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RECEIVED 23 December 2024

ACCEPTED 05 May 2025

PUBLISHED 30 May 2025

CITATION

Pranjol MZI and Amir A (2025) Disrupting
diagnostic hegemony: reimagining mental
health language with British South Asian
communities.

Front. Educ. 10:1550711.

doi: 10.3389/feduc.2025.1550711

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Disrupting diagnostic hegemony: reimagining mental health language with British South Asian communities

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This perspective paper draws attention toward an urgent issue, that is, decolonizing mental health language for South Asian communities. A quarter of the world speaks at least one South Asian language including the global South Asian diaspora and the British South Asian communities in the UK. In the wake of the spread of the British Raj, English language and the Western medicine through it, a lingering gap persists between the language of western medicine and medical care for South Asian communities, especially the terminologies used for mental health language. In addressing the complexities of cross-cultural psychiatry and psychiatric anthropology, it has for nearly five decades engaged with the cultural relativity of psychopathology. This body of work provides valuable insights into the nuanced ways in which mental health is understood and experienced in diverse cultural contexts. In this perspective paper, we highlight the linguistic colonial injustices and suggest some approaches to developing culturally relevant mental health terminology. Moreover, we aim to contribute to this discourse by focusing on the specific linguistic challenges faced by South Asian communities.

KEYWORDS

decolonizing language, South Asian communities, multilingualism, linguistics, global health inequities, health communication, clinical linguistics

1 Introduction

One of the many evils of European and British colonization was that they altered and imposed non-indigenous socio-semiotic beliefs and linguistic practices of the colonized people (Mahboob, 2023). The ongoing colonial legacy in South Asia, particularly regarding the British-imposed English language, has permeated almost every aspect of life, including mental health and medical terminologies. The impact of language on mental health is a complex area. At the same time, it is important to acknowledge the established field of cross-cultural psychiatry and psychiatric anthropology, which has a history of exploring the cultural relativity of psychopathology. This field offers crucial perspectives for understanding the nuances of translation and the challenges of applying Western mental health concepts in non-western contexts.

Concepts like ADHD, depression, or OCD from modern medicine have gained recognition in the many linguistic communities of the Global North including where English is the dominant language or the official language of the country (for example, the U.K., the U.S.A.). However, these medical terms, in particular, in the English language have emerged in modern-day medicine in the post-industrialized world in the western contexts. These medical

terminologies, however, do not have any equivalent words in the major languages of South Asia.

In the words of the renowned linguist, [Kachru \(2008\)](#), South Asia is a proverbial tower of babel. In this tower of babel, the following languages are among the top 20 spoken languages of the world: Hindi (608.8 M), Bengali (278.2 M), Urdu (237.9 M), Marathi (99.3 M), and Telugu (99.8 M) ([Ethnologue, 2024](#)). Hindi-Urdu, however, serves as the spoken lingua franca to a large extent in and among its diaspora; the population in the region and its diaspora equals almost a quarter of the world's population.

When it comes to the South Asian context, where a quarter of the world's population lives and speaks (or has some understanding of another indigenous language), the medical terms and names of the diseases, for example, are often time not developed or created, but the exact terminologies of English words are used, for example, the word, “cancer” is used in Urdu as کینسر which is just the same word but written in the Perso-Arabic script. In Urdu, however, word borrowing often comes through Persian and Arabic as well, and in case of the word “cancer,” the Perso-Arabic word سرطان (*sartan*) is also used but it is not as popular as the word borrowed from English, that is, cancer. Similarly, the word for cancer in Hindi is कैंसर (*kainsar*) which is also the same word as in English but written in Devanagari script. While for diseases such as cancer, arthritis, diabetes etc., the labels and words used in modern medicine through “word borrowing” in the South Asian context might not be as consequential as the labels used for mental health issues.

