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Research Article

Depressive Language on a Virtual Common: A Critical Discourse Analysis

Maico Demi B. Aperocho^{1*}, Mary Ann E. Tarusan²

AB English Language Program, College of Arts and Sciences Education

Applied Linguistics Program, Professional Schools, University of Mindanao, Davao City

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**Corresponding author:*

E-mail:

aperocho-

maicodemi@gmail.com

ABSTRACT

Language use is important in a community such as composed of people living with mental health conditions. The researcher aimed to understand depressive language more deeply by looking at the linguistic features, unravelling the process of language consumption as evidenced in the language experiences of depressed people, and determining the dominant ideological representations. Using the 3-Dimensional Framework of Critical Discourse Analysis, the researcher made a thorough investigation on depressive language on Facebook. In the textual analysis, it was revealed that depressive language contains certain linguistic features such as lexical items belonging to different categories, use of self-references, presence of positive and emotions words, and occurrence of words related to status, dominance, and social hierarchy. In the interview with seven depressed people, language experiences include the use of language for various purposes such as for expressing, fighting stigma, getting help, and educating other people. The participants also shared that language could be a reason for triggers and stigma. Based on the linguistic features and the language experiences, it was also found out that certain ideologies are dominant in depressive language such as the existence of stigma in society, death as an escape from pain, inevitability of sadness, and continuous seeking of help and attention. This study is deemed important in advancing more studies in the Philippine context focusing on mental health and language use.

Keywords: *Applied Linguistics, Depressive Language, Critical Discourse Analysis, People Living with Mental Health Conditions, Philippines*

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Background

Nowadays, mental health problems are one of the most addressed issues not only by the government but also by numerous non-government organizations (NGOs) that advocate mental health awareness (World Health Organization, 2018). However, it is undeniable that these problems are still existing despite the several initiatives and programs that aim to help depressed individuals cope with their personal struggles. For Wongkoblap, Valdillo, and Curcin (2017), mental health problems are becoming one of the most widespread health problems across the globe. This is supported by the Department of Health (DOH) (2020) by reporting that the World Health Organization stresses that mental and behavioral problems account for around 14% of the burden of disease worldwide; and as many as 450 million individuals are suffering from these illnesses. Additionally, in the Philippine World Health Organization Special Initiative for Mental Health conducted in the early part of 2020, it was revealed that at least 3.6 million Filipinos are suffering from a mental health disorder. In spite of the availability of various programs that could help people with mental health problems, those people suffering from depression for example, still choose other means to address their issues.

One of the ways that depressed people have is the use of social media, a virtual common where people could freely express themselves amidst the personal struggles they are experiencing. Welch (2019) maintained that social media have been considered as one of the best ways of sharing various types of various contents such as status posts, images, and other user-curated contents. Users can also interact with other individuals virtually directly or indirectly. Through these interactions, people with depression could express their feelings and thoughts and project their social behaviors. In these contexts, depressive language becomes highly evident.

Exploring the language used by the depressed people is very timely and relevant as the Department of Health along with the World Health Organization interject the importance of mental health awareness in the Philippines considering that there has been a spike in the

number of suicide incidents. Rivas (2021) reported that suicide cases rose by 25.7 % in 2020 compared to the previous year, making suicide the 27th leading cause of death in 2020. Considering this number, it is just vital to further engage in studies that concern mental health through the lens of linguistics. Further, understanding depressive language could aid in better understanding the socio-cultural environment of these individuals suffering from mental health issues and other connected experiences of marginalization and powerlessness. This is supported by Lewis (1995) who emphasized that depression is situated in a socio-cultural environment where there are “powerlessness, helplessness, and dependency” (p. 21). With the exploration of the depressive language, the social struggles of these individuals are unraveled and given meaning; and these people’s social relationships with others are also understood. It is also through this study that it becomes possible to know more about depressive language in the context of virtual commons such as Facebook groups. As Pelt (2021) states, social media could be an innovative way for addressing the stigma related to mental health conditions or for mental health experts or advocates to determine individuals at risk of depression.

The study of depressive language is a significant undertaking considering that it opens doors of opportunities in knowing not only the affects embedded in the language but also in being acquainted with the world of mental health issues and the people who suffer from these. Newell, McCoy, Newman, Wellman, and Gardner (2018) point out that exploring the depressive language and the depressed affect in texts could be an invaluable tool for psychologists or mental health experts in a range of disciplines. It was also emphasized that language as a bio-signal has had more investigative attention as an objective way of identifying potential biomarkers that can help in mental health diagnoses and monitoring (Stasak, 2018). This is strongly supported by Miller (1965 in Stasak, 2018) who cited that any general psychological theory is inadequate if it does not take language into account. In the light of the statement of Tausczik and Pennebaker (2010), it can be understood better that the

words that people use in daily life is a reflection of attention, thoughts, avoidance, and strong feelings or emotions. Hence, understanding depressive language will lead to knowing more about people's feelings or emotions. In the context of this research, and with emphasis on how important the exploration of language use is, the researcher is interested in knowing the linguistic features of depressed people's language and how this depressive language is used on a virtual common to express what they feel. Through these, the ideologies of these depressed individuals could also be discovered, delving more into what they think and how they feel being in the world of depression. Reinforced by the previous literature (Lewis, 1995) citing that the depressed individuals are in a social landscape where there is evident powerlessness and marginalization, it is just apt to explore the ideological aspects of the depressed people's discourses to shed light on these experiences of powerlessness brought about by the stigma from society.

While there is abundance of studies related to depressive language in the international academic arena: *depression in social media* (De Choudhury, Gamon, Counts, & Horvitz, 2013), *depression forums* (Ramirez-Esparza, Chung, Kacewicz, & Pennebaker, 2008), *psychological meaning of words* (Tausczik & Pennebaker, 2010), *words of well-being* (Krieger, 2016), *depressed affects* (Newell, McCoy, Newman, Wellman, & Gardner, 2018), *mental health disorders and social media era* (Wongkoblap, Valdillo, & Curcin, 2017), and *psychological aspects of natural language use* (Pennebaker, Mehl, Niederhoffer, 2003), there is scarcity in the Philippine context. In spite of the presence of Republic Act (R.A.) 11036 or the Mental Health Act in the Philippines, specifically the stipulations of the objectives of the Act in Section 3 (d), "strengthen information systems, evidence, and research for mental health," the researcher has not come across studies in the Philippines that focus on depressive language in the context of virtual commons. While most conducted studies are from other fields such as psychology, it is a fact that in linguistics, the conduct of studies related to mental health and language has not been a trend. This is evidenced in the study of Dita and Dayag (2016) highlighting

that there has been a trend in terms of studies on applied linguistics in which most scholar focus on language teaching, sociolinguistics, bilingualism, second language acquisition, and discourse analysis (centering mostly on discourse analysis of print ads, editorials, and other mediated forms of discourses).

Putting so much emphasis on the skyrocketing suicide cases in the Philippines, most especially during the pandemic, the exploration of depressive language could become helpful in determining red flags on social media through these depressed people's postings and other interactions. The conduct of this research would be of significant help in giving depressed people another outlet where they can express themselves freely, away from the stigma of society, pointing out that these people who just express themselves through Facebook are merely seeking attention. This paper is not just be an exploration of the depressed people's ideologies but also a scrutiny of the long-misunderstood perception of depression through language analysis. This further improves the quality of research works in the Philippines that focus on mental health as language use could be introduced as one of the effective tools in identifying signals for mental health problems. Since there is richness of substance in language, it can be highlighted that discourses could also be utilized as a way of determining not only linguistic features but also deeper aspects of language use analysis such as experiences, struggles, mechanisms, and ideologies. Lastly, through this initiative, it is hoped that the long-standing stigma of society on depression that injects depressed people with *powerlessness, helplessness, and dependency* be reconstructed into a positive one by making society understand the world of depression, and later on, become agents who empower, help, and strengthen the depressed ones.

This research centers at identifying the linguistic features present in the depressive language with focus on the positive and negative emotion words, determining the use of language through eliciting experiential narratives from the depressed people, and extracting ideologies based on the language used and the language use. The researcher discussed the language being used, i.e., depressive language, and

the process of language use by the depressed people. Since this study focuses on the topical categories of various social, cognitive, and affective processes, this paper accurately described the linguistic features evident in the depressive language. Also, a hybrid research approach is employed in which Interpretative Phenomenological Analysis is one of the qualitative approaches used to dig deeper into the depressed people's experiences of language use. This way, depressed people could share significant experiences and insights that would shed light on the process of language use. Finally, this research is completed with the process of extracting important ideologies through thematic presentations. This is instrumental in deciphering the world of depression through the lens of language use.

