PRS and Mental Health

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Introduction

Practitioners within Philosophical and Religious Studies disciplines not only face generic issues associated with pedagogy and mental health, but subject specific issues that can be unique to their disciplines. The lives of those studying (and lecturing) in these disciplines may be profoundly and personally influenced by the nature of the content contained in PRS courses, which can have a deep psychological impact on an individual. For example, the analysis of an individual's personal worldview within an academic context can challenge (and alter) deeply held and longstanding opinions associated with the individual and her place in the world. Philosophical and theological questioning of these opinions may be academically desirable, but there can be a great cost to the individual's own peace of mind. The following discussion introduces some of the key issues, particularly (but not exclusively) in relation to theology and religious studies.

Mental Health and the PRS Academic Experience

PRS subjects can incorporate elements influenced by mental health issues. For example, in the study of religion, there may be analysis of religious experience that could incorporate supernatural phenomena such as 'voices' or spirits. These religious factors can also be, in some social and cultural contexts, deemed issues of mental health. Indeed, some critics have even described prophets as 'mad' or deluded in character. It can be that these (elements of) prophetic experiences become the focus of academic analysis and debate. There has been a substantial amount of research on religion and mental health, but little regarding the impact of the higher-education academic study of religion and theology on mental health. Whether the individual student or lecturer believes a prophet to be divinely inspired or influenced by other factors is open to question. Similarly, the theories of some philosophers have been challenged as examples of their proponents' poor mental health.[1] The psychological impact which academic analysis of a deeply held belief (on whatever foundations) can have on an individual's worldview is certainly an important one to consider within the scholastic framework.

The resultant questioning, and at times self-doubt, can be an important part of the academic experience. Indeed, the individual student with such anxieties may be more drawn towards such questions and subject matter (and it could influence the choice of degree taken!). The level to which such debate is taken and processed is a significant one to consider, especially given the potentially broad range of experience and questions that might exist within a single tutorial group. The 'stretching' of *some* philosophical and religious questions to accommodate some students may be an important component of their academic life, whilst for others - particularly in the PRS context - similar questions can be damaging to individual identity and self-worth. The presentation of questions on particular events and conceptual frameworks can profoundly challenge (some) students' individual notions of belief and identity, yet PRS

practitioners are not qualified or necessarily inclined to counsel their students after a session of this kind. Where do students take their concerns outside of the class setting, and do these concerns influence - even subtly - their mental health or identity? The writer is aware of some students who, confronted with an analysis of a particular belief within an academic setting, have immediately changed their religious worldview. This may or may not have influenced their mental health (however that is assessed), although the level to which PRS departments are responsible for counselling their students during such (academically induced) crises of conscience is open to question.[2]

The study of religion *can* be separated from involvement in religious activities, however they are defined. Levin and Chatters, in a chapter on "Research on Religion and Mental Heath", note that:

> there are several alternative ways that religious involvement, mediating factors, and mental health are potentially related. The complexity and meaning of these constructs and their relationships are not trivial matters and must be fully appreciated in order to arrive at a thorough understanding of the varied connections between religion and mental health.[3]

To this construct could be added the academic study of religion.[4] The connection between religiosity and mental health has been widely explored, famously by William James in his 1902 publication *The Varieties of Religious Experience*, based on lectures that incorporated philosophical and spiritual enquiry into 'the divine'.[5]

> Religion can allow the expression of otherwise deviant behaviour, and conversely, it can sometimes suppress or control pathological behaviour and thought. Some mystical experiences may reflect a psychotic process that is interpreted in a religious vein, while scrupulosity, which involved agonizing about sin and the careful observance of religious law, may reflect an obsessive-compulsive disorder.
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> As well as providing expression for emotional pathology, intense religiosity may actually produce it. Religion itself can be a stressor, as individuals try to live up to the strict exhortations of the faith. The guilt and feelings of unworthiness discussed earlier can contribute powerfully to feelings of low self-esteem, which are maladaptive to the individual's well-being.

