

Christian Ludwig / Theresa Summer /
Maria Eisenmann / Daniel Becker /
Nadine Krüger (eds.)

Mental Health in English Language Education

SELT / STUDIES IN ENGLISH
LANGUAGE TEACHING

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Mental Health in English Language Education

SELT STUDIES IN ENGLISH LANGUAGE TEACHING

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Mental Health in English Language Education - An Introduction

Christian Ludwig, Theresa Summer, Maria Eisenmann, Daniel Becker, Nadine Krüger

1 Adolescence and Mental Health

Mental health issues have become prevalent among adolescents and young adults.¹ According to the World Health Organisation, one in seven 10–19-year-olds today struggle with mental health conditions, which are often unrecognised and untreated (2021a), with many people experiencing more serious mental disorders such as major depression or anxiety later in life. For Germany, data from the *Robert Koch Institut* likewise states that about 20 % of children and young adults show signs of disturbed behaviour and mental distress (Klipker et al. 2018: 37). Considering these numbers, teenage mental health thus establishes a most urgent matter since mental disorders become “the leading causes of illness and disability among adolescents” worldwide (WHO 2021a).

There are many reasons for the increase in mental health struggles among adolescents. To begin with, one fundamental aspect to be considered is the fact that during adolescence, young people show a particularly high vulnerability to mental disturbances. Generally understood as the period between childhood and legal adulthood, adolescence is a phase of physical, mental, and emotional growth when we form our identity and develop a stable sense of self. However, this is also “[t]he age where nothing fits”, as Judy’s mom formulates it in the 1955 film *Rebel without a Cause*. The neurodevelopmental changes that take place during adolescence make “[it] a period of both vulnerability and opportunity” (Heyes/Hiu 2015). During these formative years, adolescents, on the one hand,

1 All age groups are affected by mental health issues. This introduction mainly focuses on adolescents, as about half of all mental illnesses begin by age 14. Terms such as young adults, teenagers, young people, and adolescents are used interchangeably throughout this introduction, especially as there is no clear definition of youth. As Gravelmann points out: “Das Verständnis bis zu welchem Alter ein junger Mensch als Jugendlicher/junger Mensch/junger Heranwachsender zählt, variiert je nach verwendeter Quelle oder Studie.” (2022: 11)

are more flexible and more likely to take risks and shift between different identity formations while, on the other hand, being extremely responsive to external environmental influences, such as their peer group or contemporary cultural contexts.

Another reason lies in the changed societal expectations and challenges the present generation of teenagers is confronted with in daily life. Today's adolescents, for example, are more conscious of the grand global, political, social, and cultural challenges of the twenty-first century than any generation before them (Calmbach et al. 2020: 573). These include, among others, global phenomena such as climate change, migration, and the radical digital transformation of society. At the same time, increasing economic uncertainty, marked by more low-wage, part-time jobs, and an increasing number of fixed-term contracts, has particularly affected those only beginning to enter the labour market – in other words, the young – and led to increased economic precariousness of the younger generation (cf. Mills/Blossfeld 2005: 1f.). Klaus Hurrelmann and Gudrun Quenzel (2015: 264f.) speak of increased “status insecurity” and “status inconsistency” as “hallmarks of modern adolescence”:

The status passage does not lead to any fixed endpoint. It has lost the notion of a secure and safe transition from one social position to another. It is no longer a foreseeable and well-delineated process connected with a specific social role. (Hurrelmann/Quenzel 2015: 265)

These major social and economic shifts have left contemporary teenagers more vulnerable, which may result in an increased susceptibility to mental health issues.

Moreover, today's achievement generation (Madsen 2021) struggles with external pressures and demands in several “performance areas” (ibid.: 4). They, as Marc Calmbach et al. assert, “feel overburdened, whether due to external pressure to perform or simple lack of time to do everything they want and/or is expected of them” (2020: 572). Unfortunately, schools themselves often play a central role in this respect. Test and performance anxiety, the pressures of standardised education, continuous testing, and, as a result, chronic lack of time, which is a crucial component of successful learning, are issues that teachers are acutely aware of, yet frequently unable to truly confront within the existing structures of the education system (Robert Bosch Stiftung 2023: 20). These profound social, economic, and cultural transformations of the twenty-first century “shape the course of adolescent development” (Heyes/Hiu 2015), making today's adolescents a vulnerable population, most susceptible to mental health issues (Farley 2020: 48). As Holly Farley argues:

Adolescent mental wellbeing is multidimensional and is influenced by a shift in adolescent risks and behaviors during the 21st century. Traditional threats to mental health such as low socioeconomic status, poor living conditions, substance abuse, early sexual activity, and bullying are further compounded by contemporary risks such as little social support from parents, peers, or teachers; social media use; and cyberbullying. (Farley 2020: 50)

Teenagers, in other words, live in a social, cultural, and political environment in which emotional and mental stressors abound and in which a constant acceleration of everyday life results in the burden of being quickly overwhelmed. These changes in teenagers' everyday existence and the mental health issues that result thereof are reason enough, one may argue, to openly address mental health among and with children and adolescents. This can help them learn more about mental health conditions and acquire the social-emotional and cognitive skills to protect their mental health and live a full and balanced life.

Nevertheless, despite the growing recognition of the importance of adolescent mental health and the increasing presence of the term in public discourse, politics, and popular culture (Packer 2017: xxi), mental health remains a “closet topic” (Norris 2021). It can be considered a taboo and controversial topic that is often still kept out of educational contexts (Ludwig/Summer 2022), and, as such, it is a topic that has also been neglected in foreign language classrooms and foreign language research (Becker 2021). The present volume aims to challenge this taboo status and neglect in foreign language education by exploring the relationship between mental health and language teaching from various perspectives. In doing so, it will be shown that English lessons in particular offer great potential to support adolescents in comprehending the complex phenomenon of mental health. As a point of departure, the following section provides an overview of some of these affordances, starting with a brief clarification of terminology used in the volume.

2 Terminology around Mental Health

Mental health is a highly complex construct. According to the mental health pyramid proposed by the international initiative *mentalhealthliteracy.org*, mental health needs to be perceived as multilayered. More precisely, it encompasses four interrelated states: in the **positive state**, a person experiences utter *mental satisfaction*, which is marked by the lack of any immediate stressors or problems. The **mental distress state** refers to *mental distress* that occurs when dealing with everyday stress, worries, or personal irritations (e.g., being in a bad mood or being anxious about a doctor's appointment). These irritations are

usually temporary and can be coped with relatively easily in everyday life. In contrast, the **mental health problems state** addresses more severe mental conditions in the form of *mental health problems*. Mental health problems occur when individuals are confronted with events that strongly (and often suddenly) disrupt their emotional lives, such as the unexpected death of a family member. These events can lead to long-term physical and mental reactions (e.g., fatigue, sadness, mourning, inability to concentrate), which might necessitate support from friends, family, or even mental health professionals. Finally, the **clinical state** refers to *mental disorders*. Specific events can cause both mental health problems and mental disorders, yet, while mental health problems are an aspect of life that can be resolved, for example, through support from family and friends, mental disorders require professional help. These four states are not mutually exclusive but need to be considered as different layers of an individual's mental health, which can manifest simultaneously. Next to these different layers of mental health, what makes the term even more complex is the fact that it has several meanings and is approached differently by different disciplines (Mechanic 2006); in other words: it has become a 'travelling concept'. For example, while sociology focuses on how "life events, social conditions, social roles, social structures, and cultural systems" influence a person's mental health (Horwitz 2009: 7), psychological approaches concentrate on individual factors and intrapersonal processes, which may contribute to mental health conditions (cf., e.g., Schwartz/Corcoran 2009; Peterson 2009). Even within the fields of medicine and psychology, two different systems for classifying issues of mental health and, in particular, mental disorders exist. While the World Health Organization's *International Classification of Diseases* (ICD-11) serves as a general diagnostic tool to categorise different types of diseases, of which mental disorders form only a small subsection, the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) is specifically designed to classify, diagnose, and describe different types of mental disorders. Furthermore, with each new edition, some changes are made to both classification systems, indicating that new evidence and information continue to change our understanding of mental health and mental health issues.

Used in such different academic contexts, it is hardly surprising that the term *mental health* often coincides with other related terms (e.g., *emotional health*, *happiness*, or *mental illness*), thus establishing a semantic field of its own. Although many of these terms are often used interchangeably or even synonymously, they are distinct independent dimensions of a person's holistic well-being. As it would go far beyond the scope of this introduction to discuss all of these constructs from the perspectives of all disciplines, Table 1 provides

a brief overview of selected key terms and concepts that we consider especially important for the context of English language education. Although *mental disorder* and *mental illness* are often used interchangeably, they are not the same and therefore listed separately in the table below.