This study discusses depressive language on a virtual common. Also, this study provides answers to the following questions: (1) What linguistic features are evident in the depressive language on a virtual common? (2) What kinds of language experiences do depressed persons have? And (3) What ideologies are dominant in the language of depressed people?

Methods

Research Design

Qualitative approach to research was used by the proponent of this study. According to Mohajan (2018), this approach is considered a form of social action that emphasizes on the way people interpret and make sense of their lifeworld or experiences to understand the social reality of individuals. Since this research dwelt in understanding the language use of the depressed people and in unraveling their experiences to determine the various ideologies they have towards the stigma they experience in society, the use of this approach was appropriate. Also, the use of summative content analysis was considered in this study. Hsieh and Shannon (2005) define summative content analysis as a qualitative approach that starts with identifying and quantifying certain words or context in text to understand the context of the words or content. In the analysis, the central focus is on unraveling the meanings of words or the content. The researcher also used Critical Discourse Analysis (CDA) in carefully

examining language used and language use by the selected participants, as reflected in the depressive discourses on a virtual common. CDA is a type of discourse analytical research that primarily studies the way social power abuse, dominance, and inequality are enacted, reproduced, and resisted by text and talk in the social and political context (Fairclough, 1998). In the case of the current research, literature suggests that the community of depressed people experience the stigma from society, hence the use of CDA in understanding this inequality and social power abuse that these depressed individuals experience. Through CDA, the researcher was able to deepen the examination of the linguistic features present in the depressive language by also explaining the experiences of the participants' language use and their ideologies on the stigma they experience.

Overall, both qualitative approach and CDA were aptly used in this study because both of them make an effective research design that not only elicited information about the linguistic features of depressive language but also created a deep understanding of the phenomenon of language use among depressed individuals and the various ideologies that they have as regards the stigma they experience in Philippine society.

Research Corpora

This research was centered on the CDA of the depressive language; hence, the use of a language resource was of significance. The researcher analyzed a total of 150 purposively selected Facebook posts from three depression-related and close-group Facebook pages whose labels were unidentified for some ethical considerations. Fifty Facebook posts were selected from each group to have equal sampling. The Facebook groups are close groups that require interested members to answer series of questions first before becoming a member. These questions determine the person's mental condition and mental health experiences; therefore, only those that have passed the screening of the group administrator are admitted as an official member of these virtual commons. In choosing the 150 Facebook posts for the linguistic analysis, the following inclusion criteria were strictly considered: must be posted by a

Filipino netizen whose personal account was verified and kept anonymous; must have been posted during the period of 2019-2021, must be textual (posts with emojis were considered; multimodal texts were excluded), and should be either in the English or Filipino language or both. Two exclusion criteria include those that are posted by a Filipino netizen whose account is unverifiable by all means and those posts that are multimodal, such as those that include still images, videos, GIFs, and other forms of multimodal texts. In identifying the corpora, there was no need to verify that the Facebook user who produced such texts has depression or a mental health problem. This is because words have been used as indicators of one's mental health condition, and it is not the other way around. This is supported by Fine (2006) who stipulated that language has always been considered an instrument in understanding people's thoughts and their mental health conditions.

Research Participants

After the careful examination of the linguistic features found in the language used, the researcher needed to understand the phenomenon of language use next. Hence, an in-depth interview with seven selected depressed individuals was conducted. According to Fusch and Ness (2015), to better understand a phenomenon, the data should be based on about one to thirty participants until saturation is reached. Also, using snowball sampling, the participants were recommended by the two partner organizations who signified support in providing the pool of participants for interview. Snowball sampling is a convenience sampling method that is applied when it is difficult to access subjects with the target characteristics (Naderifar, Goli, & Ghaljaie, 2017).

To create a deeper understanding of the phenomenon of language use, the phenomenological inquiry method was also used by the researcher. In-depth interviews with the selected participants were conducted in the presence of a certified mental health responder as part of the ethical protocols and as suggested by the research panel. In choosing them, the following inclusion criteria were considered: must be 18 years old and above, must have

been clinically diagnosed with depression, must be willing to participate in the online interview, must have been endorsed by a medical expert to undergo the interview, and must have used Facebook as a platform for expressing the self during the period of mental health condition. The exclusion criteria apply to the following: those participants who are not officially endorsed by the two partner organizations and those who self-identify themselves as inactive users of Facebook at the time of their depression. The withdrawal criteria apply to the following: those who exhibit extreme emotions during the interview and would request for discontinuity, those who would be advised by the mental health expert as mentally and emotionally unfit to continue with the interview, and those who express withdrawal prior to the interview due to mental and emotional unsteadiness. The interview delved into the phenomenon of language use only; hence, no interview questions about personal experiences that could adversely trigger the participants were asked. The participants were also advised to withdraw from the interview should the interview impact their emotional and mental health already. The presence of a mental health expert and the discontinuity of the interview in case the participants feel mentally and emotionally vulnerable already are in adherence to the recommendations of Arifin (2018, p. 32), "Stopping the interview and searching for possible solutions for the participants' distress indicates that researchers are aware of the vulnerability of participants and their rights."

Research Instrument

Since this research involved a phenomenological inquiry, the use of a validated interview guide questionnaire was important. The researcher created an interview guide instrument that contains the main, identifying, and probe questions. All these questions elicited only information pertaining to the participants' experiences of language use. No leading or triggering question was asked. To make sure this would not happen, the instrument was validated by five experts in the field of study and another external validator.

Data Collection

In collecting the necessary data for this study, the researcher strictly observed the university's policy on the conduct of an ethical research. After seeking the approval of the university to conduct the study, the researcher communicated with the administrators of the three selected Facebook groups where the texts for analysis were retrieved. Through online communication, the researcher got the approval first of the administrator to make sure that consent to use the Facebook posts on the selected pages would be utilized for research purposes. After this, the researcher started with the data culling. In choosing the Facebook posts, the researcher made sure that posts were done by Filipino netizens with verifiable Facebook accounts only. Selected data were archived per source. Screen shots of these posts were taken, and the profile picture of the netizen was covered to observe confidentiality. In this case, the researcher ensured that no profile was divulged in this study.

After the analysis and discussion of the data related to the linguistic features of the depressive language, the researcher then proceeded to writing a letter to the two tapped mental health organizations, one behavioral management center and one national mental health organization, that assisted in identifying and referring depressed individuals who formed part of the interview cohort. During this process, proper documentation and other pertinent processes were undertaken to make sure that the potential participants would be treated ethically pre-, during, and post-interview. A letter was sent to a certified mental health responder/psychometrician to request for professional assistance during the entire conduct of the interview. Once all set, the researcher proceeded to the conduct of the phenomenological inquiry with the participants via Google Meet. After the conduct of the interview, the researcher then proceeded to the transcription and translation of the interview responses. After which, data analysis was conducted to identify the common themes present in the responses. Themes and codes were generated by a data analyst who is also an expert in the field.

Once the themes were discussed, supported by the interview responses of the participants,

the researcher then conducted the analysis to identify the dominant ideologies based on the gathered data. Ideologies presented thematically were also included as part of the data. To make sure that there is credibility in the identified themes for both experiences and ideologies, help as a peer debriefer from an expert in Critical Discourse Analysis and communication was sought. Peer debriefing, also termed as analytic triangulation, is necessary to make sure that the entire analysis is accurate and credible. The role of the peer debriefer was to make sure that the analysis of the researcher is accurate. After all these processes, the researcher then proceeded to the finalization of the presentation and discussion of all gathered data.

Data Analysis

The whole conduct of this study was anchored on Fairclough's (1993) Three-Dimensional Framework. In Fairclough's framework, Critical Discourse Analysis follows three steps: *description*, *interpretation*, and *explanation*. In this study, *description* involved the identification of the linguistic features of the depressive language on a virtual common. *Interpretation* phase looked at the experiences of language use. For this, the researcher interviewed participants regarding their experiences in the use of depressive language. Lastly, *explanation* phase was undertaken to discuss the ideologies of the selected participants based on their experiences of language use and the existing stigma in Philippine society.