This linguistic and terminological gap not only creates misunderstandings and obscurity among patients but also limits access to timely mental health care among South Asian communities. In both South Asia and diaspora communities, especially in the UK, mental health language and Westernized diagnostic terms are challenging to understand, stigmatized, and even dismissed ([Prajapati and Liebling, 2021](#)). Decolonizing mental health language for South Asians could help bridge this cultural and linguistic divide, leading to more accessible, effective, and equitable mental health support for South Asian linguistic communities in the U.K. but also in the South Asian region. This review explores the historical and cultural factors contributing to this gap and considers linguistic and community-based strategies to foster greater mental health awareness. Decolonizing mental health language in South Asia involves redefining, adapting, and contextualizing diagnostic terms so that they resonate within the cultural framework, ultimately reducing health disparities, stigma and improving patient care.

2 Historical context: the legacy of colonialism and language

Colonial rule during the British Raj of the pre-partition India left a complex legacy that continues to impact South Asian societies. One of the lasting effects was the establishment of English as the instructional and administrative language ([Phillipson, 1992](#)). English was enforced as the primary medium of education, governance, and science, and this language dominance marginalized local dialects and knowledge systems.

According to [Benn-John \(2019\)](#): “Re-naming, categorizing, and universalizing are implicit yet ongoing colonist and neo-colonist practices in exerting power and control over the “Other.” The role of

medicine in colonial history warrants a detailed critique ([Eichbaum et al., 2021](#)). As Western medicine began to spread through British-run institutions, mental healthcare followed Western diagnostic frameworks and terminologies, disregarding indigenous understandings of mental wellbeing. Consequently, many South Asian languages did not develop parallel terms for conditions recognized in Western psychiatry.

For example, a condition like “depression,” understood in Western societies as a diagnosable mental health disorder, does not have an equivalent term in Hindi, Urdu, or Bengali that fully conveys its clinical implications. Culturally, it is more often described through general terms indicating sorrow or despair rather than an ongoing medical condition. Terms such as “ADHD” and “OCD” are similarly foreign, with no direct linguistic or conceptual equivalents in South Asian languages ([Karasz et al., 2019](#)). This creates not only a linguistic barrier but also a cultural one, as these conditions are often misunderstood or considered socially unacceptable.

3 Linguistic challenges and cultural stigma and barriers in mental health terminology

The intersection of linguistic challenges and cultural barriers significantly hinders the recognition and understanding of mental health conditions in South Asian communities ([Husain et al., 2024](#)). Linguistic theories, such as the Sapir-Whorf hypothesis, suggest that language shapes thought and directly influences how individuals categorize and interpret their experiences ([Regier and Xu, 2017](#)). In the context of mental health, the absence of precise vocabulary for conditions like ADHD or clinical depression creates conceptual gaps, making it difficult for individuals to recognize these issues as legitimate health concerns ([Karasz et al., 2019](#)). Without appropriate linguistic frameworks, mental health conditions are often misunderstood or dismissed within these communities.

Theories of semantic equivalence and cultural pragmatics underscore the difficulty of translating mental health terminology accurately ([Lee et al., 2009](#)). For example, rendering “depression” as *udasi* (sadness) or “ADHD” as *dhyann-bhatakna* (attention wandering) in Hindi or Urdu reduces these conditions to simplistic terms, stripping them of their medical and psychological complexity. Such oversimplifications can lead to the misinterpretation of mental health issues as transient emotions or personal failings, rather than as clinical disorders requiring professional intervention. The problem is compounded by terminological incommensurability, a concept from translation studies that highlights how some languages lack equivalent terms for certain concepts due to differing cultural values and worldviews ([Bird, 2000](#)). While efforts to create new terms are necessary, these neologisms often face resistance due to their perceived foreignness or alignment with Western paradigms. Traditional systems like Ayurveda and Unani medicine further complicate this dynamic by framing mental health within holistic or spiritual frameworks, often clashing with modern psychiatric approaches. These linguistic challenges are closely intertwined with cultural stigma, which remains a profound barrier to mental health care in South Asian communities.

