LETTER TO THE EDITORIAL BOARD

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Language Learning as a Mental Health Intervention: The Singular Case of Esperanto

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Foreign language learning promotes cognitive reserve, reduces anxiety, and fosters social belonging. Esperanto, acquired significantly faster than ethnic languages due to its regular structure, offers uniquely rapid access to these benefits, making it a compelling non-pharmacological mental health strategy that merits recognition in clinical practice.

The prescription we have not yet written

Mental health professionals routinely recommend exercise, sleep hygiene, and social engagement as non-pharmacological strategies. Yet foreign language learning, despite a growing body of evidence supporting its cognitive and psychosocial benefits, remains largely absent from clinical recommendations. This letter argues that language learning constitutes a legitimate and underutilized mental health intervention, and that Esperanto, by virtue of its exceptional accessibility, offers a uniquely low-threshold entry point into those benefits.

Cognitive reserve and neuroprotection

The relationship between bilingualism and cognitive reserve is among the most studied topics in neurolinguistics. A systematic review and meta-analysis by Brini et al. [1] found that bilinguals experience the onset of Alzheimer's disease symptoms 4.7 years later and receive a diagnosis of dementia 3.3 years later than monolinguals, with effect sizes robust to education, immigration status, and socioeconomic background. These findings align with earlier Bayesian meta-analytic work demonstrating an average delay of approximately 3.45 years in symptom onset among bilingual individuals [2]. The proposed mechanism is cognitive reserve: the sustained engagement required to manage two or more linguistic systems strengthens executive control networks, promotes neuroplasticity, and builds functional redundancy that compensates for neurodegenerative changes [3].

Interventional studies support the translatability of this effect to language learners in later life. Ware et al. [4], in a systematic review of neuroimaging and cognitive studies, found that second-language training in older adults was associated with improvements in attentional switching, inhibitory control, and working memory, as well as increased functional connectivity. A controlled trial by Bubbico et al. [5] demonstrated significant improvements in global cognition and increased functional connectivity in the right inferior frontal gyrus following a short language learning intervention in healthy elderly participants.

Psychosocial wellbeing and mental health

Beyond neuroprotection, the psychosocial dimension of language learning carries direct relevance for mental health practitioners. Pikhart and Klimova [6] investigated subjective wellbeing outcomes in 105 adults aged 55 and older enrolled in a foreign language course, finding significant improvements in reported happiness, motivation, and social connectedness, independent of objective linguistic progress. These authors propose that foreign language learning operates partly through the stimulation of social wellbeing, expanding relational networks and reducing isolation, which are well-established risk factors for depression and cognitive decline [7].

A subsequent comparative psycholinguistic study across Czech and Polish older adults confirmed that positive emotions were the most consistent outcome variable in foreign language learning courses, regardless of cultural background [8]. This convergence across populations is clinically meaningful: it suggests that the mechanism is not specific to language content or instruction style but reflects a more fundamental psychosocial dynamic.

Most directly relevant to clinical practice, Brouwer et al. [9] evaluated language learning as a non-pharmacological intervention in older adults with a history of depression. The three-month English language intervention yielded improvements in cognitive functioning and psychosocial wellbeing that extended to a four-month follow-up, demonstrating durability and supporting language learning as a structured therapeutic activity rather than incidental enrichment.

Why Esperanto changes the equation

The most significant barrier between intention and benefit in language-based interventions is time. Patients under psychological or occupational stress, individuals with limited educational confidence, or those in under-resourced settings are unlikely to sustain language study long enough to derive meaningful cognitive or social gains from conventional ethnic languages. This is the structural problem that Esperanto uniquely addresses.

Designed in 1887 by Ludwik Łazarz Zamenhof with the explicit goal of minimizing grammatical irregularity, Esperanto features a fully agglutinative, regular structure that allows learners to reach basic communicative competence in a fraction of the time required for natural languages [10]. This reduced acquisition load operates not only quantitatively but qualitatively: the transparent morphological architecture of Esperanto has been shown to enhance metalinguistic awareness, defined as the capacity to reflect consciously on the structure and function of language, in ways that facilitate subsequent acquisition of other languages [11].

Roehr-Brackin and Tellier [10], in a classroom study conducted across England between 2006 and 2016, demonstrated that children exposed to Esperanto-based language awareness programmes developed more positive attitudes toward other languages and cultures, and showed greater homogeneity in metalinguistic performance, suggesting a levelling effect that benefits learners of more variable starting abilities. Tellier and Roehr-Brackin [11] confirmed that early exposure to Esperanto may serve as a 'gentle introduction to metalinguistic thought and problem-solving', fostering cognitive as well as affective benefits.