Using the CDA Framework of Fairclough (1993), the researcher determined the linguistic features of depressive language first. In doing this, the framework of Tausczik and Pennebaker (2010) was used. The linguistic features were identified by looking at three foci: attention, emotionality, and social hierarchy. After comprehensively discussing the 150 depressive discourses, the lexicon will then be categorized following the Categories of Depression Lexicon (Cheng, Ramos, Bitsch, Jonas, Ix, See, & Wehrle, 2016). Word concordance was also identified using AntConc to better understand how the lexical items were used in structures. AntConc was also utilized to determine the most frequent or dominant lexical items in the entirety of the data set.

After determining and categorizing the linguistic features, the researcher then proceeded to analyzing the gathered narratives from the participant. In analyzing these, themes on the participants' language experiences were generated with the help of a data analyst who created the codes and themes based on the interview responses. After, the researcher then proceeded to the extraction of ideologies based on the dominant linguistic features and the themes on the participants' language experiences. In identifying the ideologies, the researcher employed the Metaphorical Technique Framework (Bell, 2013) which helped in classifying ideologies to three: depression and aggression, depression as a criminal, and depression and consumerism. The ideologies were then checked and verified by a peer debriefer, someone who is an expert in the field of CDA and communication. Then, the researcher proceeded with the substantial discussion of the results.

Results and Discussion

Linguistic features of depressive language on a virtual common

Depressive language is linguistically wealthy when it comes to features. Based on the results, it has lexical items that can be categorized into twelve: *mood, interest, appetite and weight, sleep, psychomotor agitation, psychomotor retardation, fatigue, guilt and esteem, concentration, suicide, anxiety, and histrionic behavior*. This categorization is based on the categories of depression lexicon by Cheng, Ramos, Bitsch, Jonas, Ix, See, and Wehrle (2016) who all elucidated that depressive language contains these lexical items that signal a depressed person's emotion or train of thoughts. This categorization of depression lexicon is based on the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and the International Classification of Diseases 1- 10th Edition (ICD-10). According to the American Psychiatric Association (2021), the DSM-5 is the standard classification of mental disorders used by mental health professionals in the United States. On one hand, the ICD-10 is a legally mandated health data standard which contains the World Health Organization Constitution and Nomenclature Regulations (WHO, 2022).

Considering that the classification of the depression lexicon done in this paper is rather scientific due to its strong research-based support, it can be said that the depressed Filipino people who posted the 150 Facebook texts all show, based on language use, signs of depression. It must also be noted that from the thirteen original categories, it is only *alcohol and substance abuse* that is not present in the depressive language analyzed in this paper.

This is heavily based on the results showing that the analyzed Facebook posts contain lexical items or lexicons that signal depression or a mental health condition. Among the categories identified, three emerged to be the most dominant. These are *suicide, guilt and esteem, and mood*. According to Tausczik and Pennebaker (2010), words people use in daily life project what people are paying attention to, what their thoughts are, what they are trying to avoid, how they are feeling, and how they are organizing and analyzing their worlds. This is enough to support that the three most dominant categories of lexical items project the psychological processes of the depressed people.

First, the abundance of lexical items pertaining suicide is a strong manifestation of a mental health condition. The American Psychiatric Association (2013 in Elsevier, 2020) posits that one of the common conditions as an impact of severe depression is suicide. Depression could also be a precursor to suicide. These lexical items pointing out to the commission of suicide roots from the scientific explanation on depression that there is this feeling of loneliness, and above all, loss of interest in things (Goldman, 2019). Undeniably, when these depressed people used terms related to suicide in posting their emotions, it could explain a lot about their language processes and their perceptions about their condition. This can be supported by Harciarek and Consentino (2013 in Trifu, Nemes, Hategan, & Cozman, 2017) who see the connection between language and executive functions by gauging the speaker's choice of words or diction to point out an idea. As suggested in the research findings of Pennebaker, Mehl, and Niederhoffer (2003), word types could reflect the depressive affect of a person. Hence, when lexical items related to suicide are

expressed, they significantly tell a lot about the people's thoughts of committing such.

Second, it has also been observed that lexical items related to guilt and esteem are dominant in depressive language. As defined in DSM-5, this category relates to words that signal feelings of guilt, worthlessness, negative self-appraisal. On one hand, ICD-10 states that this category includes words referring to disproportionate self-reproaches and feelings of excessive guilt of inadequacy, loss of confidence and self-esteem, and feelings of inferiority. The presence of these lexical items in depressive language can also point out to the existence of cognitive words (insights). When depressed people realize that they are worthless or that they feel guilty about how people treat them or how the world appears to be for them, there are insights formed. The feeling of inadequacy amidst their conditions and even the loss of confidence are all parts of these insights. As Pennebaker, Mehl, and Niederhoffer (2003) stipulate, common features of depressive language include a high number of negative emotion words and an increase in the number of cognitive words or insights. This explains well why there is a high frequency of words relating to the depressed people's emotions and insights about themselves. This finding in the current research can also be supported by the findings of Kotikalapudi et al. (2012), Moreno et al. (2011), Park et al. (2012), and De Choudhury et al. (2013) indicating that the language used by depressed people on social media could be indicative of worthlessness, guilt, and helplessness.

Third, the evidence of lexical items related to mood tells a lot as well on the emotional status of the depressed people. This can be affirmed by the findings of Newell, McCoy, Newman, Wellman, and Gardner (2018) mentioning that terms related to mood, such as depressive mood, are indicative of depression or a mental health condition. As Cacioppo et al. (1997) put, there are negative cognitions and verbal clues present in depressive language. These negative cognitions, in the context of this paper, come in the form of lexical items related to mood. For example, when a person explicitly stated that he or she is depressed or feeling such, this may be tell about the person's real mental health

condition. As Brockmeyer et al. (2015) stressed in their study, language indicators are considered valid determinants for psychopathology and a way of diagnosing depression.

Besides these categories of lexical items being features of depressive language, it must also be noted that there are other salient characteristics that depressive language possesses. Tausczik and Pennebaker (2010) maintain that words have social and psychological meanings. Further, they suggest that depressive language is characterized by the presence of attentional focus, positive and negative emotion words, and structures related to status, dominance, and social hierarchy.

Based on the careful analyses of the depressive language on a virtual common, it has been found out that the use of self-references or first-person pronouns is highly evident. For posts in the English language, the pronoun *I* is dominantly present, while the pronoun *ko/ako* in the Filipino language is noticeable as well. As Tausczik and Pennebaker posit, monitoring individuals' attention conveys information regarding their priorities, intentions, and ideas. They also added that people who are experiencing emotional or physical pain tend to have their focus drawn to themselves and subsequently utilize more first-person singular pronouns. This is highly apparent in the analyzed depressive language in this study. This goes to say that even in the Filipino contexts of depressive language use, attentional focus is still evident. The use of these personal pronouns in their Facebook posts show a lot about the subject of attention, which is themselves. The findings of the present research on attentional focus or the use of self-references affirm the studies of Bucci and Freedman (1981) and Rude et al. (2004), indicating that either clinically depressed adult or college students, first personal singular pronouns are highly emergent in depressive language. Furthermore, Beck (1967 in Newell, McCoy, Newman, Wellman, & Gardner, 2018), pointed out that the frequent use of self-reference is most likely because of the intensified self-focus, which is an indicator of depression. Additionally, depressed people are in a self-regulatory cycle where their depressed discourses focus more on the personal shortcoming and more self-focus.

Another important linguistic feature present in the analyzed depressive language is the presence of positive and negative emotion words. Pennebaker, Mehl, and Niederhoffer (2003) highlighted that language has been considered instrumental in communicating people's inner monologue to the outside world, to the community. Also, for depressed individuals, language is very functional as this allows them to freely express themselves in various platforms. In the present study, it can be gleaned that negative emotion words are more dominant compared to the identified positive emotion words or lexical items. In fact, there have been identified lexical items in both English and Filipino languages that refer to negative expressions, which are a salient feature of depressive language. As discussed in the precious chapter, the three most dominant negative lexical items are *hirap*, *lungkot*, and *depression*. Tausczik and Pennebaker (2010) clearly stated that negative emotion words are dominant in depressive language as they show how much sadness and loneliness depressed people have in their lives amidst their mental health condition. Additionally, depressed individuals use more words that signal negative emotions and fewer positive words than those who do not suffer from mental conditions. This explains why in the analyzed depressive language on Facebook, the most dominant lexical items are those that are negative, pointing out to hopelessness, suicide, and emptiness.

