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The Effect of English Language Instruction on Mental Disorder Patients' Social-Identity

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ABSTRACT

This mixed-methods experimental study investigated the effect of English language instruction on English language proficiency and social identity among patients suffering from mental disorders. Two days a week for 90 minutes (48 sessions), the experimental group received English language instruction. The study participants were 52 adults with mental illness diagnoses from a center for patients suffering from mental disorders in Isfahan, Iran, and were randomly classified into control and experimental groups. Quantitative data were collected and presented using the English language proficiency test and the social identity questionnaire (Bruner & Benson, 2018). Moreover, semi-structured interviews were used to show the participants' reflections regarding English language instruction. To analyze the data, One-Way ANCOVA was used to answer the research questions. The statistical results indicated that the experimental group contributed significant improvements in being empowered with higher levels of English language proficiency and social identity (p< 0.01). Besides, the qualitative analysis showed that English language instruction increased the levels of engagement, motivation, willingness to take risks, emotion regulation, and self-growth among the participants. The results of this study provide evidence of the feasibility of successful English language instruction among mental illness patients, which has not received adequate attention in academic studies.

KEYWORDS: English Language Instruction; Mental Disorder Patients; Social Identity

INTRODUCTION

Most people experience mental health issues during their normal lives as a result of mental problems (Vigo et al., 2016). Depression, anxiety, bipolar disorder, schizophrenia, dementia, substance abuse, attention deficit hyperactivity disorder, and developmental disorders such as autism are among the most common mental illnesses. The poor are more affected by mental health problems than those in other classes (Taghva et al., 2017). The problem is especially prevalent in the 153 low- and middle-income countries, which account for more than 80 percent of the world's mental health disorder sufferers (Alloh et al., 2018; Rathod et al., 2017). By 2030, depression will be the third and second leading cause of illness burden in low- and middle-income nations, respectively (Rathod et al., 2017). Low- and middle-income countries suffer from a high mental health burden due to low education, poverty, unemployment, lifestyle changes, and racial discrimination (Alloh et al., 2018; Cía et al., 2018; Rathod et al., 2017). Therefore, being diagnosed with mental health problems result in stigmatization

for the patients. A person with mental health problems is incorrectly labeled because of a combination of negative beliefs and attitudes combined with discrimination (Shammari et al., 2020).

Because people with mental disorders are a marginalized group, social identity is likely to be jeopardized. The degree to which a person identifies with a group is determined by the group's salience, or prominence, at any time (Tajfel, 1981). As a result, if an individual's context changes, it may influence the group's prominence and degree of connection with it. When it comes to mental health inpatient service users transitioning from the community to the inpatient environment, this is an important part of social identity theory to address. Tajfel and Turner's (1979) social identity theory proposed that an individual's self-concept is shaped by the type of group with which he or she identifies (the in-group) and the value assigned to the group in comparison to a relevant out-group. They argue that people seek a positive social identity to improve their self-esteem, but they also acknowledge that an individual's social identity might be jeopardized when they live in a community that society devalues (Maitland et al., 2021).

Individuals who do not establish positive individuality resort to devaluation methods (Tajfel & Turner, 1979). Tajfel (1978) identified minorities in terms of social status rather than numbers. The stigmatizing impacts of such a name might be felt by people who have mental health issues. As a result, identifying as a group member becomes an important part of their self-concept (Hall, 2012). Stronger feelings of social identification (SI) have been associated with lower levels of depression (Postmes et al., 2019) and anxiety (Wakefield et al., 2013) and higher levels of positive mental health (Williams et al., 2019). People are said to dislike having mental health labels associated with them since it affects their self-esteem. As Katz et al. (2002) pointed out, membership in a socially undervalued group is associated with emotional discomfort, which is particularly significant to the emotional well-being of mental health service consumers.