Behav- ioural dis- orders	Behavioural disorders refer to “a pattern of disruptive behaviors in children that [...] cause problems in school, at home and in social situations” (MentalHealth.gov 2022). According to the ICD-10, behavioural disorders include attention-deficit hyperactivity disorders, conduct disorder, and disorders of social functioning with onset specific to childhood and adolescence.
Emotional disorders	Emotional disorders refer to “any psychological disorder characterized primarily by maladjustive emotional reactions that are inappropriate or disproportionate to their cause” (American Psychological Association 2022), including emotional disorders with onset specific to childhood.
Emotional intelli- gence	Emotional intelligence describes a complex construct that involves emotional awareness (i.e., perceiving one’s own and others’ emotions), emotional facilitation of thinking (i.e., using emotions to guide decision-making), emotional understanding (i.e., comprehending why one is feeling a certain way), and emotional regulation (i.e., managing one’s emotions for personal well-being and creating and maintaining positive relationships). (Salovey/Mayer 1990)
Health	Health describes “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” (WHO 2021b)
Mental health	Mental health is described as “a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community.” (WHO 2021a)
Mental disorder	Mental disorder is defined as a “clinically significant disturbance in an individual’s cognition, emotional regulation, or behaviour that reflects a dysfunction in the psychological, biological, or developmental processes that underlie mental and behavioural functioning. These disturbances are usually associated with distress or impairment in personal, family, social, educational, occupational, or other important areas of functioning.” (WHO 2023)
Mental ill- ness	Mental illness is defined as any condition “involving changes in emotion, thinking or behavior (or a combination of these)”. As such, mental illness is “associated with distress and/or problems functioning in social, work or family activities.” (American Psychiatric Association 2022a), including conduct disorder, hyperactivity, indirect aggression, and symptoms of depression/anxiety.
Mindful- ness	Mindfulness “is a state of being characterized by present-moment awareness of the unfolding of experience in a nonreactive way” (Lueke/Lueke 2019: 1531). Being mindful can help increase social and emotional learning and also improve academic achievement. (Zeilhofer 2020)

Well-being	Well-being describes “the quality of people’s lives” (OECD 2019: 258) which is defined by the absence of distress, disorder, and illness (Dodge et al., 2012: 225) as well as the awareness of and engagement in positive mental health practices.
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Tab. 1: Terms and definitions around mental health

Taking this into account, mental health can be defined as a person’s cognitive, behavioural, and emotional well-being and the ability to effectively function in daily life. Thus, mental health is not simply the opposite of mental illness (UK Department of Health 2014: 1) or the “absence of disease or disorder; it involves self-esteem, mastery, and the ability to maintain meaningful relationships with others” (Scheid/Brown 2009: 1). These aspects are also reflected in the notion of mental health literacy. Based on the concept of physical health literacy, i.e. “the ability to gain access to, understand, and use information in ways which promote and maintain good health” (Nutbeam 2015: 451), mental health literacy is used to describe a person’s ability to take care of themselves and manage stress and anxiety (cf., e.g., Jorm 2000; 2020). According to Anthony Francis Jorm et al., mental health literacy can be understood as a person’s “knowledge and beliefs about mental disorders which aid their recognition, management or prevention” (1997: 184). As with any other literacy, mental health literacy consists of different components as displayed in Fig. 1.

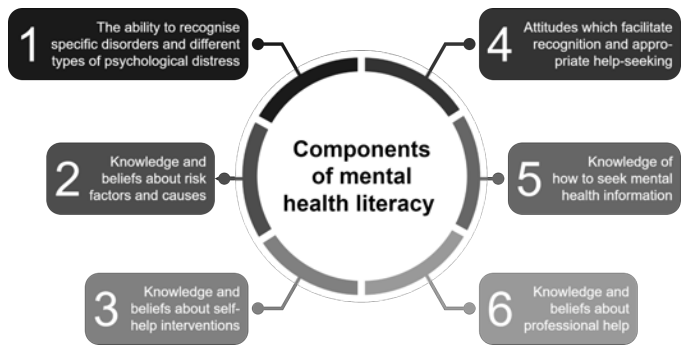


Fig. 1: Components of mental health literacy (based on Jorm 2018; cf. Ludwig/Martinez 2022)