This accelerated acquisition matters clinically because it collapses the latency between beginning study and accessing the social and cognitive benefits of participation in a language community. A patient who invests 150 hours, approximately three to six months of informal study, can reach the communicative competence needed to engage meaningfully with the global Esperanto-speaking community. An equivalent investment in any ethnic language would yield only rudimentary competence, well below the threshold for meaningful social interaction.

The Esperanto community itself constitutes a therapeutic resource. It is a voluntary, horizontal, international network united not by nationality or cultural heritage but by a shared commitment to communicative equity and mutual understanding. Participation requires no immigration, no costly travel,

and no privileged social capital. For patients experiencing isolation, cultural alienation, or reduced self-efficacy, characteristics commonly encountered across psychiatric and primary care settings, this represents a structurally accessible point of connection with the world.

A call to clinical attention

Language learning fulfils the major criteria for a recommendable non-pharmacological intervention: it is evidence-supported, accessible, low-cost, dose-flexible, socially enriching, and without meaningful adverse effects. Its benefits span the cognitive, emotional, and social dimensions of mental health. Esperanto, by dramatically lowering the threshold of acquisition, makes these benefits reachable for populations that would otherwise be excluded by time, educational background, or motivational fragility.

Psychiatrists, psychologists, and primary care physicians working with patients who present with depression, anxiety, social isolation, or early cognitive decline would do well to consider language learning, and Esperanto in particular, as part of a broader non-pharmacological strategy. The prescription is simple, costs nothing, and has been available since 1887.

Resumo

O aprendizado de línguas estrangeiras promove reserva cognitiva, reduz ansiedade e favorece pertencimento social. O Esperanto, adquirido muito mais rapidamente que línguas étnicas devido à sua estrutura regular, oferece acesso acelerado a esses benefícios, configurando uma estratégia não farmacológica de saúde mental com potencial relevância clínica.

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References

[1] Brini S, Sohrabi HR, Hebert JJ, Forrest MRL, Laine M, Hämäläinen H, et al. Bilingualism is associated with a delayed onset of dementia but not with a lower risk of developing it: a systematic review with meta-analyses. Neuropsychol Rev. 2020;30(1):1-24. doi:10.1007/s11065-020-09426-8

[2] Li Z, Coretta S. Bilingualism effect for delaying dementia onset: a Bayesian meta-analysis. Aging Neuropsychol Cogn. 2026;33(1):1-28. doi:10.1080/13825585.2025.2566699

[3] Liu H, Wu L. Lifelong bilingualism functions as an alternative intervention for cognitive reserve against Alzheimer's disease. Front Psychiatry. 2021;12:696015. doi:10.3389/fpsyt.2021.696015

[4] Ware C, Dautricourt S, Gonneaud J, Chételat G. Does second language learning promote neuroplasticity in aging? A systematic review of cognitive and neuroimaging studies. Front Aging Neurosci. 2021;13:706672. doi:10.3389/fnagi.2021.706672

[5] Bubbico G, Chiacchiaretta P, Parenti M, di Marco M, Panara V, Sepede G, Ferretti A and Perrucci MG (2019) Effects of Second Language Learning on the Plastic Aging Brain: Functional Connectivity, Cognitive Decline, and Reorganization. Front. Neurosci. 13:423. doi: 10.3389/fnins.2019.00423

[6] Pikhart M, Klimova B. Maintaining and supporting seniors' wellbeing through foreign language learning: psycholinguistics of second language acquisition in older age. Int J Environ Res Public Health. 2020;17(21):8038. doi:10.3390/ijerph17218038

[7] Klimova B, Pikhart M. Current research on the impact of foreign language learning among healthy seniors on their cognitive functions from a positive psychology perspective: a systematic review. Front Psychol. 2020;11:765. doi:10.3389/fpsyg.2020.00765

[8] Klimova B, Pikhart M, Cierniak-Emerych A, Dziuba S, Firlej K. A comparative psycholinguistic study on the subjective feelings of well-being outcomes of foreign language learning in older adults from the Czech Republic and Poland. Front Psychol. 2021;12:606083. doi:10.3389/fpsyg.2021.606083

[9] Brouwer J, van den Berg F, Knooihuizen R, Loerts H, Keijzer M. Language learning as a non-pharmacological intervention in older adults with (past) depression. Brain Sci. 2025;15(9):991. doi:10.3390/brainsci15090991

[10] Roehr-Brackin K, Tellier A. Esperanto as a tool in classroom foreign language learning in England. Lang Probl Lang Plan. 2018;42(1):89-111. doi:10.1075/lplp.00013.roe

[11] Tellier A, Roehr-Brackin K. Metalinguistic awareness in children with differing language learning experience. EUROSLA Yearb. 2013;13(1):81-108. doi:10.1075/eurosla.13.06tel