Moreover, learning a second language is different from learning other subjects. Students gain communication skills in a second language, understand others, and gain an understanding of their language and culture through the course. And person's physical, mental, and emotional well-being are all impacted by the process of learning a new language. However, many disabled patients cannot benefit from this educational opportunity, which is at odds with the goal of education-for-all. The present study considers the benefits of English language instruction not just for ordinary learners but also for patients with mental illnesses. English language teachers are reminded by the results of this study that instructing mental disorder patients is possible if they have patience. Moreover, the study notes that English language classrooms are more than just learning environments. As well as constructing and reconstructing identities, they shape learners' character. This study highlights the importance of English language teaching and research regarding mental disorder patients, which has not received adequate attention in academic studies. Language learners (patients) in this study vary in their understanding of how they "identify" as speakers of their first language (L1) and as students of a second language (L2). Furthermore, in this study language is assumed to be central to identity construction and self-development. One's identity both shapes and is influenced by language, according to Norton (1997). This study explores language exposure via a behavioral perspective to highlight the nuanced interaction that occurs between language learners and the language. When used as a theoretical instrument, investment enables educators and researchers to investigate the circumstances of social interaction and the extent to which social relations of power support or obstruct possibilities for language learners to advance.

The present study adopts a micro perspective on identity-in-practice and explains how "identity-in-practice" is action-oriented and focuses on specific practices and tasks in specific settings, although it can broadly be defined as different types of social elements associated with particular social areas (Varghese et al., 2005). The way learners express their identity in practice depends on the environment in which they are situated. According to Wenger (1998), identity is a product of social practice and participation in specific communities of practice. Informed by an integrated perspective focusing on identity-in-practice (Varghese et al., 2005), identity-in-discourse (Trent, 2012), and identity-in-activity (Dang, 2013), this study examines how learners' identities are developed in the EFL context in Iran. This research can shed light on how learners' identities are enacted and transformed through practical and linguistic acts in complex, dynamic activity systems. Consequently, it can be useful for the educational system, especially special needs education, syllabus designers, and even teachers and students. This is because there is a significant interdependency between language learning and identity development. In a nutshell, the present study is an initial step in understanding the social identity of mental health patients in Iran. It has crucial implications for the development of destigmatization interventions and necessary actions. Accordingly, the present study was guided by the following research questions:

1. Can patients with mental disorders learn English language proficiency?
2. Is English language instruction statistically effective in empowering mental disorder patients with social identity?
3. What are participants' reflections on English language instruction?

REVIEW OF THE RELATED LITERATURE

Social identity theory (SIT) uses psychological processes relating social identity to explain relationships between large social groupings. This includes an individual's sense of belonging to a group and the positive or negative sentiments connected with that membership. The idea has evolved into a catch-all word for a variety of more specialized theories of intergroup behavior. In the early 1970s, investigations employing the "minimum group paradigm" gave rise to the hypothesis (Tajfel et al., 1971). This research revealed people's apparent innate need to differentiate themselves from others based on group memberships, as well as their readiness to forego absolute amounts of rewards to preserve relative superiority over members of other groups. Tajfel and Turner (1979) developed an advanced model of how individual identity-related motivations predict individual-level motivations to discriminate between groups, as well as both individual and collective responses to societal-level group status based on these studies, which they subsequently dubbed, SIT (Tajfel & Turner, 1986). According to social identity theory, categorizing our social world is a natural and unavoidable human urge that serves to simplify our surroundings. We identify others into categories, and we also categorize ourselves into some of those same groups—this is known as social identity. Individuals seek strategies to get favorable sentiments from group participation once we "belong" to it (our "in-group"). One strategy to acquire those pleasant sensations is to see the in-group more favorably than other groups ("outgroups"). Seeking positive uniqueness for one's in-group becomes an explanation for having unfavorable ideas and attitudes about outgroups in our environment, and therefore for prejudice and, eventually, discrimination. In recent years, other explanations have been added to the motivational basis of SIT, which is a desire for the positive self-concept. For example, (self-) categorization and intergroup distinction is a strategy to eliminate ambiguity (Hogg, 2000). SIT empirical studies have revealed that in-group favoring is not isomorphic with outgroup derogation (Giles, 2016).