Mental health literate adolescents look after their own mental health as well as that of others, identify stressors (such as not getting enough sleep or spending too much time online), respond to mental health problems in a timely and

adequate manner, seek help, undergo treatment, and, ultimately, help reduce prejudice and stigma around mental health issues (McCance-Katz/Lynch 2019). In contrast to this, and at the other end of the spectrum, adolescents with a low level of mental health literacy find it much more difficult to recognise unhealthy patterns in their feelings, thoughts, and behaviours and may even misperceive their own mental health needs (Miles et al. 2020; Simkiss et al. 2020). Mental health may be misinterpreted as a static state. Yet, mental health is today seen as a continuum on which we take different positions, with mentally healthy and mentally ill representing the two extreme ends of the continuum.

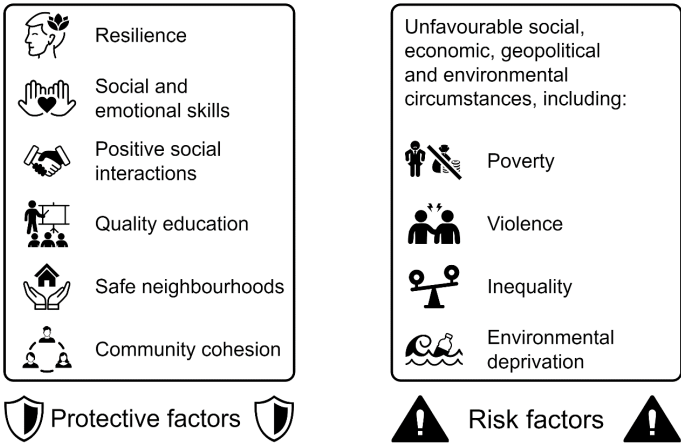


Fig. 2: Selected mental health protective and risk factors

In order to stay on the healthy side of the continuum, the knowledge of potential protective and risk factors is important as their presence or absence contributes to our mental health. According to Mary Ellen O’Connell, Thomas Boat, and Kenneth Warner, protective factors can be defined as a set of characteristics “at the biological, psychological, family, or community (including peers and culture) level that is associated with a lower likelihood of problem outcomes or that reduces the negative impact of a risk factor on problem outcomes” (2009: xxvii). In contrast to this, risk factors are characteristics that precede and are associated with a higher likelihood of problematic outcomes (ibid.). Fig. 2 provides an overview of selected risk and protective factors, once again illustrating the fact that mental health is a complex and multidimensional construct.

3 The Importance of Addressing Mental Health in Foreign Language Classrooms

Despite the increasingly open conversations about mental health, for example, on social media (cf. Section 3) and its increasingly positive representations in popular culture (cf. Section 2), many adolescents still seem reluctant to discuss the issue and seek (professional) help and support. In fact, this may not be because they consider mental health irrelevant but for a number of different reasons (cf. Fig. 3).

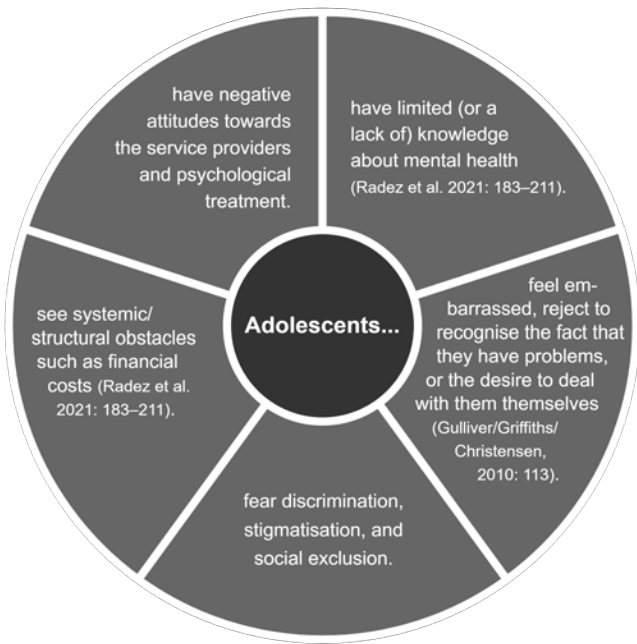


Fig. 3: Reasons why adolescents may taboo mental health (based on Ludwig/Martinez 2022: 129–130)

Consequently, it is important not only to look out for typical warning signs of mental health struggles among adolescents but also to engage them in open discussions about contemporary views on mental health. By emphasising the fact that mental health is a topic adolescents can learn to be comfortable with and by increasing protective factors and healthy behaviours, mental health literacy

can be promoted. This is crucial for education – one field of which is in focus here: foreign language education.

