

Conference Proceedings

**PADMAJA CHALASANI**

Consultant Psychiatrist, Cheshire and Wirral Partnership NHS Foundation Trust

**HEALTH & ILLNESS; SANITY AND INSANITY; BIOLOGICAL AND PSYCHOLOGICAL...: ARE THEY REAL OR ABSTRACTS?**

**Paper**

---

When I looked at one of the conference themes, "*Does the notion of a ['threshold concept'](#) have relevance in mental health? Can we identify key threshold concepts? And, if so, how do we teach them?*", I thought I may have something to say about it. So did I submit an abstract identifying some of the concepts that I thought might meet the criterion for threshold concepts in relation to mental health, based on my own experience of progressing through higher education in mental health I could identify some concepts. Those include, 'Is what is labelled as illness really an 'illness?'; 'Are the effects of that state all 'bad'?', 'Do these 'illness states' have certain evolutionary / protective value to the individual &/or society?'. Further questions included were, is mental "illness" a sign of weakness? Nature or nurture, what is more relevant? Individual vs. society in defining and operationalising the concept of mental illness and whose agenda is being met and for whose benefit and so on. These threshold concepts were thus thought to be of particular relevance for teaching mental health in higher education especially in view of their importance for tackling issues in contemporary society such as stigma associated with 'mental illness' and promoting asking questions.

The concepts that were outlined were based on the characteristics that a threshold concept would have as described by Meyer and Land, (2003). The key characteristics include, mastering a threshold concept represents a transformed way of understanding, or interpreting, or viewing something without which the learner cannot progress. Threshold concepts have properties of being Transformative (ontological / conceptual shift), Irreversible (Unlikely to forget), Integrative (Exposes the hidden interrelatedness of phenomena), Bounded ('... bordering with thresholds into new conceptual areas') and provides 'troublesome knowledge' (...counter-intuitive, alien, or seemingly incoherent). A consequence of comprehending these threshold concepts may thus lead to a transformed internal view of subject matter, subject landscape, or even world view. Such a transformed view may represent how people 'think' in a particular discipline, or how they perceive, apprehend, or experience particular phenomena within that discipline. Then looked at how these threshold concepts differ from what university teachers typically identify as 'core concepts' and found out that a core concept is a conceptual 'building block' that progresses understanding of the subject; and it have to be understood but it does not necessarily lead to a qualitatively different view of subject matter.

Based on the above differences further attempt was made to identify and separate core and threshold concepts as relevant to teaching mental health in higher education and outlined few further threshold concepts (with related core concepts in brackets) as follows. Health is contextual

and relative (Health is an absolute state); “Illness” states have advantages (Illness is an undesirable state); mind and body are a continuum one coming from other (mind and body are separate entities).

Then I myself entered the ‘liminal space’ of understanding the concept of ‘threshold concepts’ and was troubled by several aspects in relation to the way I was defining the concepts as threshold concepts by several questions including, what happens with the threshold concept to the individual who mastered it. Will it not then become a core concept for that person? In that sense are core and threshold concepts not relative and contextual? Some of the problems of these definitions were already highlighted by Rowbottom (2007), whose main criticism of the concept of ‘threshold concepts’ was that “*Threshold concepts’ have been defined in a way that makes it impossible, even in principle, to empirically isolate them*”. Rowbottom (2007), also argued that the ‘Threshold’ for a concept is relative (a ‘threshold’ concept for one maybe ‘core’ concept for another); the lack of clarity in defining the “concept” in “threshold concept” (“concept” can be defined at least in three different ways) and the difficulties in measuring concepts vs. abilities (concepts cannot be measured or tested but abilities could be and several conceptual routes could lead to same abilities), and highlighted the difficulties in practical application of threshold concepts in education.

The arguments by Rowbottom (2007) suggest that there are no ‘threshold concepts’ as such. So the question is, does the notion of a "threshold concept' have any relevance to teaching in mental health at all? Then intuitively it seems right that there is something that is ‘threshold’ in the process of acquiring new knowledge. If that cannot be defined and taught as threshold concepts, how else that ‘thresholdness’ can be harnessed in teaching in higher education including the disciplines related to mental health? Perhaps the answer to that question lies in facilitating students mastering the notion of ‘threshold concept’ itself, to be able to develop a lifelong habit of examining the concepts at their ‘threshold’ and acquire the skill of entering new ‘liminal space’ as and when a ‘threshold concept’ becomes ‘Core concept’, rather than in identifying a set of ‘threshold’ concepts to teach them!

In summary having been through the process myself, I suggest there are no ‘threshold concepts’ that can be identified but the concepts as held in individual’s minds have thresholds. The teaching methods that needs developing are to aim to teach the skill to students to enable them to identify develop the life-long habit of constantly negotiating those boundaries preparing them to make a journey through the troublesome ‘liminal space’ all their life constantly expanding the boundary of their conceptual knowledge.

Key references:

1. [Meyer, J.H.F. and Land, R. \(2003\),Threshold concepts and troublesome knowledge \(1\): linkages to ways of thinking and practising in the disciplines, Edinburgh: ETL Occasional Report 4](#)
2. Rowbottom, D.P (2007), Demystifying Threshold Concepts: *Journal of Philosophy of Education*, Vol. 41, No. 2 , 2007; DOI: 10.1111/j.1467-9752.2007.00554.x

Author affiliations: Padmaja Chalasani; Consultant psychiatrist; Cheshire and Wirral Partnership Foundation NHS trust. Chester. UK. Correspondence: [Padmaja.chalasani@cwpc.nhs.uk](mailto:Padmaja.chalasani@cwpc.nhs.uk)