The ability of some social groups, particularly marginalized or minority groups, to perceive positive individuality is hampered by social bias and discrimination. Individual and collective belief systems, according to SIT, will influence group response in such situations. People may pursue a social mobility strategy in which they "leave" one ingroup in favor of another, more socially valued group. When group members have little sense of identification with their group, when group boundaries are permeable (it is relatively easy for a person to "move" from one group to another, unrestrained by visible or other signs of group membership), and when the intergroup power structure is viewed as relatively stable and legitimate (i.e., change in the ingroup's marginalized position is unlikely), such behavior is likely. This behavior is visible when individuals "pass" as members of another group or successfully join that group (e.g., via achieving citizenship in another more desirable national group). People

may, on the other hand, establish a belief system based on societal change. This set of beliefs motivates people to work together to challenge the current quo and elevate their ingroup's standing within the social hierarchy. Rather than quitting their group in favor of a more desired outgroup, they try to improve the standing of their ingroup. People are more inclined to support social change ideas when their ingroup identification is strong, group borders are rigid, and the status quo is regarded as unstable and illegitimate (Hogg, 2000).

According to Tajfel (1978), a minority group is characterized more by its social position than by the number of its members. In this study, the term "minority" refers to mental disorder patients. Therefore, social identity will be influenced by compelled group membership and environmental changes. The question "What are the important social identities of mental health inpatient treatment users?" is the first one we ask because there hasn't been any research done yet. In this context, the term "salient" refers to group membership that is most obvious and significant in identifying a person's social identity at a particular time. As a result, belonging to a group has a big role in how someone views themselves (Maitland et al., 2021).

The theoretical framework of this study is based on Norton's (1995 theory of investment, which defines identity as multi-layered and continually changing over time and space. Clarifying the idea that identity is a struggle between habit and desire, competing ideologies, and invented identities is the goal of this concept. While being ruled by numerous ideologies and possessing varying quantities of capital, learners position themselves and are positioned by others in a variety of settings. People constantly engage in the continuing process of making sense of both themselves and others while being situated in specific temporal and physical circumstances (Danielwicz, 2001; Norton, 2013; Trent, 2012). Identity is significantly influenced by the social, cultural, and political circumstances in which various levels of participation in social behaviors are allowed or not (Ricento, 2005; Trent, 2012; Varghese et al., 2005). As individuals interact with one another in social situations, identities are molded not just by how each individual views themselves but also by how others view them.

Thus, the process of forming a person's identity is not a solitary, unaided endeavor but rather an intricate, carefully orchestrated network of collaboration with other factors. According to Norton, when students study a language, they do so with the understanding that they would have more access to a wider range of symbolic and material resources, raising the value of their cultural capital and social impact. This method takes into consideration how different settings value learners' resources, skills, and knowledge in different ways. The chance to interact with individuals from other cultures and interest groups exposes language learners to a wide range of worldviews and belief systems. As learners move easily between different countries, English language learners may study and use the language in intriguing new ways. For language education research, it is now more crucial than ever to look at how people interact with these environments and the new social structures. Researchers are faced with the task of understanding how these advancements create unique learning opportunities while positioning learners in novel contexts through an assessment of participation in this shifting communication landscape. How can students gain access to these many, evolving social spaces? In this new system of communication, how can learners (patients with mental diseases) assert their right to speak? (Trent, 2012). As Darvin and Norton (2017) noted, owing to the complexity and dynamicity of learners' identities, their investment can be dynamic and complex leading to different learning outcomes. Other researchers (Chen et al., 2020) have also considered language learners as potential investors with multiple context-congruent identities. Ghaznavi et al. (2021) and Golshan et al. (2019) found successful English language training accompanied by some positive changes in learners with special needs. All these studies have shown that language learners have numerous, fluctuating, and frequently conflicting identities. Accordingly, investment and identity indicate the dynamic relationship between L2 learners and their willingness to practice and learn the language.

