

Why more NRIs are dialling home for therapy that speaks their language

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On World Mental Health Day, therapists in India highlight how, for Indians abroad, therapy often works best, not in English, but in the language they grew up speaking

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For the longest time, Mrs Deshpande (name changed), a 45-year-old homemaker from Pune who moved to the US two decades ago, felt like a “failure” as a mother. “I’ve lost my daughter,” she told her psychiatrist, referring to her 16-year-old, who was born and raised in America. Her daughter’s wish to pursue a liberal arts major, her interest in dating and her outspoken nature felt to Deshpande like a rejection of everything she stood for. While she followed “Maharashtrian values” like family reputation and academic focus, her daughter, she said, was drawn to “selfish American values” of personal freedom and individual choice. As tensions deepened, she slipped into moderate clinical depression.

“*Tumche prem he chukiche nahi* (Your love is not wrong),” reassured Dr Shaunak Ajinkya, consultant psychiatrist at Mumbai’s Kokilaben Dhirubhai Ambani Hospital, during their sessions online. “*Ti prem vyakt karnyachi padhhat badlaichi ahe* (it’s the way you express that love which needs to change),” he added.

Such lines — spoken in the language his patient grew up hearing — shifted something visceral within her. Slowly, Deshpande’s fears about psychiatric medicine abated and, in joint sessions with her daughter, the blame games receded. Not only did the mother begin to see her own condition as ‘*ajar*’ (illness) rather than ‘*vikar*’ (flaw), she also came to understand her daughter’s behaviour as cultural adaptation rather than rebellion. Timely reminders such as, “*tumhala ek changli ‘margadarshak’ banayche ahe, ‘niyantran karnari’ nahi* (you need to be a good guide — a mentor — not a controller)”, helped her symptoms fade away. Within a year, she found a new rhythm and her medication was stopped.

Her story reflects a growing observation among counsellors working with diaspora clients: the language in which pain is voiced can profoundly shape the course of therapy.

Finding The Right Words

Over the past few years, with more NRIs

explicitly requesting therapy in their mother tongue, languages such as Hindi, Gujarati, Tamil, Bengali, Punjabi, Malayalam and Telugu have become the medium for finding comfort and healing.

“The shift is subtle at first — a preference, a question — but it signals a deeper longing to feel understood in one’s own emotional syntax,” says Dr Dhara Ghuntla, psychologist and psychotherapist affiliated with Sujay, Seven Hills and Criticare Hospitals in Mumbai. Language, she says, matters culturally, emotionally and practically. “Culturally, it carries context — traditions, family metaphors, religious idioms. Emotionally, it lends intimacy and fullness. Practically, it’s easier not to translate every feeling before it reaches the therapist. Therapy feels more natural and less effortful.”

Research is beginning to validate this approach. A 2025 study by Viktoriya Zipper-Weber (Healthcare, Basel) found psychotherapy in a client’s mother tongue to be twice as effective as in English. A 2023 study from the Technical University of Munich echoed this, noting that therapy in one’s native language provides “a piece of home and security” for traumatised refugees.

“Language is inseparable from culture,” says Ajinkya. “The native language connects to the traditional, familial self, while a second language links to the professional self. Switching languages can act as a psychological defence, detaching from painful emotions.” He recalls a Hindi-speaking woman in the Middle East who initially spoke in English about her mother’s affair. Only when she switched to Hindi — using phrases such as ‘*ghar ki izzat*’ — did her real concerns surface. “When clients are forced to use a second language, they feel less understood. It drains cognitive energy that could be used for healing,” he says.

Therapists confirm that emotional intensity, grief and cultural idioms surface more naturally in one’s mother tongue. Dr Maitri Thakker, a clinical psychologist who works extensively with diaspora clients, recalls a Gujarati client in Europe who, in English, spoke only of “numbness” and “fatigue”. When sessions shifted to Gujarati, she described her mother’s



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— DR SHAUNAK AJINKYA | PSYCHIATRIST

scolding, shame-filled childhood words, and unprocessed grief — giving therapists the raw material to work with family expectations and rituals. Certain emotions, particularly shame, guilt, or familial duty “don’t quite translate,” Thakker notes. “Try explaining ‘*sanskaar*’ or ‘*maryada*’ in English — it flattens the meaning. But say those words in the mother tongue, and the emotional weight instantly lands.”

Bilingual therapy allows clients to “code-switch” naturally — shifting between languages to express different emo-

tional states. “They might start a sentence in English and end it in Marathi or Tamil,” says Thakker. “That’s not confusion; it’s authenticity. Each language carries a different emotional temperature.” Ghuntla remembers a Gujarati woman in the US who was grieving the loss of her parents. “In English, she was walking on eggshells, trying to find the right words. When we switched to Gujarati, she spoke of home rituals and the aroma in her mother’s food. That shift opened up healing spaces that English alone couldn’t.”