The avenues of religious studies research have included theses on the spiritual dimensions of 'madness', and the impact of mind-altering substances on religious 'experience'. Whilst there may be academic experience of the theories associated with these phenomena, PRS academics may not be prepared to deal sympathetically with an individual student suffering from mental illness, or the psychological impact of drugs. It has to be said that, in the interests of 'authentic experience', some academics have also suffered psychosis in the cause of their research during attempts to engage the divine whilst under the influence of various intoxicating substances.

Recognizing Mental Health Issues in Higher Education

Individuals with learning disabilities can have a higher rate of mental health problems. If departments are seeking to widen access, then these concerns must be addressed in conjunction with other issues (discussed elsewhere on this website). There can be a level of social exclusion of people with mental health problems from higher education, even when those problems would not necessarily impact upon academic ability or achievement. There are also specific cultural and religious issues associated with approaches towards individuals with mental health concerns, and awareness of these diverse factors can also be significant in ensuring appropriate responses are instigated by practitioners and their institutions. In these cases, care must be taken not to stereotype individuals on the basis of a perceived background or lifestyle, although some notion of common practices and beliefs may be useful.

It may be relevant to separate students with existing, diagnosed and 'controlled' mental health problems from students whose difficulties emerge within the academic environment. Departments need to have the mechanisms in

place to cope with issues associated with the mental health of their students (and their staff) - whether or not those issues are exacerbated by course content. The central institution may provide some of these mechanisms, but individual lecturer awareness is also important in order to facilitate academic opportunities for (some) students with mental health concerns, however they might be defined. 'Mental health issues' encompass a broad range of phenomena, ranging from schizophrenia to seasonal affective disorder. It may be that a PRS department is unlikely to directly encounter some severe problems associated with mental health issues, which require the specialist treatment (and at times secure seclusion) of sufferers.

There are some conditions, which will be familiar to PRS lecturers, which can be classified as mental health issues. The anxiety surrounding examinations or financial pressures, for example, can have a severe physiological and psychological impact upon the individual student - and unsympathetic institutions or lecturers can exacerbate this situation. Early identification of profound anxiety can pre-empt damaging scenarios associated with mental health concerns. The actions of an individual suffering from mental illness can impact upon wider group behaviour. Anxiety can lead to self-harm, eating disorders, and drug and alcohol abuse (which in turn create or stimulate further mental health problems):

> In the academic year 1997-98, university counsellors saw more than 40,000 students about their problems. Of these, 6,000 were severe, anything from being seriously distressed to being suicidal. A majority of University Counsellors (52 per cent) reported an increase in psychological disturbance among the students they saw.[6]

Questions may emerge as to what is the level of responsibility for individual lecturers and their institutions, and how can common 'exam butterflies' be distinguished from more complex issues? It may be difficult for individual lecturers to recognise the symptoms of anxiety depression, or other signs of mental distress amongst students. If PRS lecturers are also responsible for pastoral care, are they aware enough to pass a student onto other institutional care systems able to offer professional assistance for students? The absence of training for lecturers placed into this position is a key concern, especially given the increasingly litigious nature of higher education.

It can be difficult to locate appropriate and relevant information about higher education, mental health and PRS disciplines. There has been substantive generic research about mental health issues within higher education, including five projects funded by the Higher Education Funding Council of England (HEFCE) exploring different aspects of support for students with mental health difficulties.[7] Through the documentation produced by these projects, it is possible to compare and contrast different institutional approaches to mental health issues. One of these projects, produced at Nottingham University, focused on the effects of depression and anxiety on academic achievement, and attempted to determine the extent of information academic departments possess about students who withdraw or under-perform.[8] These are pertinent issues for any lecturer, although the individual lecturer may not have the resources to deal with or recognise the concerns of students with difficulties. This is particularly true when teaching large groups of undergraduates (although this may be a diminishing factor for other reasons within PRS fields!). The HEFCE Projects were also important in creating different guidelines, both on the Internet and in print, which assisted in formulating policies towards the support of students with mental health difficulties.

