings and papers to write in the field of international relations, so I assigned papers on topics such as gun control in the U.S., North Korea's nuclear tests, and the political situation in Syria.

I tried to praise Yoshikazu as much as possible for successful achievements and always tried to boost his confidence. Yoshikazu told me in the interview, "By studying English I could gain more confidence." When he was ill and absent from my lesson, I did not scold him. He graduated from university in March 2015 and started working fulltime for a major construction company in June 2015. He takes one half-day of paid holiday per month to go to the hospital.

Kaori's Story

In November 2012, I received another phone call from the director of the Social Welfare Foundation. By this time I was getting used to the director's style: calling me without warning to ask me to teach English to a mentally ill student. This was how I came to know Kaori. Like Yoshikazu, Kaori was 25 at the time I met her.

Unlike Yoshikazu, who had little time before his reentry exam and therefore took lessons three times a week for 3 hours per day, Kaori still had 6 months before the reentry exam. I could therefore tutor her once a week for 1 hour. When we started, Kaori was reviewing an English grammar textbook and borrowing graded readers from a library near her home for reading practice on her own. The last time she had been to university was 3 years earlier and as she had had no exposure to English since then, she chose to review English grammar at the junior high school level. We used her grammar book and another elementary grammar textbook I had. She studied English on her own and I asked her to bring in questions on English grammar. In class, she summarized the graded readers and retold the stories. She learned that Yoshikazu and she both belonged to the same school of the same university, so she was able to ask him for help while preparing for the reentry exam. Then in March 2013 she started to practice listening at home. At her request, I started to make gap-fills of songs in English for her to practice listening to while enjoying music.

In April 2013, we started working on the three essays she needed to submit to the university, while continuing the review of English grammar, graded readers, and English songs. Here again, my role was not only to teach English skills, but also to provide emotional support, patience, affection, and encouragement. She handed in the essays on the 7th of May. Then we started practicing for the reentry interview. The hardest time for Kaori was when she gave herself the task of writing a paper on Buddhist paintings and statues. She made an outline for the paper; however, she could not complete it. She blamed herself, but I consistently reminded her about her diligence and worked at strengthening her confidence. She reentered the university in September 2013.

After she passed the reentry exams and started university, she continued lessons with me. Because her major was psychology and her minor was film studies, her schoolwork was somewhat different from Yoshikazu's. I helped her with her readings and presentations for her seminar on film studies and international journalism in Korea. I also assisted her with her graduation thesis and prepared her for the TOEIC test. We often practiced conversational English. She decided to write her graduation thesis in English about movies on mental illnesses. I gave her a list of conjunctions to use in writing academic papers and a list of verbs to use for citations. We also reviewed APA style together. I taught her free writing techniques to use when she was stuck in her writing. I taught her until she finished her thesis and submitted it in December 2014. Kaori said in the interview, "When I was successful, you praised me and when I wasn't successful, you were very kind and cheered me up." Kaori graduated from university in March 2015 and was working almost full-time at the time this paper was written.

Research Findings

I would like to return to my research questions. The first question was *What are the effects of mental illness on learning, confidence, and achievement, and how important is having access to additional learning support?* I found that mental illness has catastrophic effects on learning, confidence, and the achievement of students. Yoshikazu and Kaori both dropped out of university. In Yoshikazu's case, it was vital for him to have access to additional learning support. Yoshikazu wrote in his email in December 2015,

As the time goes by my educational and job experience (I was suspended from the university for 3 years and at the age of 28, I do not even have an experience becoming a full-fledged member of the society) and my ability (lack of physical strength, lack of concentration, lack of experience going out into the world) compared with my acquaintances and friends (who are almost all university graduates), the gap becomes wider and wider.

The second question was *What are the characteristics of mentally ill students?* I found that when they are absent from class, they are ill and most likely blame themselves for it. It is easy for the teacher to judge the students as lazy; however, the teacher should not do so. These students are easily discouraged by academic failures. They also tend to lose concentration and interest during lessons. They might also have problems with impaired memory.

The third question was *What classroom tactics would be useful to help mentally ill students?* I always tried to encourage them by stressing their strengths rather than their weaknesses. If they succeeded in a task, I praised them as much as possible. When they were absent from class, I realized that scolding them was not a very good option. Instead, I sought to console them and give them hope. When they were suffering from lack of concentration, interest, or impaired memory, I tried to give them time. When necessary, I consulted a school nurse, school counselor, or mental health care worker for advice.

Personal Recommendations

Throughout my instruction, I always focused on the concept of recovery. This is different from a complete cure. Anthony (1993), defined recovery as

> a deeply personal, unique process of changing one's attitudes, values, feeling, goal, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by illness. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effect of mental illness. (p. 15).

I helped Yoshikazu and Kaori find new meaning and purpose in their lives through encouragement and support. At the same time, as a teacher I discovered new meaning and purpose in my life—to help mentally ill individuals. Over the course of 3 years, in addition to Yoshikazu and Kaori, I have helped 10 mentally ill individuals with their English at the Social Welfare Foundation. One of them entered graduate school, one entered university, and another passed the high school graduation certificate exam. As Deegan (1993) wrote, "To me recovery means I try to stay in the driver's seat of my life" (p. 9). That is the same goal I encourage my students to have. No matter what people say, I wanted my students to stay in the drivers' seats of their lives. If English was the skill necessary to accomplish their goals, they made the choice to continue lessons with me.

Kirkpatrick et al. (2001) wrote that hope was an essential part of recovery. I also gave my students hope for the future. Kaori said in the interview, "[Thanks to your instruction] my seemingly small determination started to become real and somewhat solid." In this way she learned to manage her illness and to have hope for the future.