METHODOLOGY

In the current mixed-methods experimental study, the participants were randomly classified into control and experimental groups. In this study, the independent variable was English language instruction, and the dependent variables were participants' English language proficiency and social identity. The design of the current study was the mixed-methods sequential explanatory design. It consisted of two distinct phases: the quantitative phase followed by the qualitative phase (Creswell et al., 2003).

PARTICIPANTS

Fifty-two adults from Isfahan's Shafa Center for mental disorder patients participated in this study. Before starting the treatment, the researcher conducted the Longman Placement Test to ensure that all participants had a similar level of English language proficiency. The English language placement test results showed that 75% of participants were at the beginning level of the English Language, and 25% were at the elementary level of the English language. As a result of excluding the elementary students from the final analysis, the researcher was left with a sample of fifty-two participants who were at the beginning level of the English Language. They were all diagnosed with simple paranoid schizophrenia. Paranoid schizophrenia of this type is characterized by milder delusions and hallucinations than other types.

The study's participants needed to have a mental illness (simple paranoid schizophrenia in this study) as defined by the ICD-10 (World Health Organization, 1992), take psychiatric medications, and be inpatients. Depending on their psychiatrist's assessment, they also had to be able to take the English language proficiency test, identity questionnaire, and self-stigma questionnaire. And the criteria for exclusion from this study were (a) Having a severe illness, (b) having a brain disorder, (c) being unable to complete the questionnaire, and (d) disagreeing to participate. The psychiatrist contacted patients who met the inclusion criteria for the study. The volunteer participants completed a consent form before treatment started. Patients also got a summary of the objectives of the project. The study's ethical aspects have been approved by the Isfahan Behzisti Center responsible for patient welfare. Participants were invited to participate willingly after being given information about the study's stages, design, and risks that may arise. It was stated clearly that participants could leave the experiment at any time and there would be no consequences. All identities were deleted, and pseudonyms were used to respect participants' anonymity and privacy.

INSTRUCTIONAL MATERIALS

To deliver instruction to experimental group members, the Oxford University Press textbook, New Headway (beginner) written by Liz and John Soars (2013), was used. The New Headway focuses on grammar, vocabulary, and language skills (listening, speaking, reading, and writing) while engaging learners in communicative role-plays and personalizing the learning process. With authentic material from a variety of sources, the book allowed students to practice English in context. Learners' oral (listening & speaking) and written (reading & writing) skills were reinforced with different comprehension activities, language exercises, and communication activities. There were several sections in which students practiced speaking and writing skills in a real-world setting. Six units of the book were taught in 48 sessions (6 months).

INSTRUMENTS

The Persian translation of the Social Identity Questionnaire (Bruner & Benson, 2018) was used in this study. The translation was done by the first author and was examined by three experts (one in English language teaching, one in research studies, and one psychiatrist for mental disorder patients). This measure included 9 items assessing participants' level of social identity. Each participant was asked to rate each statement (from 1 = strongly disagree to 5 = strongly agree) on a scale of 1-5. Cronbach's alpha test was carried out to indicate the scale's level of reliability, which was .89 in the current study for the translated version of the questionnaire. face validity, content validity, and language clarity. Pilot testing was also done with a population of 10 patients to increase the validity and reliability of the items. Feedback indicated that the scale was valid. The researcher read the questions and answers in simple language to ensure that the patients understood the questions.

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A language proficiency test was conducted to measure the participants' level of language proficiency before and after the treatment (pre and posttests) regarding the linguistic content of the New Headway series. The content of the test focused on listening, speaking, reading, writing, vocabulary, and grammar. The test followed the topics covered in class, and the language was the one defined in the syllabus at this level and did not include new items. The tests are designed by Oxford University Press based on the New Headway series. They are available for teachers' assessment purposes as tests of each unit's progress or the overall achievement of students. Additionally, Pearson's correlation coefficient was used to determine test-retest reliability, which was reported as 0.96, indicating that the test was reliable and consistent. Creswell et al. (2003) recommend a ten-day interval between tests.