Drawing on social constructionist theories, it is clear that societal norms and values heavily shape perceptions of health and illness

(Conrad and Barker, 2010). In many South Asian cultures, mental health is often viewed as a reflection of moral weakness, lack of willpower, or spiritual inadequacies rather than as a legitimate medical issue (Karasz et al., 2019). The collectivist ethos prevalent in these societies compounds this stigma, as individual wellbeing is closely tied to family reputation and social expectations (Ahmedani, 2011). Consequently, mental health issues are stigmatized as sources of shame, discouraging open dialogue and deterring individuals from seeking help.

Language further reinforces these cultural barriers. For instance, the absence of precise terms for depression, ADHD, or OCD often leads to dismissive attitudes (Karasz et al., 2019). Conditions like OCD may be trivialized as quirks or personality traits, while ADHD might be framed as behavioral issues stemming from a lack of discipline. Cultural linguistics highlights how deeply embedded cultural values shape these interpretations, further normalizing the dismissal of mental health symptoms. In some cases, these conditions are reframed within spiritual or moral paradigms, with families attributing them to a lack of religious faith or external influences, such as curses or the evil eye (Ibrahim and Whitley, 2021).

The stigma-stress model provides a framework for understanding the cumulative impact of these cultural and linguistic barriers (Schibalski et al., 2017). In collectivist societies, individuals with mental health conditions often experience significant stress due to the fear of ostracism or the potential to bring dishonor to their families. This aligns with labeling theory, which explains how stigmatizing labels perpetuate exclusion and discourage individuals from seeking professional care (Ahad et al., 2023).

To meaningfully decolonize the language of mental health, it is important that we move beyond terminology and engage with the cultural validity of the psychiatric categories themselves. As Kleinman (1987) cautions through the concept of the “category fallacy,” the uncritical application of Western diagnostic categories across cultures risks imposing meanings that may not align with local experiences of distress. Arthur Kleinman’s work is foundational in cultural psychiatry, particularly his concept of *explanatory models* (1978), which emphasizes that both patients and clinicians bring culturally shaped understandings to illness experiences. This framework reminds us that semantic equivalence is insufficient; we must also question whether the constructs we use are culturally appropriate or epistemically imposed. Similarly, Rolan Littlewood’s work at the intersection of psychiatry, culture, and colonial power explores how racialized minorities in Britain are pathologized through psychiatric frameworks that fail to account for sociocultural context. Applying Littlewood’s insights to South Asia contexts can help reveal how terminologies often reflect hierarchical relationships between western biomedical authority and non-western epistemologies.

To address these multifaceted challenges, it is essential to develop decolonized, i.e., culturally informed mental health frameworks that integrate Western clinical practices with culturally relevant approaches. This includes creating terminology that balances scientific accuracy with cultural resonance, promoting mental health education tailored to local contexts, and engaging communities to reduce stigma. By bridging linguistic and cultural gaps, these efforts can pave the way for more inclusive and effective mental health care in South Asian communities.

4 The importance of decolonizing mental health language

Decolonizing mental health language involves creating culturally relevant terms and frameworks that align with South Asian cultural values, norms, and experiences. This process requires working with language experts, mental health professionals, and community members to develop terms that accurately reflect mental health conditions without carrying the stigma attached to Western terminology. For example, mental health practitioners could explore terms that emphasize harmony, balance, and community wellbeing—concepts already respected within South Asian cultures. Using terms that reflect culturally appropriate values could improve acceptance and reduce stigma, as people may find these conditions more relatable and less alienating.

By decolonizing mental health language and by bridging the gap, we can facilitate better communication between patients and providers. In South Asia, where English may still be the official medical language, many patients prefer discussing personal issues in their native language. This adaptation can lead to greater transparency in mental health diagnoses, as individuals feel more comfortable discussing their struggles in familiar terms.