In addition to English lessons, Yoshikazu and Kaori received other training to return to society. (For more therapies offered by the foundation, see Appendix B—therapies offered for depressed patients.) The activities at the Social Welfare Foundation can be applied in EFL classrooms to help students look into their psyche. SST, for example, can be conducted in English. Students can come up with difficult social situations, create a dialogue in English, and practice it by role-playing. A student who is having a problem with her mother can create a conversation in which she compliments her mother's hat. After the role-play, other students can point out things like eye contact, use of gestures, loudness, and tone of voice. After the lessons, students can use the dialogue in real life and report it back to class during the next lesson. Students can take turns choosing the topic and social situations of the dialogues and role-plays.

Limitations

This research was conducted with two successful Japanese students of English who seemed to overcome their mental illness, reentered university, graduated, and started to work. More research needs to look into a larger group of mentally ill patients and patients of other nationalities as well. As for the students I taught at the Social Welfare Foundation, not all of them were successful. Some of them stopped coming. Rethink Mental Illness (2012) said lack of interest and loss of interest are symptoms of mental illness.

Conclusion

Mentally ill patients need access to additional learning support in English in order to overcome the catastrophic effects of mental illness. Students show symptoms such as being absent from class, lack of concentration, discouragement, lack of interest, and impaired memory. In order to cope with those symptoms, I suggest encouraging them, praising them as much as possible, not scolding them for their absence, giving them time, and consulting a school nurse, school counselor, or mental health care professional for advice. Provision of emotional support, patience, affection, and encouragement is vital in the patients' recovery (Rethink Mental Illness, 2012).

Supporting mentally ill patients means to help them achieve their own goals and dreams in their lives step-by-step. My message to my students is summed up in this quote from the booklet published by Nottinghamshire Healthcare (2008): "Have a vision of where you want to be and try to find ways of getting there . . . . Nothing should ever stop you from being what you want to be . . . . It's not their life, it's your life" (front cover). I hope Kaori and Yoshikazu and all of my other students will keep this in mind.

Bio Data

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Appendix A

Semistructured Interview Schedule

1. What was the beginning of your illness like?
2. What do you think was the cause of your illness?
3. Why did you decide to quit university?
4. Did the English study help you to become more motivated to reenter university?
5. If yes, how did the English study help you to motivate yourself to reenter university?
6. Did the English study help you cope with the disease?
7. If yes, how did the English study helped you cope with the disease?

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8. What was each session like?

9. How did you feel when you reentered university?

10. Now that you think back, what was the most challenging thing about reentering university?

11. Were you able to handle any difficulties?

12. If yes, how did you solve any problems?

13. Did the presence of Yoshikazu/Kaori support your studies?

14. If yes, how did he/she help you?

Appendix B
Therapies Offered for Depressed Patients

1. Group psychotherapy

   A. Encounter group
   Using games and tasks, it aims to help patients communicate their and others' true feelings. It also widens or corrects how a person recognizes, receives, and thinks.

   B. Landscape montage technique
   Developed by Dr. Hisao Nakai (1996), a psychiatrist, this is an art therapy. Participants draw a part of the picture such as a mountain or river following instructions and completing one scene as a whole. At this foundation, everyone starts drawing at the same time and comments on each other's pictures.

   C. Focusing
   Developed by Professor Gendlin (1981), it is a therapy in which patients pay attention to subtle feelings of the body by focusing. It has effects such as the solution of deadlock in psychotherapy, liberation from self-criticism, and heightening of self-acceptance.

   D. Drawing and collage
   It is widely used as an art therapy. In people's daily lives they are often compelled to express their feelings and thoughts through words. The goal of this exercise is by trying to express themselves by colour and shape, the patients discover something new and simply enjoy expressing themselves.

   E. Movement therapy
   This was developed by Professor Gosaku Naruse (2014). For example, when people are nervous their bodies become stiff—the function of their feelings influences their body movement. Moving their body or trying to move results in the mind changing.

2. Cognitive behaviour treatment (CBT)

   A. Assertion
   This is a communication therapy developed in America in the 1950s. It aims to express people's needs and opinions honestly, frankly, and equally while valuing the other's positions. Participants play roles based on concrete situations and train themselves.

   B. Social skills training (SST)
   A small number of group members support each other by playing the roles that they do not feel at ease in their daily lives and at the workplace.

   C. Cognitive behavioral group therapy (CBGT)
   By encouraging patients to notice their own thought patterns and habits in thinking, this psychotherapy aims to help patients acquire more flexible ways of thinking, relaxing, cutting the chain reaction of negative spiral and to be able to control yourself. At this foundation, it is done in small groups, sharing problems between the members, learning to solve the problems by encouraging each other.

3. Relaxation and light exercise

Exercise balances the mind and the body. These include yoga, tai chi, taking a walk, and table tennis.

4. Discussion

   A. Free discussion
   The participants propose topics and discuss them.

   B. Returning to work discussion
   Setting the topics on returning to or getting a job and discuss them.

   C. Constructive discussion
   Participants decide the roles and time allotment and discuss.

   D. Wellness recovery action plan (WRAP)
   As a group, users think about how to maintain their health and prepare their action plans.

5. Psychological education

Participants learn about depression, medication, social resources, etc. from the lecture by staff members and through discussion.

5. Others

    A. Cooking
        People can enjoy and cooperate with others to make lunches or cakes. It is effective to practice teamwork and as an occupational therapy.

    B. Outing
        Once a month users plan an outing and enjoy it.

    C. Composition and planning
        For composition patients use manuscript paper; for planning they use computers alternatively. Both programs help patients summarize vague ideas, construct or show their ideas, practice presenting the ideas in front of others, and increase concentration.

(Adapted from the website of the Social Welfare Foundation <http://sudachikai.eco.to/repose/main/04.html>)