Similarly, a 40-year-old Delhi-born woman navigating post-partum depression with an American therapist could only fully articulate her emotions when therapy incorporated Hindi, revealing cultural nuances and coping gaps absent from a Western framework.

Moreover, limited command over English could even result in misdiagnosis. For instance, almost 75% of NRI clients of counsellors based in Kerala insist that the doctor should communicate with them in Malayalam, likely due to the fact that many of those who seek employment abroad may not be conversant in English. So, if they express an emotion like anxiety in English, chances are it may be misinterpreted as fear.

“We have seen several NRI patients whose anxiety disorder (mostly social anxiety) gets misdiagnosed as psychotic disorder and they are put on psychotic drugs due to the communication gap. It is always better to express your state of mind in your mother tongue”, says psychiatrist Dr Arun Nair, professor, Govt Medical College, Thiruvananthapuram.

Many NRIs, especially senior citizens, may also hesitate to open up before a ‘foreigner’, says Ludhiana-based psychologist Param Saini, who has also worked as a mental health professional in the US. “Besides, there are cultural subtleties that a counsellor in the US or Canada may miss,” says Saini, who encourages her NRI clients — chiefly based in Canada — to converse in Punjabi. “Many highlight marital problems and can explain things better in their mother tongue, helping me get to the core of the issue,” she says. Agrees Samuel Teja, another Ludhiana-based psychologist. “Clients feel comfortable speaking to someone they can relate to.”

Sudarshan Hegde, psychologist and proprietor at Manospandana, an online therapy platform that sees many NRIs seeking therapy in Kannada, Tamil and Telugu, recalls how a Kannada-speaking couple from the US struggling with emotional distance found that speaking in their mother tongue enhanced empathy and understanding. Reflections like “*Preetiyannu pratiyobbaru arthamaadukolluwa, vyaktapadisuw mattu sveekarisubhava mattu vidhana bere bere. Nimmibar pritiya bhaasheyannu arthamaadkolona?*” (Everyone understands, expresses, and receives love differently. Shall we try to understand each other’s language of

love?) softened defences. “Hearing this in Kannada helped both partners soften their tone, express vulnerability more freely and move away from defensive English statements like ‘you don’t get me’ or ‘you’re too traditional’,” says Hegde.

“Over a few sessions, they began appreciating each other’s expressions of care, blending cultural understanding with emotional empathy.”

Growing Demand

Not too long ago, in his Netflix special, ‘Off With His Head’, standup comic Hasan Minhaj referenced this cultural dissonance. He did a send-up of his misadventures with his white therapist ‘Janet’, who couldn’t comprehend collectivist values. “If you go to therapy,” he told the audience, “you deserve a therapist that understands you culturally.”

For NRIs, therapy in regional languages is particularly effective for depression, anxiety, grief, and intergenerational conflict. Parents often express fears around ‘*gharachi abru*’ (family honour) or ‘*kutumbache naav*’ (family pride) — phrases that lose force in translation. “When people migrate, they may keep their heart language in the attic; therapy that brings it down helps reunite fragments of identity,” says Thakker. “It helps them rediscover not just their voice, but also find a sense of belonging.”

Despite growing demand, access remains uneven in the context of India. The country has only 0.8 psychiatrists and 0.3 clinical psychologists per lakh population. Clinically fluent multilingual therapists are rare, and cross-border licensing remains a hurdle. Online platforms are bridging these gaps, but issues surrounding time zones, costs and privacy persist. “Being conversationally fluent isn’t the same as being clinically fluent,” cautions Thakker. Still, the Covid-era shift endures. “Before the pandemic, few NRIs would have considered therapy with someone in Mumbai or Chennai. Now, online sessions across borders are normal.”

Experts foresee growing institutional focus on linguistic-cultural competence. “The ideal professional requires more than translation skills,” says Ajinkya. “They must understand how distress is expressed within that linguistic group.” Ghuntla calls for certification programmes for bilingual therapists, structured training, supervision and cross-border licensing reciprocity. Govt support — scholarships, platforms connecting diaspora clients to Indian therapists and policy integration of cultural-linguistic competence — could expand access.

“Your struggle is real and it deserves to be heard in your own voice,” Ajinkya says to NRIs navigating an emotional minefield. “Talking about deep emotions in a second language is exhausting. Connection is healing. Seek help in the language that feels truest to you.” Ghuntla echoes him: “Don’t settle for words that feel distant. Vulnerability is universal and the language of your roots may just carry the key to your most authentic self.”

With inputs from Shariq Majeed and Preeti Nair