As the World Health Organisation points out, openly addressing and re-shaping the prominent issue of mental health “requires action beyond the health sector” (2021a), including education. However, in education in general and English classrooms in particular, mental health seems to remain a topic that is still largely ignored. This does not mean that teachers necessarily feel that the topic should not be addressed, but rather that (perceived) curricular constraints, lack of material, resources, and tools as well as limited training options make it more challenging for educators to create an environment in which they can openly discuss adolescent mental health. Furthermore, as Christian Ludwig and Veronika Martinez emphasise, teachers may also shy away from promoting mental health education in their classrooms as they

- may fear that they have to open up about their own mental health,
- have to cope with negative reactions from students, and
- are afraid to make the situation of those affected even worse (2022: x).

Despite these challenges, there are a number of compelling reasons for discussing mental health conditions with students in English language education, especially as language and communication (and English as a *lingua franca*) play a vital role in negotiating mental health in public debates. Furthermore, teaching English as a foreign language no longer sees emotions as “the elephants in the room – poorly studied, poorly understood, seen as inferior to rational thought” (Swain 2013, p. 195) but, quite in contrast, considers them an important element of foreign language teaching and learning. Finally, the subject of English also holds great potential for fostering mental health literacy within its own pedagogical and curricular framework, especially as positive psychology (PP) in foreign language education is flowering (Dewaele et al. 2019; MacIntyre/Ayers-Glassey 2022). In short, PP does not deny that negative emotions and problems exist but “emphasises the importance of moving away from a problem-oriented approach which mostly focused on negative emotions and feelings towards a more positive and appreciative perspective” (Sambanis/Ludwig 2023: 90). In other words, it moves away from solely focusing on negative emotions such as anxiety and shifts our attention towards positive topics such as resilience, flow, optimism, creativity, grit, happiness, and mindfulness. According to Martin Seligman and Mihaly Csikszentmihalyi (2000: 5), PP is based on “positive subjective experience, positive individual traits, and positive institutions”. In order for foreign language learners to experience the kind of positive emotions that individuals need to grow, they

need to have positive learning experiences and engage in activities that promote self-confidence, self-efficacy, well-being, and a feeling of being recognised by others (Sambanis/Ludwig 2023).

4 Mental Health Literacy: Goals of English Language Education

English language education can help foster mental health literacy and destigmatise mental health as a taboo topic. It can do so because its curricular framework combines elements of cultural, literary, and linguistic learning which allow teachers to explore the topic from versatile perspectives (see Becker, this volume). The EFL (English as a foreign language) classroom, therefore, can initiate a holistic discussion about mental health-related issues and can support learners in comprehending the different facets of what constitutes mental health. More precisely, although several other school subjects such as German, Biology, Ethics, and Religion can also deal with this topic and foster various competencies, we see the role of English within the following goals:

- to increase students' knowledge about specific mental disorders and their cultural and/or literary negotiation, as well as possible prevention, self-care, and coping strategies, e.g., related to foreign language learning anxiety or bullying,
- to foster students' ability to understand and participate in global discourses on mental health (discourse competence), including
 - developing the communicative competencies necessary to appropriately address the topics related to mental health (i.e., vocabulary/chunks, functional communicative competencies),
 - raising awareness of pragmatic conventions and speech acts in the discussion of tabooed and/or difficult topics,
 - understanding how language(s), privilege, and power relate to each other,
 - critically discussing reconstructions of mental health in texts such as children's literature and popular culture as well as their (stigmatising or trivialising) portrayals of mental health,
- to sensitise and reflect students' attitudes towards mental illness by discussing stereotypes and stigmas, including
 - offering insights into what it is like to live with low mental health or a mental illness in different inter-/transcultural, global, and social contexts,
 - exploring how mental health and mental health conditions intertwine with different social and cultural norms of societies and groups,

- to explore gender differences (gender competence) (cf., e.g., Ludwig/Sambanis, this volume),
- to learn more about stereotypes and prejudices toward plurilingualism, understanding plurilingualism not as a deficit but an asset helpful to address mental health in different linguistic contexts (plurilingual competence) as well as learning to value plurilingual identities as a resource,
- to understand how digital media can help to increase mental health but why and how digital culture can also be a threat to mental health (digital competence),
- to understand why global crises such as pandemics or climate change pose a threat to mental health (environmental literacy) (cf., e.g., Bartosch/Fuchs, this volume) and how mental health is a critical component of the global (health) agenda, e.g. expressed through the Sustainable Development Goals.