Finally, it is also essential to look at the presence of lexical items that relate to status, dominance, and social hierarchy. In the words of Tausczik and Pennebaker (2010), higher-status people speak more often and freely create statements that involve other people while lower-status language is more self-focused and uncertain. This explains very clearly why there is more self-attention or self-focus and uncertainties in the analyzed depressive language. This can be supported by the findings of the present research revealing that the Filipino pronoun *ko* and lexical items *bakit* and *parang* are highly evident in the discourses. The use of *ko* (I/me) in the discourses signal high self-focus while the presence of *bakit* (why) and *parang* (maybe) shows uncertainties. Based on the analysis, aside from the obvious self-

attention, uncertainties or confusion is very common for people with mental health conditions. Common contexts include being confused or clueless about life direction, mental health condition, or the feelings and emotions experienced. Stirman and Pennebaker (2001) highlighted in their study that there is frequent use of personal pronouns in the language of depressed or suicidal people. Also, the confusion or uncertainties evident in depressive language could be because of the depression or the mental health issues experienced by these people. This is affirmed by Bernard, Baddeley, Rodriguez, and Burke (2016) who suggested that speech and language processing are significantly impacted by depression. This is why there is a commonality among depressed people when they express indecisiveness or confusion in their discourses.

Conclusively, the presence of all these linguistic features in depressive language reveals a lot about the lifeworld of these people suffering from mental health issues. Not only these words can confirm or affirm these people's mental health issues, they can also pose a red flag to identify a person's mental health condition. It must be noted that numerous research works have proven that language may help in recognizing depression (Coppersmith et al., 2014; De Choudhury et al., 2014a; De Choudhury et al., 2013; Yadav et al., 2020). Hence, it is very vital to look at these linguistic features as they serve as indicators helpful in identifying professional help for a depressed person or in designing a psychotherapeutic. As posited by Brockmeyer et al. (2015), various speech indicators might be very significant keys or markers for people suffering from depression and can, together with other indicators, be studied for psychotherapeutic interventions.

Language experiences of depressed persons

Understanding depressive language is insufficient with purely textual analysis only. There is a need to look at how language is consumed and produced to better understand the language use. Fairclough and Wodak (1997) see language as social practice and the context of language use as crucial. It means that the sociocultural environment in which a text is

produced and consumed form aspects of critical discourse analysis. Hence, the researcher also interviewed depressed people to share their language experiences on a virtual common such as Facebook. The interview unraveled core ideas that led into the formulation of themes that can encapsulate the kinds of language experiences of depressed people.

Language: Tool for Self-Expression and Communication. This theme suggests that depressed people use language for them to express themselves effectively in virtual communities and for them to communicate with other people. Elsevier (2020) defines depression as a highly manifested mental health disorder primarily characterized by an acute and consistent feeling of loneliness or lack of motivation in previously enjoyable daily routines. Because depressed people experience this feeling of loneliness or lack of motivation, there is a need for them to express themselves and to communicate with other people for them to also have an outlet. In relation to this, language plays a pivotal role in self-expression and communication. Since mood fluctuations are also common for people who suffer from depression (Goldman, 2019), there is a necessity to express themselves through the language that they find comfortable using. In fact, the role of language in treating people with depression can be seen in its usefulness when there is therapy involved. As Bhandari (2020) posed, psychotherapy or talk therapy may also be recommended to address emotional problems. In this case, language becomes purposeful in ensuring that depressed people, diagnosed or not, could express themselves effectively and channel their emotions when needed.

The use of language for self-expression and communication is essential in the world of depression. Yadav, Chauhan, Sain, Thirunarayan, Sheth, and Schumm (2020) pointed out in their research findings that social media can also play an important role in providing depressed individuals the platform for them to express themselves and communicate with other people, most especially those whom they could relate with. In addition, De Choudhury, Gamon, Counts, and Horvitz (2013) emphasized in their study that people widely use social media platforms such as Facebook to express themselves,

and commonly, these expressions go naturally. As such, social media provides a way to capture behavioral attributes that are connected to an individual's thinking, mood, communication, routines, and social relationships. Based on the findings of the current study, it can be said that language is indeed an important tool for depressed people for self-expression and communication regardless of the platform, physical or virtual. Further, the researcher discovered that on a virtual common such as Facebook, depressed people utilize language for them to deliver a strong message regarding their mental health. It could be to simply inform the people that they are undergoing difficult times due to their mental health issues or to make people understand their situation by telling them what they are feeling or thinking about. This way, they could also effectively channel to people the details of their mental health struggles and avoid possible misunderstanding or misconception.

Language: Instrument for Empowering and Educating. This theme emphasizes the importance of language of empowering depressed people and other who have mental health conditions and of educating those who do not fully understand mental health, including those who choose not to understand at all. Brown and Harris (1978 in Lewis, 1995) note that it is essential to decipher the causation of depression more than just knowing that depression is a pathology. They also pointed out that it is vital that focus be redirected to how a person understands their experiences. It is also necessary to emphasize the significance of determining how a person understands their experiences since they are believed to view the world negatively. In doing these, it has been discovered in the analysis of the interview responses, that language is indeed instrumental in making other people better understand that mental health issues, such as depression, are not just disabilities. Also, language is integral in allowing depressed people to better understand themselves as well as they course through their life with a mental health condition. This way, they will be educated about their experiences, and at the same time, they will feel empowered that there is nothing wrong with them being people with mental health conditions. As MyStory

(2019) notes, language functions a key role in defining and constructing the meaning in the world; and it is the fuel that empowers desires and directs and aligns personal energy.

Since depression is understood as an experience of marginalization and experience of powerlessness (Gilbert, 1992 in Lewis, 1995), there is a need to make other people educated about mental health. This is the reason why the interviewed participants shared that they did use language in explaining to other people, who stigmatize their conditions, that there are more stories behind their depression and that there is a need for understanding and validation. In this context, it is noteworthy to state that language, indeed, matters in mental health. As the Hogg Foundation for Mental Health (2022) stresses, language shapes how the world is seen. The words chosen and the meanings attached to them influence people's feelings, attitudes, and beliefs. This is why language is instrumental in educating people regarding mental health.

Language: Mechanism against Stigma and Invalidation. Fighting the existing stigma through language is what this theme strongly suggests. The interviewed participants shared that they experienced stigma not only on virtual commons such as Facebook but also in physical communities. For them, stigma and invalidation are both inevitable in the world of mental health problems. This can be corroborated by the study of Tanaka, Tuliao, Tanaka, Yamashita, and Matsuo (2018) of mental health in the Philippines. Based on their findings, stigma and discrimination against people with mental health issues are considered a global public health issue that has been impacting all aspects of an individual's life, from employment to social life. Considering that stigma is undeniably existing in society, even on Facebook, the participants thought of using language itself as a mechanism for them to fight stigma and invalidation by countering insulting statements and other verbal forms of invalidation.

People living with mental health conditions have been experiencing stigma in society, and one of the best ways to combat this stigma is to use language in speaking up and pointing out that any form of discrimination or invalidation

is wrong and that education, instead, must be achieved to fully understand mental health problems and the people living with them. Supporting this, Mayo Clinic (2017) highlighted that speaking out against stigma is vital and that educating the public about mental illness should be done. Even if it is difficult to fight this stigma (Pavlova & Berkers, 2020), there are platforms like social media that provide opportunities for creating positive awareness on stigmatized topics. Bail (2016 in Pavlova & Berkers, 2020) emphasizes that the internet can provide a safe space characterized by anonymity and solidarity where discriminated or stigmatized people can voice their opinions, express their frustrations, and create positive awareness leading to a cultural change. This is what exactly the interviewed participants did when they used language for them not only to express themselves but also to combat all forms of stigma they experience on social media and in society. With this, it can be truly said that language is an effective mechanism to fight this stigma and other forms of invalidation along with it.