5 Approaches to developing culturally relevant mental health terminology

5.1 Collaborative terminology development

One approach to developing relevant mental health terminology is collaboration with linguists, cultural scholars, and mental health professionals who are fluent in South Asian languages (Tribe and Lane, 2009). This interdisciplinary collaboration is essential for creating terminology that is not only linguistically accurate but also culturally resonant.

Translating existing Western terms is only the first step. Direct translations often fail to capture the nuanced meanings and cultural contexts of mental health concepts. For instance, the Western concept of “depression” might not have a direct equivalent in many South Asian languages. Instead, it is crucial to adapt and reframe the language so that it resonates with South Asian experiences and values. This involves understanding the cultural connotations and everyday language used to describe emotional and psychological states in South Asian communities (Ryder and Chentsova-Dutton, 2012).

For example, instead of directly translating “depression” or “anxiety,” practitioners could introduce words that draw on locally understood states of mind that reflect prolonged emotional distress without the Western labels. In many South Asian cultures, emotional distress might be expressed through physical symptoms or described in terms of social and familial disruptions (Weaver and Karasz, 2022). Terms like “dil ka bojh” (a heavy heart) or “man ka santulan bigadna” (imbalance of the mind) can be more relatable and less stigmatizing than clinical terms like depression or anxiety.

Moreover, these adapted terms should be integrated into a holistic approach to mental health care that aligns with South Asian cultural views. This includes recognizing the importance of family, community, and traditional practices in the healing process (Prajapati and Liebling, 2021). By using culturally relevant language and approaches, mental

health professionals can improve patient trust and engagement, making mental health care more accessible and effective.

5.2 Community-based projects and education initiatives

Community-based projects are essential for spreading awareness and promoting culturally adapted terminology (de Wit et al., 2018). These initiatives play a crucial role in normalizing discussions about mental health and reducing stigma, particularly in culturally diverse communities.

Engaging with community leaders, teachers, and local organizations can help normalize discussions about mental health and reduce stigma (Semrau et al., 2024). Community leaders and educators are often trusted figures who can influence public opinion and behavior. By involving them in mental health initiatives, it becomes easier to reach a broader audience and promote a supportive environment for mental health discussions. For instance, community leaders can advocate for mental health awareness and encourage open conversations, which can help dismantle long-standing stigmas associated with mental health issues (Semrau et al., 2024).

Hosting workshops in local languages, involving religious institutions, and providing accessible materials can open channels for dialogue and education. Workshops conducted in local languages ensure that the information is accessible to everyone, regardless of their proficiency in the dominant language (Beauchamp et al., 2022). Religious institutions, which often hold significant influence in many communities, can be pivotal in promoting mental health awareness. By integrating mental health education into religious teachings and activities, these institutions can help normalize mental health discussions and reduce stigma (Javed et al., 2021). Additionally, providing accessible materials such as pamphlets, brochures, and online resources in local languages can further support these efforts.

In the UK, for example, working with South Asian community groups and providing mental health education in Urdu, Hindi, or Bengali could foster greater understanding and encourage families to discuss these issues openly. South Asian communities in the UK face unique mental health challenges due to cultural, social, and linguistic barriers (Prajapati and Liebling, 2021). By collaborating with South Asian community groups and offering mental health education in their native languages, it is possible to create a more inclusive and supportive environment. This approach can help bridge the gap between mental health services and the community, making it easier for individuals to seek help and support. Furthermore, culturally tailored education initiatives can empower families to discuss mental health issues openly, thereby reducing stigma and promoting early intervention.

5.3 Digital and media campaigns

Digital media and social platforms present a powerful avenue for decolonizing mental health language (Fathi et al., 2024). Campaigns that highlight mental health issues in South Asian languages, using culturally relevant terminology, can reach wider audiences and facilitate understanding. Social media influencers,

mental health advocates, and community leaders can use these platforms to share stories, resources, and educational content that resonates culturally, making mental health awareness both relatable and accessible (Latha et al., 2020).

