

# Differences in perception of depression, attitudes towards mental health, and gender roles as a function of language of responses in English – Punjabi bilinguals

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## ABSTRACT

This study determines if English-Punjabi Bilinguals' perceptions of depression, mental health attitudes, and gender norms vary based on target reporting language. Sixty participants were recruited via social media. We hypothesized English-Punjabi bilinguals would report higher depressive symptoms in English and more negative perceptions towards mental health and gender norms in Punjabi. In part one of the study, participants received either an English or Punjabi version of the following scales: PHQ-9, WEMEBS, MHKQ, and GRAS. After two weeks, participants received the opposite language version. The results showed a significant difference in mental health attitudes, and gender norms perceptions demonstrated in language. However, differences in depression levels were not demonstrated.

## RESULTS

We conducted eight paired t-tests looking at the significant differences between the two languages to analyze our data. We found a significant difference when comparing the English and Punjabi language with gender norms and mental health attitudes; however, depression presented as insignificant.



### Depression

PHQ-9:  $t(59) = .330, p = .89$ ,  
WEMEBS:  $t(59) = .136, p = .74$ .



### Mental Health

MHKQ:  $t(59) = 5.496, p < .001$ .



### Gender Roles

egalitarian roles  $t(59) = 6.861, p < .001$   
female gender roles  $t(59) = -1.659, p = .102$   
traditional roles  $t(59) = -6.376, p < .001$   
marriage roles  $t(59) = -2.030, p = .047$   
male gender roles  $t(59) = -3.176, p = .002$ .

## INTRODUCTION

Culture and language influence each society's beliefs and values. As the English and Punjabi cultures and languages significantly vary, we explore how English-Punjabi bilinguals report depressive symptoms, attitudes towards mental health, and perceptions of gender norms in both languages. Rupari (2018) expressed how depression terms in the Punjabi language are absent. As there is no word to describe depression, it becomes difficult to recognize and diagnose it. Gill et al. (2017) reported that the topic of mental health in India shows various feelings of stigma and shame as suicide is seen as a crime. Lastly, Das (2011) studied gender roles where he found women to be portrayed in fewer authority figures and more often in relationship roles on screen. Because of the significant differences between the English and Punjabi language, we expected language, whether that is English or Punjabi, to prime our cultural values and beliefs that reflect how we process depression, attitudes, and perception in the two languages.

## DISCUSSION

We found that participants were more stereotypical and had negative towards egalitarian, traditional, marriage, and male roles and mental health attitudes when reporting in Punjabi. There was no significant difference found in reporting depressive symptoms between the two languages.

Psychotherapists working with bilinguals and multilingual individuals of the Punjabi culture can understand cultural diversity and competency in treating individuals with different mental health attitudes and gender norms based on culture. This study allows English-Punjabi individuals to understand how the Punjabi language primes their views and how that may affect their perceptions of mental health topics. Recognizing how perceptions differ can enable individuals to decrease the stigma of mental health and gender norms in the Punjabi language by educating and speaking on such issues. (Ramakrishnan et al., 2014). There may be various reasons for the insignificant results. One reason can be the Punjabi language does not have actual words to describe depression (Bhui, 1999). The translation showed how the lack of words to describe depression can affect how individuals report depression. Introducing more words to express feelings of depression will help English-Punjabi bilinguals identify depression and physical illnesses (McClelland et al., 2014).

## METHODS

### Participants

- 18 + years old & English-Punjabi Bilinguals

### Materials:

- Depression: Patient Health Questionnaire (PHQ-9) & Warwick-Edinburgh Mental Well-being Scale (WEMWBS)
- Mental Health: Mental Health knowledge Questionnaire (MHKQ)
- Gender Roles: Gender Role Attitude Scale (GRAS)

### Procedure:

Our study was administered entirely online through SoSci Survey. We translated each scale to Punjabi by a reliable translator followed by a back-translation to English to ensure the questionnaires were valid. For counterbalance purposes, we had two groups. Group one received the English questionnaires first and the Punjabi questionnaires second. Group two received the Punjabi questionnaires first, followed by the English questionnaires. Part two of the study was sent after two weeks.



Gender  
Roles

Mental  
Health

Depression