Coupled with the quantitative data, a semi-structured interview protocol was developed based on the objectives of the study. All experimental group participants' names (26 patients) were changed to guarantee anonymity, and then all of them were identified by a code number. The purpose of the participants' face-to-face interviews was to elicit more information about the effectiveness of English language instruction. The interview questions and answers were performed in Persian and each interview lasted around fifteen minutes. The responses were recorded and coded to develop categories, themes, and areas of interest and to identify patterns and relationships. Data analysis was conducted by the researcher in a three-stage coding process (open, axial, and selective). Open coding involved the examination, comparison, conceptualization, and categorization of data. The raw data were examined for similarities and differences, and initial conceptual categories were identified. In the open coding stage of data analysis for the current study, preliminary categories were identified by examining similarities in responses. Next, in the axial coding stage, data were put together by making connections between categories and subcategories. The subcategories were chosen to answer the questions, such as when, how, and with what consequences, thus, giving the category greater explanatory power. And finally, selective coding involved selecting the core categories and organizing them around a central explanatory concept. The main interview questions were as follows: How would you describe your experience of being exposed to English language instruction? What is your opinion about the effect of this program on your daily life? What do you think about the change in your feelings and attitudes after this experience? Based on the interviewees' responses, suitable probes were used to elicit additional information.

To promote the credibility of interviews, the researcher used 'consistency checks'; also referred to as 'peer review'. Researchers asked two additional researchers to independently analyze the study data (they had some familiarity with the topic or field of study). The interview data were transcribed into Persian and then translated into English. To minimize inconsistencies and discrepancies, both the transcription and translation were proofread by a proficient bilingual colleague. Trustworthiness was also substantiated by 'member checking', which involved the researcher informally confirming the accuracy of their understanding with participants during the data collection process. The researcher also implemented member checking in interviews by echoing, paraphrasing, and seeking further clarification on respondent comments when they were ambiguous.

PROCEDURE

The researcher assigned the participating patients randomly into experimental and control groups, with 26 patients in each group. Two days a week (48 sessions) for 90 minutes, the experimental group received English language instruction. It took 24 weeks (6 months) to treat these patients since working with them required patience and time. In the experimental group, the teacher presented the book content in three stages: presentation, practice, and production. In each session, the teacher presented and practiced one page of the book. The first stage was the presentation of an aspect of language in a context that students were familiar with. The teacher helped the students understand the words through some charts, examples, animations, and pictures. The second stage was practice, where students were given an activity that gave them plenty of opportunities to practice the new aspect of language and become familiar with it whilst receiving limited and appropriate assistance from the

teacher. The final stage was the production where the students used the language in context, in an activity set up by the teacher, and the students were given minimal assistance.

All patients were in-patients, and the researcher was the clinic manager, so he had complete control over the services provided to patients in both experimental and control groups. As a result, he was able to ensure homogeneity between both groups. The only difference between the experimental group and the control group was that the experimental group was taught English. A post-test was conducted to measure the degree of improvement in each learner's English-language proficiency at the end of the implementation period. In addition, both groups completed social identity questionnaire. The researcher collected the data and analyzed them directly.

RESULTS

QUANTITATIVE ANALYSIS

To examine the research hypotheses, the normality of the distribution of data was first examined. There are several ways to check the normality of variables, and one of them is to obtain the Skewness value (Statistic of Skewness divided by Std. Error of Skewness). If the result is less than (± 2.58), the data have a normal distribution (Tabachnik & Fidel, 2007). Therefore, as Table 1 shows, all variables had a normal distribution, and parametric tests were suitable for the present study.

Table 1

Test of Homogeneity of Variances (Language Proficiency)

F	df1	df2	P-Value
0.26	1	50	0.6

Table 2

Test of homogeneity of regression slopes (Language Proficiency)

Source	Sum of Squares	Df	Mean Square	F	P-Value
Group	359.53	1	359.53	112.91	0.000
Pretest	0.34	1	0.34	0.11	0.7
Pretest× Group	8.42	1	8.42	2.64	0.1
Error	152.85	48	3.18	-	-

Can patients with mental disorders learn English language skills?