Language: Means of Getting Help and Attention. The findings of the present study tell a lot about how the participants use language for them to call for help and get attention on social media. This call for help and attention roots from the fact that depressed people are contained in a world where there is no enough power to strike against forms of stigma and power play in society. As Lewis (1995) described, depression possesses a socio-cultural environment where there is "powerlessness, helplessness, and dependency" (pg. 21). While there is professional assistance that could be provided to people living with mental health problems, there is also stigma that hinders them from accessing any form of help. In the paper of Martinez, Co, Lau, and Brown (2020), it was maintained that one crucial hindrance to achieving well-being and enhanced mental health among Filipinos is their propensity to avoid psychological help. Common reasons are stigma, loss of face, and acculturation factors. It has also been found out in this study that, generally, Filipinos have negative attitudes marked by low stigma tolerance towards formal help-seeking. This is the reason why most depressed

people would choose to express themselves on virtual commons such as Facebook, which, in result, could help them avoid somehow being stigmatized in physical society.

In relation to the presence of stigma, participants revealed that virtual commons such as Facebook is a platform where they use language to post messages that involve themselves asking for help and getting attention from people online. They also added that attention-seeking is not any purposeless activity done as this aims to solicit pieces of advice from people and to feel that other people also care about them and their life. As revealed in the study of Pan, Liu, and Kreps (2018), the public has limited understating of depression and thus, depressed individuals suffer from the community's stigmatization. Additionally, during the past years, social media platforms have been playing an increasingly significant role in information dissemination when it comes to health issues and in shaping the public's attitudes towards user-generated contents. This explains why many depressed people or other living with mental health conditions choose to express themselves online such as on Facebook because the dissemination of information is easier and the reach is wider unlike in physical communities.

As understood from the participants' shared experiences, language is means to getting help and attention from the community, online or physical. In this matter, the role of communities must be acknowledged. As what the National Alliance on Mental Illness (2019) underscores, a community provides many variables that are important to mental health such as belonging, support, and purpose. For people living with mental health conditions, having the feeling being helped and cared for removes the extant feelings of isolation, loneliness, and hopelessness. This is why it is paramount to realize that expressing the need for help and attention from the community is as important as getting help from a mental health professional.

Language: Reason for Triggers and Stigma. It is undeniably true that the role of language in fighting stigma and invalidation is very helpful for people with mental health issues. This is supported by the previously discussed themes on how the interviewed participants used language to combat the stigma and invalidation

they experienced online and in physical communities. However, one significant finding unraveled from the shared experiences is that language could also become a reason for people's triggers and experience of stigma. Walter (2015) says that language is indeed powerful, and the social power of language and labels is something that needs to be developed in psychology. It was also found that because there is oftentimes misuse of language in the way terms in the mental health world are labelled, stigma is formed. Link and Phelan (2001 in Walter, 2015) posit that in order for stigma to exist, people must determine and tag different characteristics in others. Usually, these characteristics are seen as undesirable. In the context of this paper, the world of people living with mental health issues, experience this stigma when there are labels. As shared by the participants, there were times when they were tagged crazy, dramatic, non-believers, unfaithful, lunatic, and moody because of their mental health problems. These labels now cause the stigma experienced by the participants. That is why for them, language could sometimes become a reason for their triggers and stigma in society.

As shared by the interviewed participants, they tend to become very careful with their choice of words when expressing because they are afraid that they might cause the invalidation themselves or they might unknowingly spread stigma on Facebook. There are also moments when they stay away from virtual commons or even simple interaction with anyone so that they could also avoid language or expressions that could trigger them. EveryMind (2022) suggests that there is a need to look at the language use as there are certain languages that sensationalizes mental illness and reinforces stigma. In this view, it can be said that there is a need to revisit the language used not only in communicating with depressed people but also in educating other people about mental health. There is a need for an unbiased language which will not cause any trigger on the end of the people living with conditions. To end the stigma and invalidation and to avoid further triggers, there is a need to carefully look at the language use itself and the language being used. This is affirmed by the Education Development Center (2017), indicating that

unintentionally stigmatizing language can proliferate negative stereotypes about the people affected by the mental health condition and can decrease public support for treatment programs and prevention. Moreover, when there is language that is supportive of mental health, then all forms of stigma can be eradicated, virtually or physically.

To look at all these themes of language experiences holistically, the Usage-Based Theory of Bybee and Beckner (2010) can be used to better explain how language could become an embodied and social human behavior. This perspective includes the basic insight that usage has an impact on linguistic structure. This looks at evidences that could result in an understanding of the cognitive organization of a language. The interviewed participants were able to share their experiences, in a manner that thematic representations were elucidated, because they themselves understood the very use of language in their lives as people living with mental health conditions. They acknowledge that they speak what they think, they express what they feel, and they assert what they believe because there is a purpose behind. This boils down to the fact that they have needs to actualize as people who are facing a condition that they themselves could not fully understand. This is also a manifestation of how language becomes an embodied and social human behavior, as could be corroborated by Bybee and Beckner. People living with mental health conditions or diagnosed with depression use language, i.e., depressive language, which encapsulates not only their thoughts and emotions but also their life.

Ideologies in the language of depressed people

After carefully looking at the linguistic features in depressive language and the language experiences of depressed people, it is apt to also discuss the ideologies dominant in the language used by people living with mental health conditions. Ideologies are a basis of the social representations shared by members of a group so that there could be mental framework of beliefs about society and social and cognitive functions of such a framework for groups (van Dijk, 1998). In the context of this paper, it is

significant to look at these ideologies so as to better understand the social representations shared by the people with mental health issues. Also, it is interesting to determine the group's mental framework of beliefs regarding power abuse in society as reflected in cases of stigma and invalidation.

One primary thing that everyone should know about is the reason for understanding ideologies in depressive language. This goes down to creating a clearer picture of the mental health status in the Philippines where depression is considered the leading cause of disability (Puyat, Gastardo-Conaco, Natividad, & Banal, 2021). Furthermore, Martinez, Co, Lau, and Brown (2020) stipulate that mental illness is the third most common medical condition in the Philippines. This makes the Philippines the country with the third highest rate of mental health problems in the Western Pacific Region. Suicide rates are at 3.2 per 100,000 population with the numbers possibly going up because of underreported or misclassified suicide cases such as "undetermined deaths." Considering all these figures, it can be said that there is an impetus behind further exploration of depressive language by looking at the ideologies as they create deeper knowledge not only about the language but also the language producers and consumers. This is what Fairclough (1995) asserted that the linguistic analysis is very much focused upon clauses, with little attention to higher-level organization properties of whole texts; hence, there is a need for a critical stage of analysis where ideologies are unraveled and understood. In this approach, depressive language is not thought solely as a textual input but as a "form of social practice" (Fairclough, 1989). Additionally, understanding the ideologies also reveals the discursive sources of power, dominance, inequality, and bias (van Dijk, 1998); and in this paper, all these are encapsulated in the stigma experienced by people living with mental health conditions.

The critical analyses of the linguistic features and language experiences, as discussed in this paper, led the researcher to thematically extracting ideologies. These are *Stigma and Lack of Safe Space*, *Sadness and Infinite Struggles*, *Death and Escape from Pain*, and *Help and Attention for Coping*. Each of these themes are

discussed comprehensively in the succeeding paragraphs, anchored on the Metaphorical Technique Framework (Bell, 2013) which specifies that ideologies in relation to mental health may be classified into *depression and aggression*, *depression as criminal*, and *depressed as consumers*.

Stigma and Lack of Safe Space. Both analyzed linguistic features and language experiences strongly point out to the presence of stigma in society. In fact, participants revealed that this stigma exists not only in physical society but also in virtual communities such as on Facebook. Stigma, as they experienced, comes in many shapes and forms such as invalidation, labels, and unacceptance. Invalidation happens when they post or express themselves online, and they get the unexpected responses from people, telling them that they are just being dramatic on things or that they are just exaggerating their conditions. Labels are also given to them being people living with mental health conditions. They tried being tagged as crazy, foolish, or lunatic. Also, there is clearly unacceptance not only in society but even with these people's closest circles such as family, church, friends, and workplace. Because of this unacceptance, they lost family and friends who should have served as their primary support system while they battle against their conditions. For them, going to Facebook and other social media platforms like Twitter is the best move; however, at present, virtual communities are no longer safe spaces for them to express, communicate, and seek help as this stigma has already penetrated these venues.