In fact, English language education could not be more apt to address the structural, social, cultural, political, and environmental but also individual factors (e.g. gender, religion, ethnicity, and political principles) that influence or protect our mental health; determinants that can be tied in with the competences, skills, and topics outlined in curricula for English as a foreign language.

As the overview of learning goals related to mental health illustrates, the topic matters greatly and has the potential to empower adolescents to become not only better users of English but also healthier individuals. In particular, adolescents need to learn to regulate their (positive and negative) emotions, especially if they lack supportive environments in their families or peer communities while adapting to a changing global world. Moreover, it is important for them to understand that good mental health is not something that happens to us and that we cannot control. Quite the contrary, a solid knowledge of risk and protective factors as well as being able to detect and assess mental health concerns can help to protect and improve our mental health. To conclude, mental health can be promoted through prevention and treatment, and English as a school subject can also play a central role here.

5 The Contributions to this Volume

The present volume takes this context as a starting point to discuss to what extent English language education can support the integration of mental health education in the school curriculum in general and the English as a foreign

language curriculum in particular.² For that purpose, the volume brings together researchers and practitioners from various fields of language education, who examine the relationship between mental health issues and English as a foreign language learning from a variety of theoretical, empirical, and practice-oriented perspectives.

Paying tribute to the fact that mental health is a multi- and interdisciplinary topic, this edited volume deliberately begins with two interviews conducted by Nadine Krüger. The first is with a mental health professional, who has worked in the field of children's and young adults' mental health for a number of years. She discusses potential ways in which education and the school system might be improved to cater to learners' individual needs, which would allow them to develop an awareness of their own mental and physical well-being strategies for dealing with the increasing demands to which they are exposed. Many of her suggestions are in keeping with the concept of mental health literacy discussed above. The other interview features the perspective of an experienced EFL teacher who has been advocating a stronger focus on issues of learners' mental health throughout her career. Through her second job as a coach and supervisor working with the theme-centered interaction (TCI) approach, she is able to offer a unique perspective on the role that issues of mental health play in the school context, the particular challenges that they pose for both learners and educators and how they might be addressed in future. The remaining part of the volume is then divided into four major sections, each of them focusing on a major area of foreign language education. Each section commences with a short introduction to the main themes of the section by the editors.

Section 1 *Curriculum and Competences* looks at how mental health-related topics can be linked to core competencies and learning objectives in English language education. Ever since the 'PISA shock' in 2000, language education, and school education more generally, has taken a turn towards competence orientation – meaning that all teaching is directed towards the achievement of pre-determined competence expectations, as stated in curricular guidelines such as the *Common European Framework of Reference for Languages* on a European level (Council of Europe 2001) and the various curricular standards on a national level. This orientation towards competence achievement also influences the choice of topics in the EFL classroom: Since the turn, only topics are to be

2 As the materials may be potentially disturbing to some learners, all lessons should come with a trigger warning, allowing learners to prepare emotionally. If learners decide not to engage with the topic, for example, because they are personally affected, they should be given the opportunity to attend parallel lessons or work with other contents.

used in language teaching that allow the development of language-related competencies, meaning that the topic becomes valuable only in connection to its competence potential.