To answer the first research question and examine the first null hypothesis, H01: Patients with mental disorders cannot learn the English language, Levene's test and normality checks were performed, and the assumptions were met. The homogeneity of variance, the linear relationship between the dependent variable and covariate, and the homogeneity of regression slopes were met (Tables 1 & 2). Since in the current study, the p-value is more than. 05, the researcher has met the assumption of homogeneity of variance and can conduct a one-way ANOVA. And regarding the homogeneity of regression slopes, there is an absence of an interaction between the covariate and the dependent variable. Therefore, the ANCOVA test was run for the language proficiency variable.

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Table 3

Covariance Analysis of Language Proficiency

Source	Sum of Squares	Df	Mean Square	F	P-Value	partial η^2
Pretest	0.002	1	0.002	0.001	0.9	
Group	2019.96	1	2019.96	613.75	0.000	0.93
Error	161.27	49	3.29	-	-	
Corrected Total	2192.52	51	-	-	-	

According to Table 3, there is a meaningful difference between the mean scores of the experimental group and the control group regarding the language proficiency post-test. Accordingly, English language instruction had a significant effect on improving the participants' language proficiency ($p<0.01$). The estimated partial Eta Squared is (partial $\eta^2 =0.93$) which shows a large effect. Therefore, the null hypothesis is rejected.

Table 4

Estimated Marginal Means (Language Proficiency)

Group	Estimated Marginal Mean	Std. Error
Control	2.65	0.36
Experimental	15.15	0.36

The experimental group was successful in learning the language, based on the estimated marginal means (Table 4).

Table 5

Test of Homogeneity of Variances (Social Identity)

F	df1	df2	P-Value
34.49	1	50	0.62

Table 6

Test of homogeneity of regression slopes (Social Identity)

Source	Sum of Squares	Df	Mean Square	F	P-Value
Group	97.29	1	97.29	20.06	0.000
Pretest	1.7	1	1.7	0.35	0.6
Pretest× Group	1.63	1	1.63	0.34	0.7
Error	232.83	48	4.85	-	-

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Is English language instruction statistically effective in developing mental disorder patients' social identity?

To answer the second research question and examine the second null hypothesis, H02 English language instruction is not statistically effective in developing mental disorder patients' social identity, Levene's test and normality checks were performed, and the assumptions were met. The homogeneity of variance, the linear relationship between the dependent variable and covariate, and the homogeneity of regression slopes were met (Tables 5 & 6). Since in the current study, the p-value is more than. 05, the researcher has met the assumption of homogeneity of variance and can conduct a one-way ANOVA. And regarding the homogeneity of regression slopes, there is an absence of an interaction between the covariate and the dependent variable. Therefore, the ANCOVA test was run for the social identity variable.

Table 7

Covariance Analysis of Social Identity

Source	Sum of Squares	Df	Mean Square	F	P-Value	partial η^2
Pretest	1.73	1	1.73	0.36	0.55	
Group	7108.21	1	7108.21	1485.85	0.000	0.97
Error	234.47	49	4.79	-	-	
Corrected Total	7415.44	51	-	-	-	

According to Table 7, there is a meaningful difference between the mean scores of the experimental group and the control group regarding the social identity post-test. Accordingly, English language instruction had a significant effect on improving the participants' social identity ($p<0.01$). The estimated partial Eta Squared is (partial $\eta^2 =0.97$) which shows a large effect. Therefore, the null hypothesis is rejected.

Table 8

Estimated Marginal Means (Social Identity)

Group	Estimated Marginal Mean	St. Error
Control	18.4	0.43
Experimental	41.94	0.43

According to the estimated marginal means, the experimental group performed better in language proficiency compared to the control group (Table 8).

QUALITATIVE ANALYSIS

The analysis of the qualitative data is supported by quotations from the participants in the present study. Thematic analysis of the qualitative data revealed five main categories of engagement, motivation, willingness to take risks, emotion regulation, and self-growth which are presented in the following sections.

Engagement

This category focuses on participants' propensity for classroom engagement. The boosted sense of task participation is vivid in most responses made by participants of this study.