Many people fail to understand that depression and the rest of mental health illnesses are more than just pathologies. This has long been debunked by many seminal works including that of Lewis (1995), who, in one of his earliest works, also interjected that depression possesses a socio-cultural environment where there is "powerlessness, helplessness, and dependency." Gilbert (1992 in Lewis, 1995) also supported that from an evolutionary perspective, depression can be understood as an experience of marginalization and experience of powerlessness. Lewis further explains by citing Miller and Seligman (1975) who asserted that individuals experience depression when they

attempt but fail to control events. Hence, the main issue is controllability. In this, the human environment is a social environment; and the issue of control projects powerlessness, which is a social phenomenon. In the present study, it can be gleaned that while depressed people do their best for self-empowerment, because of stigma, their community becomes helpless and powerless as people continually proliferate invalidation, labels, and unacceptance. All these heavily impact the way other people see them, and sometimes, consequently, the way they see themselves amidst society that does not understand what mental health truly means.

In connection to the Metaphorical Technique Framework of Bell (2013), the ideology on stigma and lack of safe space falls under the category of *depression and aggression*. Bell emphasizes that this category includes ideological lexicons that show aggression or antagonistic attitudes. Based on the analysis, depressed people show aggression not to depression but to the stigma they experience in society. This can be traced in the shared language experiences in which there are attempts to educate people regarding mental health and accounts on how they had firsthand experience of stigma on different level of society such as family, friends, church, and work.

Sadness and Infinite Struggles. Another salient ideology extracted from the linguistic features and the language experiences is sadness and its entailing infinite struggles. Based on the analyzed 150 Facebook posts, it can really be gleaned how much sadness, loneliness, pain, isolation, and hopelessness there is in their depressive language. Others explicitly state these negative emotions through the use of lexical items that best represent their thoughts and emotions. There are also other who use analogies or comparisons for them to create a clearer picture of their struggles being people living with depression or other mental health conditions. The shared language experiences during the interview also supported what was found out in the linguistic analysis. There is sadness and emptiness that they themselves could not explain. There is unending emotional pain that reverberates inside them. Above all, there is loneliness because they feel weak, powerless,

and helpless in society that shows no compassion because of stigma and invalidation.

To better understand depression and its signs, Goldman (2019) emphasizes that it is a mood disorder that includes a strong feeling of loneliness and loss of interest. Mood fluctuations are also common for people who suffer from depression. The signs and symptoms of depression include lack of interest in activities that were once enjoyable, loss of sexual pleasure, sudden change of appetite, weight gain or loss, oversleeping, lack of energy, feeling of worthlessness, lack of focus, and recurrent thoughts of death or suicide. In this case, loneliness or sadness is inescapable as it is a result of the presence of the reasons for depression such as genes, changes in the brain's neurotransmission, physical factors such as the environment, psychological and other social factor, and other conditions such as bipolarity (Goldman, 2019). Because of sadness or loneliness, depressed people also experience infinite struggles such as in relation to health, emotion, mental stability, and relationships. As shared by the participants during the interview, their experiences of sadness were all unexplainable. Sometimes, triggers would just pop out and affect their mood, resulting in deep sadness or emptiness.

Sadness is not only an impact of personal reasons but of social factors that contribute to a person's self-perception. Bowers (2012) states that besides personal struggles, people with depression also have to face and address other people's perceptions of depression which often point back to the social stigma. This social stigma often constitute the myths about people living with mental conditions. For example, as mentioned by one of the research participants, ADHD is labelled as being hyper or having depression is often equated too being crazy or lunatic. Bowers adds that social stigma could also be in a form of thinking that people with depression lack willpower or that their emotions are out of control of that they are just antisocial. Taking all of these into consideration, it can be said that the sadness depressed people feel is not merely due to their personal struggles but also because of the stigma and invalidation they need to face daily in society.

Anchoring this on Bell's (2013) Metaphorical Technique Framework, the ideological representation of sadness and infinite struggles can be categorized under *depression as criminal*. The metaphorical technique of comparing mental health problems with a criminal is a means of understanding negative thoughts as formed by the producers (depressed people). In this ideology, expressive valuation is considered by how depressed individuals view their language experiences and the stigma from society. The use of the metaphor *criminal* associates depression with being the perpetrator of the crime. In coherence to this, the crime is the social phenomenon experienced by the depressed individuals in relation to their mental health status. Analogous to a crime, depression is the perpetrator that causes the sadness and struggles experienced by people living with mental health conditions. Hence, it can be said that the sadness and other feelings of isolation and hopelessness are products not of the intention or motive of the depressed people themselves but of the mental health condition that they try to live with each day of their lives. It must also be understood that while depression may be associated to being a criminal that causes sadness and infinite struggles, it can still be apprehended or, in this context, be contained by seeking professional help and reaching out to support systems to help cope with the mental health condition. In this case, the important use of language comes into a significant play in order for depressed people to divert attention, refocus goals for coping, and find strong connections to feel that there is no solitude in the battle against the mental health condition.

Death and Escape from Pain. Apart from stigma, one dominant ideology extracted from the depressive language and based on the language experiences of the interviewed participants is the inevitability of suicidal ideation. This comes from the thought that death is the only escape they could have from the painful life they have. In the analyzed Facebook posts, it has been identified that numerous lexical items related to suicide were used by depressed people. This part of the findings is best discussed in the category *suicide* along with the rest of the lexical item categories presented in

this paper. Further, the language experiences shared by the interviewed depressed people also indicate that they too had suicidal ideation before. Some of them did attempt to commit suicide by laceration or hanging. One of the participants even had a sibling who died by committing suicide. In this ideology, one can already see the gravity of mental health issues. This speaks a lot of the repercussions of mental health issues that are not treated or diagnosed immediately.

To better understand this ideology, the context needs to be set first. It is significant to have a closer look of the mental health status in the country. The Singapore International Foundation (2019) reported that in the Philippines, there are 3.3 million people who live with depressive disorder, with suicide rates of 2.5 (for males) and 1.7 (for females) for every 100,000 individuals. There were 2,000 suicide cases also in the country, from 2000-2012, where most of those who were involved aged 15-29 years old. Among the Filipino youth aged 13-17, 11.6 % had actually thought of committing suicide, and an alarming 16.8 % did attempt to do so. With this alarming number, it is already expected that terms related to suicidal ideation are prevalent in the analyzed depressive language. This also explains why the participants even shared that thinking about suicide is part of a person who is living with a mental health problem such as major depressive disorder (MDD).

Prior to the commission of suicide, some of these people show signs such as Facebook posts or other messages conveying the plan or the wishful thinking of doing so. This is the reason why virtual commons like Facebook are very much helpful in detecting signs of mental health problems among people. For example, the study of Eichstaedt, Smith, Merchant, Ungar, Crutchley, Peitro, Asch, and Schwartz (2018) revealed how useful Facebook is in determining depressive symptoms in people. In this research, the use of the language from Facebook posts of consenting participants was used to predict depression recorded in electronic medical records. Using only the discourses preceding the participants' diagnosis of depression, the researchers identified future probability of depression.

Indeed, the functionality of social media in detecting signs of depression and suicidal tendencies cannot be underestimated. In the study of Pan, Liu, and Kreps (2018), social media also played an important role. These researchers aimed at achieving a holistic perspective of the patterns evident in the discourses about depression from various information sources and social media posts in China. After a careful content analysis of the social media posts, it was identified that depression was highly evident.

Evidently, depressed people have the want to commit suicide; and there must be a reason behind this. Rainey (2020) explains that people who want to commit or have committed suicide actually do not want to die but to simply end their pain. Additionally, there are people who talk openly about wanting die or to commit suicide. Apparently, this happened in the analyzed Facebook posts and even in the shared language experiences of the interviewed participants. However, it has been made clear as well by the participants that, as Rainey mentioned, the want to commit suicide has never been because of the plain wish to die but to end the pain, to escape pain.

Connecting this ideology on death and escape from pain to the framework of Bell (2013), this is categorized under *depression as criminal*. Analogically, when a heinous crime such as murder is committed, there is a perpetrator, a killer. In the context of the depressed people, they are the victims of depression, which can be tagged as the killer or the criminal. In this case, it can already be gleaned how serious understanding mental health awareness should be considering that it is not only about stigma but also about life and death. Although depression may be looked at as a criminal in this context, it must be understood as well that any crime may be stopped, so as depression. Hence, with proper communication, people living with depression can cope with their situation and find an outlet where they can express the need for help or guidance. They must also see and realize that language is of paramount importance to ensure that emotional baggage and mental loads can be channeled by using language for communicating, expressing, and tapping all forms of resources to cope with the condition.