This is also true of the topic of mental health; a transversal project which needs to be fostered in all school subjects alike. Yet, depending on the specific curricular framework and its competence expectations, every subject offers its own potential as well as barriers for discussing mental health-related topics and, thus, can make an individual contribution to the overall goal of educating citizens who are aware of mental health issues in contemporary society. This also includes the subject of English: While the topic of mental health is not explicitly mentioned in the current curricular guidelines, the topic can still be connected to some areas of language-related competence development. The papers in this section examine some of these vantage points and competence areas to connect mental health education and language teaching. The first paper by Daniel Becker, *We Got a Match! Examining Potential Connections between English Language Teaching and Mental Health Education*, provides a broader perspective on the topic by analysing different dimensions of English language teaching in order to identify potential points of departure for incorporating mental health issues into the EFL classroom. Following this, *The Worst is Yet to Come: Theoretical and Empirical Findings on Mental Health in a Climate-Changed World* by Roman Bartosch and Stefanie Fuchs explores climate change as a threat to both students' and teachers' mental health and well-being. Taking this as a starting point, this contribution presents the results of a questionnaire of pre-service teachers' beliefs and attitudes towards climate change as a (tabooed) health issue. The contribution by Christian Ludwig and Michaela Sambanis entitled *Gender and Adolescent Mental Health: Building Students' Resilience through Authentic Media and Drama Activities* concentrates on the intersections between mental health and gender education, including aspects such as the gender gap in mental health, gender-specific mental risk factors, and gendered responses to mental health problems. It particularly focuses on the mental health of members of the LGBTQI+ community who generally have a higher risk of suffering from mental health conditions. The chapter concludes by making concrete suggestions for openly addressing the topic through methods and activities from drama pedagogy. In *Music and Mental Health in ELT: A Focus on Emotional Self-Regulation with Insights from Psychotherapy*, Theresa Summer and Valentin Werner discuss the role of music and songs in fostering learners' well-being and emotional self-regulation. By drawing on the findings from an expert interview with a psychotherapist, the authors develop research-based teaching suggestions for ELT.

Section 2 *Texts and Materials* focuses on how authentic texts and materials can be included in English language education to integrate mental health topics in the classroom. These include non-fictional texts such as newspaper articles or blog entries but even more so fictional texts such as literary texts, songs, and multimodal texts including comics and graphic novels. Furthermore, films and TV series as well as born-digital texts, i.e., posts and videos on social media or hashtags become relevant in this context. Dealing with these texts and media that touch on mental health can raise awareness about its importance and reduce stigma surrounding mental health issues. In the case of fictional texts, it can also help students to identify and empathise with characters who experience mental health challenges. By understanding the experiences and feelings of characters in literary works and other materials, students can learn to appreciate the complexity of mental health issues and the impact they have on people's lives. By discussing mental health topics in the context of these (literary) texts, students may feel more comfortable talking about their own experiences with mental health. This can encourage open and honest dialogues in the classroom, which can help to reduce stigma and promote mental health awareness. Furthermore, the use of authentic materials can help students develop critical thinking skills and engage in discussions around mental health topics. By analysing and discussing real-life examples of mental health issues, students can learn to formulate informed opinions on these important topics as well as identify and manage misinformation related to mental health on social media. Beyond that, integrating mental health topics into English language education can provide an opportunity for students to learn new vocabulary related to mental health and mental illness, which enables them to become communicative participants in mental health discourses who can express their opinions and perspectives appropriately. The section starts with *Sally Nicholls' Multimodal Novel Ways to Live Forever in the EFL Classroom – A Case Study* by Maria Eisenmann, which focuses on approaches that make multimodal theories usable for teaching mental health issues through literature in the EFL classroom. Connected to a teaching unit, a questionnaire was developed to find out pupils' motivation through multimodality and also students' attitudes towards the difficult themes of the novel like illness and death. Following this, the contribution by Caroline Zehne *Addressing Mental Health (Representation) in and with Video Games – Hellblade: Senua's Sacrifice and its Potential Use in the EFL Classroom* discusses video games as an integral part of youth culture. More specifically, it argues that while commercial video games have depicted mental illnesses in a stereotypical way, they now take a more realistic approach. Taking *Hellblade – Senua's Sacrifice* and its portrayal of an embodied experience of mental illness as an

example, it outlines how video games can help to critically discuss stereotypical depictions of mental health issues and develop students' empathy. The ensuing contribution *Lighter Than My Shadow: Graphic Memoirs about Eating Disorders in the Multimodal EFL Classroom* by Christian Ludwig and Veronika Martinez also concentrates on a multimodal medium, the graphic novel. Katie Green's memoir depicts the journey of an anorexic teenager, illustrating the unseen faces of eating disorders. It is argued that graphic memoirs are particularly apt for discussing critical issues, especially in educational contexts, as authors can not only write about personal stories and events but also show them.