Universities UK, previously known as the Committee of Vice-Chancellors and Principals, have themselves presented guidelines that identify some of the pressures that can intensify or create mental health problems amongst students. [9] They also launched, in April 2000, a study into the incidence of suicide and self-harm by students, whilst also seeking to "identify and disseminate good practice in prevention and provision of care."

> "'These initiatives are in response to a perception that there is increased concern over students' mental health," said Dr Tony Bruce, CVCP Director of Policy Development. 'This work will provide clear evidence and advice for universities.'"[10]

It is intended to incorporate this study in a future article for the PRS Subject Centre. A number of generic resources are available relating to mental health issues, which could be usefully approached and interpreted by PRS practitioners, to relate to their own issues and needs as well as the demands of students. Whilst this is no substitute for professional assistance, it may encourage a more sympathetic reading of students suffering from these illnesses. Those involved in studying the ethical dimensions of human life, within PRS disciplines, cannot afford to disregard or ignore what it happening on their own doorstep!

Useful Introductory Mental Health Resources

More detailed information associated with forms of mental illness - including alcohol and drugs issues, anxiety, phobia, obsession, depression, and medical treatments - is contained on the **SANE** website. The site is easy to navigate, with specific problems hyperlinked for rapid access of information. Symptoms are clearly detailed. For example, pages on **Anxiety, Phobia and Obsession** succinctly explain different forms of disorder and their treatment, and also offer suggestions for further reading. Various support groups are listed, including SANE's own helpline, together with groups which focus on specific mental health illnesses.**[11]**

The charity **Mind** has useful information on how learning disabilities can be confused with mental illness, and refers to the term "dual diagnosis" when discussing "people with learning disabilities who also have a mental health problem."**[12]** This is particularly relevant on these PRS pages, given our other articles relating to widening access and barriers to learning within the subject centre's disciplines. Mind notes:

"Many learning disability syndromes of genetic origin are associated with psychiatric disorders.

- Brain trauma often directly results in psychiatric problems.
- People with learning disabilities are much more likely to encounter traumatic life events that make them more vulnerable to mental health problems.
- the social restrictions experienced by people with learning disabilities may endanger their mental health."**[13]**

Determining an appropriate balance within an academic context, which accommodates the elements associated with the potential vulnerabilities and social barriers confronted by people with learning disabilities requires awareness of a wide variety of factors, dependent upon the individual's specific issues and problems. A high degree of consultation is required with the individual, in liaison with the institutional access officers, in order that an appropriate departmental response is engineered. It may be that, despite many barriers, an individual is motivated to pursue higher education in a PRS subject area, and therefore departments might require a reasonable degree of preparedness in line with government legislation. Other Mind resources that may help to determine an appropriate decision include **The Understanding Series**, which include titles on various forms of depression, stress disorder, seasonal affective disorder, self-harm, schizophrenia, and the psychological effects of drugs.

Barriers to learning associated with mental health problems can involve various levels of 'severity', and at times pre-emptive resources can alleviate problems for the individual and the institution. As well as recourse to medical and counselling help, simple, self-diagnostic tools provide an alternative option at times of individual stress and anxiety. A good example is contained on the National Schizophrenia Fellowship's **@ease** website, incorporating some basic models of individuals with mental health problems. The site is based around five individuals (and a dog) and the specific and distinct pressures they face in everyday life. @ease offers some initial advice, including contact details for further information and specialist counselling (by e-mail and telephone).