Help and Attention for Coping. Stigma exists. Sadness swallows hope. Death claims life. Amidst all these, depressed people still find ways to seek help and catch the attention of people, virtually or physically. Looking back at the analyzed Facebook posts, it can be noticed that there are lexical items used to ask for help from people through giving comfort or pieces of advice. There are also discourses that catch the attention of people on Facebook. Meanwhile, the interviewed participants also shared about how important it is for people living with mental health conditions to ask for help, not necessarily professional, but at least to look for support systems they can lean on during their darkest moments. Since depressed people experience stigma, sadness, and suicidal ideation, all the more that there is a necessity for help and attention.

Undeniably, based on the dominance of lexical items signaling request for help and attention on Facebook, there must be a strong reason behind that could be traced back to the opportunities for assistance provided for people with mental health problems in the Philippines. Report shows that people who are living with mental health concerns raised worries about the state of mental health care in the country, considering the limited access to tertiary care facilities, scarcity of mental health experts, and the inadequacy of the primary healthcare system to manage mental health problems (Lally, Tully, & Samaniego, 2019). In 2020, the government allocation for mental health is at 0.22% of the total health budget. This led to the lack of health professionals employed in the mental health sector (Martinez, Co, Lau, & Brown, 2020). All these pose an impact on the opportunities that could be given for people with mental health problems for them to be diagnosed and treated.

Even with the enactment of Republic Act (RA) 11036 or the Mental Health Act, depressed people still find it difficult to seek help. One reason for this is the presence of stigma, as discussed in the previous theme. Martinez, Co, Lau, and Brown (2020) found out in their study that one crucial hindrance to achieving well-being and enhanced mental health among Filipinos is their propensity to avoid psychological help. Common reasons are stigma, loss of face,

and acculturation factors. It has also been found out in this study that generally, Filipinos have negative attitudes marked by low stigma tolerance towards formal help-seeking. This now points out to the heaviest reason why many people living with mental health conditions find it very challenging to ask for help. There is stigma, and they have low tolerance towards this stigma. This goes to say as well that only if this stigma is eradicated, more of these people would have sought the help they wanted to have to finally become mentally and emotionally better. Encapsulating all these, it can be concluded that the lack of mental health facilities and professionals in the country plus the longstanding stigma towards mental health disorders are the strongest reasons for depressed people not seeking professional help and resort to seeking help and attention on a virtual common such as Facebook for coping, for surviving.

Going back to the framework of Bell (2013), this ideology on help and attention is geared towards the category *depressed as consumers*. Bell suggests that depressed individuals enter the world of consumerism. This is in connection with what Morrison (1991 in Bell 2013) cited that “clients are also consumers” (pg. 103). Depressed people are consumers in a sense that they consume help and attention, only when given or extended to them by people who choose to understand them. The concept of consumerism comes into play when depressed people utilize all the help they could get from people such as in the forms of advice, encouragement, wisdom, and even a simple pat on the back. The attention given to them when they are sent follow-up messages or when they are asked how they have been doing so far is also consumed in a way that these are helpful elements also for to cope with their mental health problems. Therefore, the world of depression, or mental health in general, is characterized by consumerism, where people in this world also need to consume love, patience, and ultimately, hope.

Ideologies serve a purpose. This is what Fairclough (1993) strongly believes in. In the context of this paper, for the depressed people to defend the community interests, their interests as people who are stigmatized in society,

both virtual and physical, there is a need to stress the relationships with other communities (the dominant vs. the dominated or competing communities) in relation to resources or shared principles which will serve as the basis of power. Here, ideologies point back to those belief systems shared by the depressed people on a virtual common, or even in physical spaces, which could be an important factor in determining the social relationships between those in the depression spectrum and those who do not have any mental health problem. This is now a picture of the concept of *dominant* vs. *dominated*. Nowadays, society is blinded from what is supposed to be the reality, that depressed people and their community is neither dominant nor dominated. They are part of the whole. Without them, the whole will be incomplete. While societies typically have hierarchies where power is used and abused, it should not be the same case for people living with mental health conditions. They need not to be dominated by stigma, invalidation, insult, and labels coming from other people. They need to be understood, accepted, and made feel that they are part of a bigger community that will always be safe for them. The concept of *domination* in relation to ideologies should not be situated in the case of people living with mental health conditions. Society must start realizing that these individuals are not *dominant* and that their actions and emotions are not exaggerated and self-centered and are rather valid. While stigma and invalidation exist up until now, the notion on having their group *dominated* should also be erased as, just like any other human being, they too have emotions and thoughts. They feel and think amidst their mental and emotional imbalances brought about by some physiological factors. This scenario now calls for inducing power to a community where members are struggling to express and understand themselves. If society can give people with mental health conditions power to exist normally in society, without any stigma and invalidation, they can think better, understand themselves more deeply, and express their emotions more effectively. As Anderson and Galinsky (2006) posit, "power has been associated with greater positive emotion, more confidence, more automatic cognitive processing, and more

expressivity. What the researcher hopes for the entire community of people living with mental health condition is *empowerment*.

Conclusion

After a careful critical discourse analysis of depressive language on a virtual common, it can be noted that the language used by depressed people or people living with a mental health condition is linguistically rich. Depressive language has lexical items that signal various things about a person's emotions and thoughts and even mental health condition. Attentional focus, positive and negative emotion words, and terms of self-focus and uncertainty are also significant linguistic elements of a depressive language.

Besides these linguistic features, it is noteworthy to state that depressed people also have language experiences in the midst of their mental health conditions. Their experiences have something to do with the use of language for various purposes. These include language as tool for self-expression and communication, instrument for self-empowering and educating other people, mechanism to fight stigma and invalidation in society, means of getting help and attention from others, and reason for triggers and stigma.

The scrutiny of the linguistic features and the language experiences leads to the identification of ideologies that are prevalent in the world of depression. First, there is stigma which results in the lack of a safe space for self-expression and communication. Second, there is sadness that leads to infinite struggles. This sadness is also because of the existing stigma. Third, death is an inevitable part of having depression as people see this as an escape from pain, hence the instances of suicidal ideation. Last is that there is call for help and attention for them to easily cope with their conditions.