Section 3 (*Digital*) *Culture and Communication* focuses on the influences digital media have on young users. Today's young adults grow up in an age which is characterised by the fact that technology and digital media have become an integral part of our life (Kerres 2018a, b). Felix Stalder refers to this era in human history as the digital condition, "a wide-ranging and irreversible cultural transformation" (2018: 4), in which cultural practices, social activity, and communication are increasingly intertwined with more and more complex technologies (ibid.). With already the youngest owning a smartphone and having access to the internet, it seems about time to openly address the effects and consequences of digital media use in general and social media in particular among young adults, also in foreign language education. However, to demonise digital technology and assume that its use automatically leads to an increased prevalence of mental (and also physical) health issues may not adequately reveal the topic in its full complexity. Reports on the positive and negative effects of digital technology on our mental health are conflicting. For example, teenagers with mental health issues may spend more time on social media but may well do so to connect with friends, share their thoughts with others, or seek social or medical support. Closely related to this, technology, for example, also allows mental health counsellors to reach younger patients. However, all of this can become detrimental if already vulnerable adolescents receive negative advice (Memon et al. 2018) or make gloomy experiences. The associations between mental health and digital media use, so much seems clear, are bidirectional in that digital technology and mental health can mutually influence each other. Moreover, multiple factors such as adolescents' integration in their social and family environment, previous mental health conditions, and their awareness of the dangers of digital tools and platforms also need to be taken into account (Nikken/Opree 2018: 33). Thus, addressing the topic of digital media and mental health can also train students' digital responsibility and help them become digital citizens as they learn how to ethically act online, manage digital relationships, and protect themselves from potentially harmful online behaviours

such as cyberbullying and stalking. This shows that English language teaching, as any other subject, should work towards “maximising the protection against online risks without restricting the opportunities and benefits, or undermining the child’s ability to explore, learn and express themselves” (OECD 2018: 10). Taking this as a starting point, the contributions to Section 3 focus on selected aspects of adolescents’ mental health and digital media use in more detail.

To begin with, *“Down at the End of Lonely Street”: Social Isolation, Loneliness, Stress and Boredom – A NeuroDidactic View* by Michaela Sambanis discusses isolation, loneliness, stress, and boredom as risk factors of digital media use in the context of education. Following this, Peter Schildhauer’s contribution (*Mental*) *Challenges of a Post-Truth Society: Tackling Conspiracy Theories in the English Language Classroom* concentrates on the mental health implications of conspiracy theories, a widely spread phenomenon in the digital age. Cyberbullying is becoming the most common type of bullying, making it vital to equip students with strategies to respond to and prevent different forms of digital bullying. In *Promoting Digital Media Competences By Addressing Cyberbullying in the EFL Classroom*, Ben Opitz tackles exactly this issue by providing an introduction to this multifaceted topic and showing how it can be integrated into English language education. It reviews empirical research findings on the topic of cyberbullying and provides practical lesson plans that have been designed and implemented in the context of a digital teaching and learning lab seminar at the Department of English Didactics at the Freie Universität Berlin.

The volume concludes with **Section 4 Teachers and Teacher Education**, discussing not only the fact that teachers can suffer from mental health problems as much as students but also that teachers need training to enable them to competently address mental health issues in their classrooms. Closely related to this, the section also highlights that teachers should not be alone in dealing with students’ mental health concerns and that, where possible, they should share tasks with care providers as well as specialists such as psychiatrists, psychologists, social workers, nurses, and support workers. First, Sonja Babic and Sarah Mercer focus on *Understanding the Ecology of Language Teacher Well-Being: Theory and Practice*. With their notion of ecology, Babic and Mercer argue for a more contextualized and situated understanding of teachers’ well-being. Within this framework, they approach this understanding from the perspective of Positive Psychology and suggest Positive Psychology Interventions (PPIs) as a way to maintain teachers’ well-being. Following this, the contribution by Eva Seidl and Jelena Petrović reports on *Promoting Mental Health and Well-Being in the University Language Classroom*. The authors present their own mental health teaching project conducted at both the University of Graz and the University

of Applied Sciences in Graz. Starting out from the issue of social distancing and isolation during the Covid-19 pandemic, the project aims at developing future teachers' well-being competences. Finally, the contribution "*But, Are You Really Fine?*": *Reconstructing Mental Health through a Critical Literacy Lesson Developed by Pre-Service Teachers of English* by Eleni Louloudi focuses on teacher education. It discusses how ELT student teachers have worked towards deconstructing the fear of mental health matters in language teaching and, furthermore, reconstructing new ways of dealing with the topic in the classroom using a critical literacy framework.