A broad range of materials is available on the Internet in relation to schizophrenia. Earlier in this discussion, the concept of 'voices' was mentioned in terms of its 'religious' dimensions. Given its potential relevance within the PRS field in particular, an article by David Kingdon, Professor of Healthcare Delivery at the University of Southampton is particularly important. The article discusses the potential origins of voices, and the types of situations in which they can occur. Kingdon offers suggestions when the voices are described as emerging from religious or supernatural

sources:

> The voice can seem like it comes from God or Satan, some supernatural source or even aliens of some sort. If it does you might want to talk over with someone like a therapist, psychologist, doctor, why you think that that is where it comes from. Has it said that to you itself? Well, is that reason to believe it? Would God say such unpleasant things? Satan (if you believe he exists) might but are you maybe jumping to conclusions that because the things said are so evil that it must be from an evil source - like the devil. Such evil voices can occur as a result of being depressed or the effects of drugs like speed & cocaine. If you do have religious belief, you may find help through discussion with your spiritual adviser.[14]

Whether the propensity for such an experience is heightened in PRS settings is open to question. Those concerned about schizophrenia issues can locate an excellent guide to resources at schizophrenia.co.uk, which incorporates links to chat-rooms, research centres, professional and educational bodies, and online journals.

Conclusion

As 'knowledge brokers', the PRS Subject Centre may have a role in facilitating further detailed discussion on such themes, through this website and also at various events. There may be scope for cross-disciplinary exchanges, between professionals in the various mental health sectors and PRS practitioners, in order to discuss mutual interests and transfer knowledge relating to mental health issues and PRS.[15] It may be that the PRS sector could also contribute to generic discussions, through specific understandings of analysing and researching philosophical and religious worldviews. The experiences of PRS practitioners on confronting the varied issues associated with PRS and mental health would be welcomed.

Readers wishing to discuss any aspect of this article are welcome to e-mail Gary Bunt
. It is proposed to initiate a wider discussion on related topics via PRS Subject Centre in the future.

Notes

- For a useful introduction to issues surrounding the research of religion and mental health, see John F. Schumaker (editor), **Religion and Mental Health**, (New York: Oxford University Press, 1992) **back**

- For a study of the impact of conversion processes on mental health, see Kate Miriam Loewenthal, **Mental Health and Religion**, (London: Chapman & Hall, 1995), p. 57-79 **back**

- Jeffrey S. Levin and Linda M. Chatters, "Research on religion and mental health: an overview of empirical findings and theoretical issues." Chapter in Harold G. Koenig (editor) **Handbook of Religion and Mental Health**, San Diego, Academic Press, 1998 p. 45 **back**

- Given the 'grey areas' between religious studies and philosophy, colleagues might also wish to discuss the connections between philosophy and mental health. **back**

- William James, **The Varieties of Religious Experience** (Glasgow, 1902, Fontana Library 1960) **back**

- **The Independent**, "Degrees that Drive Students to Despair", 10 June 1999, cited in University of Sheffield Students and Mental Health, Introduction. **back**

- The Projects were undertaken in Hull, Lancaster, Leicester, Northampton, and Nottingham. For an overview, see the University of Sheffield Counselling Service, "HEFCE Funded Mental Health Projects, Appendix 1" **back**

- "Nottingham University, "The Effects of Depression and Anxiety on Academic Achievement", n.d.. Project Contact: Myra Woolfson **back**

- Universities UK, Guidelines on student mental health policies and procedures for higher education, (London, 2000) **back**

- Universities UK, Student mental health - CVCP launches study and publishes guidelines, 13 April 2000 **back**

- SANELINE, 0845 767 8000 (open between 12 noon - 2 am daily). SANE also publishes booklets, which are detailed on the website, http://www.sane.org.uk **back**

- Mind, Mental Health Problems and Learning Disabilities, **back**

- Ibid. This quotation draws upon several detailed sources. See the article's notes, indices 2-5, for full bibliographical details. **back**

- David Kingdon, "Understanding Voices", schizophrenia.co.uk **back**

- For a discussion on how religion can be taught to health professionals, see Elizabeth S. Bowman, "Integrating Religion in Education." Chapter in Koenig (op.cit), 375 **back**

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