Since I am a patient with some special problems, I thought that I could do nothing in the class, but now I feel much better. I like and enjoy classroom engagement.

After this program, there is a feeling of connection with others in the classroom. And there is a sense of engagement although we have different needs, goals, and problems.

Motivation

English language instruction motivated the participants in the right direction, and this has been documented in the participants' responses.

English tasks motivated me to learn new things. I liked the motivation that I experienced in English language classrooms.

At first, it was just a force to me, but now there is a strong motivation to attend my English classes.

Willingness to Take Risks

This category focuses on participants' propensity for risk preferences. The boosted sense of taking risks is vivid in the majority of responses made by participants of this study. They stated that risky situations provided by English language instruction affected their willingness to take risks and increased their challenge acceptance.

Experiencing a variety of English language tasks motivated me to take risks and make decisions knowing that they have consequences and involve risks.

The project helped me step way outside my comfort zone, take some risks, and forget my mental problems. It was a sort of courage to feel that I can do it.

Emotion Regulation

English language instruction guided the participants in the right direction to learn how to deal with their own and others' emotions. This has been documented in the participants' responses.

Multitasks we did in the English language classrooms helped me experience and express my different feelings.

Performing English language tasks was a complex process that involved initiating, inhibiting, or modulating my state or behavior in the given situations – for example, I learned how to accept and express my emotions.

During English classes, my awareness of my thoughts, emotions, and relationships has increased, and now I can express myself better and easier.

Self-growth

As mentioned by Norton (2013), language learners invest in a language because the language in turn increases the value of their cultural capital and social power. Every time language learners are exposed to a different linguistic context; they are not only communicating with their partners; they are also constructing and reconstructing a sense of who they are and how they contribute to the world around them. Accordingly, this category deals with English language learning and potential changes in learners' self.

Knowing the English language and the ability to speak it gave me a strong command of self-confidence. Now, I feel more confident.

Learning the English language was a new challenge, which made us stronger. I feel challenging myself and my abilities in learning the English language.

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DISCUSSION

Using an experimental research study with two groups of mental disorder patients, significant improvements in English language proficiency and social identity were found for the experimental group. Regarding the first research question, can patients with mental disorders learn English language skills? the results showed that acquiring English as a new language is a valuable human endeavor in and of itself. Learning a new language (as mentioned by Reagan & Osborn, 2002) is a way to introduce and initiate the individual into the shared collective social and cultural heritage, and this cannot be done adequately without some exposure to the different ways in which human beings, at various times and places, have constructed an astonishingly wide variety of languages to meet the needs of their societies. In addition, learning a language "enables learners to differentiate their resumes, offers access to information and cooperation, improves critical literacy, fosters flexible and adaptive thinking, and gives learners the ability to communicate and think globally" (ACTFL, 2013).

Regarding the second research question, Is English language learning statistically effective in empowering mental disorder patients with social identity? the findings of this study gave theoretical support for Norton's (١٩٩٥) model of investment and demonstrate its applicability among people with mental problems. As mentioned by Norton (1997), the development of human intellect and self-awareness depends on language processing. Language both shapes and is shaped by one's identity. Further, the study proved that English language teaching can be successfully implemented among mental disorder patients, which has not received adequate attention in academic studies. The findings of the current study are against the wrong belief that high-risk pupils and those identified as having learning difficulties believed they lacked the ability required to study a foreign language (Wight, 2015). The changes that happened in the patients in the experimental group are because learning a new language affects the learner's physical, mental, and emotional well-being. Language learners switch back and forth between identifying as second-language learners and speakers of their first language. This change is mentioned by different scholars as it is believed that the development of identity through language is an ongoing, continuous, and continual process (Larsen-Freeman & Cameron, 2007).

