

Presenting information about mental health in a second language could help counter cultural norms against treatment

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Public health outreach efforts often strive to overcome communication barriers by using interpretation and translation to present information to

communities in their native language. However, bilingual people from cultural backgrounds in which mental health is a particularly taboo topic may be more likely to support treatment when they hear information in their second language, said Leigh H. Grant (University of Chicago) about her findings in *Clinical Psychological Science*.

Chinese speakers with English as second language "were consistently more open to [mental health treatment](#) when approached in their foreign English as compared to native Chinese, showing that in some circumstances people may be more willing to discuss mental health treatment—an often-stigmatized topic—in a nonnative language," Grant said.

Grant and colleagues Uriel C. Heller, Miwa Yasui, and APS Fellow Boaz Keysar (University of Chicago) conducted this research with 1,120 native Chinese speakers living in China and the United States who spoke English as a [second language](#).

In the first of four studies, the researchers presented 201 native Chinese speakers in the United States with a vignette written in either Chinese or English depicting the life of a person with depression. In the first scene, the person was described as struggling with feelings of sadness, exhaustion, and joylessness. Participants then saw four additional descriptions of the individual's ability to function. In the first, the person was initially described as being able to fulfill their personal and professional responsibilities. In the following three, their symptoms grew progressively worse, first preventing them from spending time with family and friends, then reducing their performance at work, and, finally, leading them to be fired from their job.

After each of the four descriptions, participants were asked to rate, on a scale of 0 to 100, how strongly they would recommend the depressed person go to a therapist for help.

Participants were significantly more likely to recommend a therapist when they received information about the individual's condition in English versus Chinese, though participants' responses in both conditions became much more similar when the person's functioning declined sharply enough for them to be fired.

In their second study, Grant and colleagues presented 195 bilingual participants in China with a pair of vignettes about a person's declining mental or [physical health](#) and surveyed them about their beliefs related to [mental illness](#). Unlike in the previous study, participants' treatment recommendations did not vary with the language in which the vignettes and survey were presented.

When participants were surveyed about mental health stigma in Chinese, however, they were more likely to report blaming the person for their depression and less likely to report pitying them than when they were surveyed in English. Participants surveyed in either language were equally likely to report feelings of anger or fear related to the depressed individual and to report wanting to avoid the person or offer them assistance.

In a follow-up study of 392 bilingual people in China, participants were once again more likely to recommend mental health treatment for the person when they read the vignette in English. This suggests that the language effect may occur even when a person is not culturally immersed in an English-speaking country, the researchers noted.

Finally, Grant and colleagues further investigated how participants' cultural beliefs might interact with this language effect. They surveyed 323 participants in China about their cultural values and found, as in most of their previous studies, that participants recommended therapy more strongly when they read the mental health vignette in English versus Chinese. Participants who reported having more traditional Asian

values, including placing a high value on social reputation, emotional control, self-reliance, and collectivism, were also less likely to recommend treatment when they completed the study in Chinese. When participants completed the study in English, however, the extent to which they endorsed traditional Asian cultural values did not influence their recommendations, leading them to be more supportive of mental health treatment.

"When people think about mental health treatment in their foreign language, they are distanced from the culturally ingrained stigma that was initially encoded (or, put otherwise, learned) in their [native language](#)," Grant explained. "Hence, we consistently found people were more willing to recommend mental health treatment in their foreign language as compared to native tongue."

Grant's team chose to focus on Chinese bilingual people in this study because this group utilizes professional mental health services at a lower rate than other groups in the United States, she explained. Future work could explore how these findings may apply to other bilingual populations as well as how they could be used to craft outreach initiatives aimed at international students in need of [mental health](#) treatment.

More information: Uriel C. Heller et al, Culturally Anchored Mental-Health Attitudes: The Impact of Language, *Clinical Psychological Science* (2023). [DOI: 10.1177/21677026221148110](https://doi.org/10.1177/21677026221148110)

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