5.4 Policy and healthcare system integration

Policymakers should encourage mental health professionals in South Asia and in the diaspora to use culturally relevant language in diagnosis and treatment. Cultural sensitivity in mental health treatment acknowledges the unique beliefs, values, and customs of each individual, fostering a stronger therapeutic alliance and improving treatment outcomes (Cruwys et al., 2023). Therapists who foster social identification build stronger therapeutic working alliances and have better client outcomes. For instance, understanding cultural differences in how mental health is perceived and expressed can lead to more accurate diagnoses and more effective interventions.

Health practitioners can be trained to use these adapted terms and adopt more holistic approaches that align with South Asian cultural views. Holistic approaches in mental health care consider the interconnectedness of mind, body, and spirit, which is often emphasized in South Asian cultures (Elendu, 2024). Integrating traditional practices such as yoga and meditation with modern therapeutic techniques can enhance the accessibility and acceptance of mental health care among South Asian communities (Yatham et al., 2023). This approach not only respects cultural values but also leverages familiar practices to support mental wellbeing.

This would not only make mental health care more accessible but also improve patient trust and engagement. Culturally sensitive care can significantly enhance patient trust, as individuals feel understood and respected when their cultural backgrounds are acknowledged (Saha et al., 2008). Improved communication and rapport between patients and providers can lead to better adherence to treatment plans and more positive health outcomes (Butt, 2021). By fostering an environment where cultural differences are valued and integrated into care practices, healthcare systems can build stronger, more trusting relationships with patients, ultimately leading to more effective and equitable mental health care.

6 Potential outcomes and benefits of decolonizing mental health language for south Asians

One of the primary benefits of decolonizing mental health language is the reduction of stigma. Presenting mental health conditions in a way that resonates with cultural beliefs and values can help individuals feel less alienated and more willing to seek support. For example, introducing terms that do not carry Western connotations of “disorder” or “illness” can make mental health issues seem less foreign and more acceptable within the cultural context (Cogan et al., 2024). This approach can help normalize mental health discussions and reduce the shame often associated with these conditions.

Secondly, decolonizing mental health language can decrease the time it might take for diagnosing mental health issues among South Asians as labeling the symptoms appropriately with the right labels in familiar language will not only build trust but it will also create further awareness about mental health language.

Furthermore, adapting mental health language can foster a broader cultural shift, encouraging more open conversations about mental health and wellness in South Asian communities. This cultural shift can create a ripple effect, where family members and friends become more supportive, breaking down barriers to mental health support and understanding. Open discussions about mental health can lead to increased awareness, early intervention, and a more supportive environment for individuals experiencing mental health issues.

Finally, decolonizing mental health language empowers individuals by validating their experiences and providing them with the tools to articulate their mental health needs in a culturally relevant manner. This empowerment can lead to greater self-advocacy and a stronger sense of agency in managing one's mental health.

7 Conclusion

Decolonizing mental health language for South Asian communities is a crucial step toward creating a more inclusive and accessible mental health landscape. The legacy of British colonialism imposed English as the dominant language, marginalizing local languages and failing to consider South Asian cultural perspectives on mental wellbeing. By developing culturally relevant mental health terminology and fostering awareness through community-based initiatives, South Asian communities can better understand, accept, and support individuals facing mental health challenges.

Efforts to decolonize mental health language require collaboration across linguistic, cultural, and clinical domains, along with community-driven advocacy and education. These changes would help bridge the cultural gap in understanding mental health, ultimately improving patient care, reducing stigma, and empowering South Asians to engage with mental health in ways that resonate deeply with their cultural values and lived experiences.

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Data availability statement

The original contributions presented in the study are included in the article, further inquiries can be directed to the corresponding author.

Author contributions

MP: Project administration, Writing – original draft, Writing – review & editing. AA: Conceptualization, Writing – original draft, Writing – review & editing.

Funding

The author(s) declare that no financial support was received for the research and/or publication of this article.

Conflict of interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

Generative AI statement

The authors declare that no Gen AI was used in the creation of this manuscript.

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