Regarding social identity achievements, the foreign language classroom is a great setting for discussions on acceptance, giving students the chance to "develop what can be called awareness" (Reagan & Osborn, 2002, p. 103) and the chance to solve problems "in a context unavailable in other classes" (Moore, 1995, p. 1). Students have the chance to grow socially with an emphasis on inclusivity, increasing their understanding as citizens of the world and of their own nations (McColl, 2013; Qualifications & Curriculum Authority, 2009). The experimental group's higher performance is consistent with Staudinger and Kunzmann (2005)'s study, which found that individuals change or develop when they face and try to adapt to new life experiences (in this case, second or foreign language exposure), which has great effects on their social-emotional growth and can lead to successful social interactions. Ghaznavi et al. (2021) and Golshan et al. (2019) found successful English language training accompanied by some positive changes in learners with special needs, which is in line with the present study's findings. All these studies in line with this study's findings have shown that language learners have numerous, fluctuating, and frequently conflicting identities. Language is conceived as a social practice in which speakers negotiate meaning rather than as a neutral means of communication. Power dynamics in the social environment shape access to communities and social networks, as well as how language learners engage with target language speakers. When language learners communicate, they are not just exchanging information with others, but also reconstructing their connection to the social environment, according to this poststructuralist viewpoint. While learners can communicate from a variety of places as they assume new identities, they can also be placed in unfavorable positions, limiting their ability to speak and be heard. For example, the identification categories of race, gender, class, ethnicity, and sexual orientation might influence interaction in many learning environments as well as the chances for language acquisition. Material factors and lived experiences affect these contingent positions but so do learners' imagined identities (Kanno & Norton, 2003). Thus, identity is described as "how a person sees his or her relationship to the world, how that relationship is structured through time and place, and how the individual interprets future possibilities" (Norton, 2013, p. 45).

Regarding the third research question, what are participants' reflections on English language instruction? the qualitative analysis showed that English language instruction increased the levels of engagement, motivation, willingness to take risks, emotion regulation, and self-growth among the participants. Learning a new language is a complex process that includes the entire person: physically, intellectually, and emotionally. Patients (language learners) in this experience oscillate between comprehension of themselves as speakers of their first language (L1) and an awareness of themselves as learners of a second language (L2), in terms of how they 'identify' themselves. As a result, identity development through language use is thought to be a multilayered, non-stop, and dynamic process (Larsen-Freeman & Cameron, 200۷). Furthermore, it is considered that language is important to human cognition and condition, identity building, and self-development (Edwards, 2009). In line with the findings, Norton (1997) has proposed that language both shapes and is shaped by one's identity. Furthermore, it is widely acknowledged that language learning and identity reconstruction are inextricably linked (Edwards, 2009; Norton, 2006; Rezai & Latifi, 2019; Rezaei & Naghibian, 2018), though discussions of identity theory rarely fall directly under the umbrella of second language acquisition (SLA) research (Ortega, 2014).

CONCLUSION

As for the positive impact of learning English on patients, this can make a significant contribution to language acquisition and disease management. In practical terms, this necessitates an acknowledgment and understanding of learners' multiple identities in the classroom on the part of teachers. Pedagogical practices can encourage students' multiple identities and foster autonomy among them. Learners with marginalized identities can reframe their relationship with others by appropriating powerful identities and claiming the right to speak. These learners may be excellent language learners or artists. In addition to improving possibilities for social interaction and language usage, the teacher might reinforce the identities of these students as competent and smart people. This is done by developing classroom activities that make their skills more visible. Creating identity texts, which are creative works or performances that encourage learners to invest more in their learning, is one such activity.

It is important to mention some limitations of the current study. The first limitation is related to sample size. A larger sample size and more precise diagnostic categories are necessary for future research. Second, identity construction and mental illness differ from culture to culture. The current study does not show the diversity of identity across cultures. Third, while the participants were recruited from similar types of mental disorders, the length of mental problems varied widely. Additionally, the study process was explained to the participants before the project to ensure their full cooperation. This may have affected the experimental group knowing they were being observed. Moreover, the participants in the present study were limited to adult patients with simple paranoid schizophrenia. Therefore, generalizing the results of the study to patients with different mental problems in different contexts should be done with caution. There might be different results based on the diversity of diseases and settings.

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