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References

- American Psychiatric Association (2021). *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)*. Retrieved from <https://www.psychiatry.org/psychiatrists/practice/dsm> on January 22, 2022.
- Anderson, C & Galinsky, A.D. (2006). Power, optimism, and risk-taking. *European Journal of Social Psychology*, 36(4), 511- 536. doi: 10.1002.ejsp.324.
- Bhandari, S. (2020). *Major depression (clinical depression)*. WebMD. Retrieved from <https://www.webmd.com/depression/guide/major-depression> on June 18, 2021.
- Beck, A. T. (2002). Cognitive models of depression. In R. L. Leahy & E. T. Dowd (Eds.), *Clinical advances in cognitive psychotherapy: Theory and Application* (pp. 29-61). Springer Publishing Co.
- Bell, A. & Garrett, P. (1998). *Approaches to media discourse*. Wiley-Blackwell.
- Bell, B. (2013). 'Beating the blues': A critical discourse analysis of a computerized CBT program for depression and anxiety. Manchester Metropolitan University. Retrieved from [e-space.mmu.ac.uk/576553/1/Bell%20\(Beth-any\)%202013%20\(MMU\)%20Qualitative.pdf](https://e-space.mmu.ac.uk/576553/1/Bell%20(Beth-any)%202013%20(MMU)%20Qualitative.pdf).
- Bernard, J. D., Baddeley, J. L., Rodriguez, B. F., & Burke, P. A. (2016). Depression, language, and affect: An examination of the influence of baseline depression and affect induction on language. *Journal of Language and Social Psychology*, 35(3), pp. 317-326. doi:10.1177/0261927X15589186.
- Bowers, E.S. (2012). *Countering the social stigma of depression*. Retrieved from <https://www.everydayhealth.com/hs/major-depression/facing-social-stigma-of-depression/> on January 23, 20220.
- Brockmeyer, T., Zimmermann, J., Kulesa, D., Hautzinger, M., Bents, H., Friederich, H.C., Backenstrass, M. (2015). Me, myself, and I: Self-referent word use as an indicator of self-focused attention in relation to depression and anxiety. *Frontiers in Psychology*, 6. doi:10.3389/fpsyg.2015.01564.
- Bucci, W., & Freedman, N. (1981). The language of depression. *Bulletin of the Menninger Clinic*, 45(4), pp. 334-358. Retrieved from psycnet.apa.org/record/1982-25903-001.
- Bybee, J. & Beckner, C. (2010). Usage-based theory. University of New Mexico. Retrieved from www.unm.edu/~jbybee/downloads/BybeeBeckner2010UsageBasedTheory.pdf.
- Cheng, P.G., Ramos, R., Bitsch, J., Jonas, S., Ix, T., See, P.L., Wehrle, K. (2016). Psychologist in a pocket: lexicon development and content validation of a mobile-based app for depression screening. *JMIR Mhealth and Uhealth*, 4(3). Retrieved from mhealth.jmir.org/2016/3/e88/.
- Chouliarakis, L. & Fairclough, N. (1999). Discourse in late modernity: Rethinking critical discourse analysis. *Journal of English Linguistics*, 29(2), pp. 183-189. doi: 10.1177/00754240122005305.
- Coppersmith, G., Harman, C., & Dredze, M. (2014). Quantifying mental health signals in Twitter. *Conference Proceedings of the Workshop on Computational Linguistics and Clinical Psychology: From Linguistic Signal to Clinical Reality*, pp. 51-60. doi: [10.3115/v1/W14-3207](https://doi.org/10.3115/v1/W14-3207)
- De Choudhury, M., Gamon, M., Counts, S. & Horvitz, E. (2013a). Predicting depression via social media. *Proceedings of the Seventh International AAAI Conference on Weblogs and Social Media*, pp. 128-137. Retrieved from ojs.aaai.org/index.php/ICWSM/article/view/14432.
- De Choudhury, M., Gamon, M., Counts, S. & Horvitz, E. (2013b). Predicting postpartum changes in emotion and behavior via social media. *Proceedings of the SIGCHI Conference on Human Factors in Computing Systems*, 3267-3276. doi: 10.1145/2470654.2466447.
- De Choudhury, M. & Sushovan, D. (2014). Mental health discourse on Reddit: Self-disclosure, social support, and anonymity. *ICWSM 2014*. Retrieved from www.semanticscholar.org/paper/Mental-Health-Discourse-on-reddit%3A-Self-Disclosure%2C-ChoudhuryDe/e58943b8d656fbb07a14f36b28ae211da74992a9.
- Department of Health (DOH) (2020). *Your mind matters: DOH calls for unified response to mental health*. Retrieved from <https://doh.gov.ph/press-release/YOUR-MIND-MATTERS-DOH-CALLS-FOR-UNIFIED-RESPONSE-TO-MENTAL-HEALTH> on June 18, 2021.
- Donges, J. (2009). *What your choice of words says about your personality?* Scientific American. Retrieved from www.scientificamerican.com/article/you-are-what-you-say/ on June 20, 2021.
- Education Development Center (2017). *Words matter: How language choice can reduce stigma*. Retrieved from <https://preventionsolutions.org/>

- tions.edc.org/sites/default/files/attachments/Words-Matter-How-Language-Choice-Can-Reduce-Stigma.pdf on January 23, 2022.
- Eichstaedt, J., Smith, R., Merchant, R., Ungar, L., Curtchley, P., Pietro, D., Asch, D., & Schwartz, H.A. (2018). Facebook language predicts depression in medical records. *PNAS*, 115(44), pp. 11203-11208. doi:10.1073/pnas.1802331115.
- Ellgring, H., & Scherer, K. R. (1996). Vocal indicators of mood change in depression. *Journal of Nonverbal Behavior*, 20(2), pp. 83-110. doi: 10.1007/BF02253071.
- Elsevier Clinical Skills (2020). Depression. *Clinical Review*, 1-7. Retrieved from www.elsevier.com/data/assets/pdf_file/0003/1002297/Depression-SkillCOVID-19-Toolkit_140420.pdf.
- EveryMind (2022). *Language and stigma*. Retrieved from <https://everymind.org.au/mental-health/understanding-mental-health/language-and-stigma> on January 23, 2022.
- Fairclough, N. (1989). *Language and power*. London: Longman.
- Fairclough, N. (1992). Discourse and text: Linguistic and intertextual analysis within discourse analysis. *Discourse & Society*. doi:10.1177/0957926592003002004.
- Fairclough, N. (1993). Critical discourse analysis and the marketization of public discourse: The universities. *Discourse & Society*. SAGE Journals. doi: 10.1177/0957926593004002002.
- Fairclough, N. (1995a). *Critical discourse analysis: The critical study of language*. London: Routledge.
- Fairclough, N. (1995b). Reviews: Critical discourse analysis. *Journal of English Linguistics*, 25(1), pp. 76-78. doi: 10.1177/007542429702500106.
- Fairclough, N., & Wodak, R. (1997). Critical Discourse Analysis. In T. A. van Dijk (Ed.), *Discourse as Social Interaction: Discourse Studies 2 (A Multidisciplinary Introduction)* (pp. 258-284). London: Sage
- Fine, J. (2006). *Language in psychiatry: A handbook of clinical practice*. Equinox Publishing.
- Fisch, H.U., Frey, S., & Hirsbrunner, H.P. (1983). Analyzing nonverbal behavior in depression. *J Abnorm Psychol*, 92(3), pp. 307-318. doi: 10.1037//0021-843x.92.3.307.
- Fowler, R., Hodge, B., Kress, G., & Trew, T. (1979). *Language and control*. London: Routledge and Keegan Paul.
- Fowler, R. & Hodge, B. (1979). Critical linguistics. In R. Fowler et al (Eds.). *Language and control*. London: Routledge and Keegan Paul.
- Georgaca, E. (2012). Discourse analytic research on mental distress: A critical review. *Journal of Mental Health*, pp. 1-11. doi: 10.3109/09638237.2012.734648.
- Goldman, L. (2019). *What is depression and what can I do about it?* Medical News Today. Retrieved from www.medicalnewstoday.com/articles/8933.
- Kress, G. & Hodge, R. (1979). *Language as ideology*. London: Routledge and Kegan Paul.
- Hogg Foundation for Mental Health (2022). *Language matters in mental health*. Retrieved from <http://hogg.utexas.edu/news-resources/language-matters-in-mental-health> on January 22, 2022.
- Hsie, H.F. & Shannon, S. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research*, 15(9), pp. 1277-1288. doi:10.1177/1049732305276687.
- Ibbotson, P. (2013). The scope of usage-based theory. *Frontiers in Psychology*. Retrieved from www.frontiersin.org/articles/10.3389/fpsyg.2013.00255/full on June 18, 2021.
- Ingram, R.E., Slater, M.A., Atkinson, J.H., & Scott, W. (1990). Positive automatic cognition in major depressive disorder. *Psychological Assessment*, 2(2), pp. 209-211. doi:10.1037/1040-3590.2.2.209.
- Ingram, R.E. & Wisnicki, K.S. (1988). Assessment of positive automatic cognition. *Journal of Consulting and Clinical Psychology*, 56(6), pp. 898-902. doi: 10.1037/0022-006X.56.6.898.
- Jensen, I., Jekobsen, I.K., & Pichler, L.H. (2016). *A critical discourse study of Hillary Clinton's 2015/2016 presidential campaign discourses*. Allborg University. Retrieved from projekter.aau.dk/projekter/files/239472135/Master_s_Thesis.pdf.
- Kotikalapudi, R., Chellappan, S., Montgomery, F., Wunsch, D., & Lutzen, K. (2012). Associating depressive symptoms in college students with internet usage using real internet data. *IEEE Technology and Society Magazine*, 31(4), pp. 73-80. doi: 10.1109/MTS.2012.2225462.
- Krieger, K. (2016). *Words of well-being: The relation of an individual's word choice to their social well-being*. Oregon State University. Retrieved from ir.library.oregonstate.edu/downloads/j6731783g.
- Lally, J., Tully, J., & Samaniego, R. (2019a). Mental health legislation in the Philippines: Philippine Mental Health Act. *BJPsych International*, 16(3), pp. 65-67. doi:10.1192/bji.2018.33.
- Lally, J., Tully, J., & Samaniego, R. (2019b). Mental health services in the Philippines. *BJPsych International*, 16(3), pp. 62-64. doi:10.1192/bji.2018.34.

- Legg, T. (2019). *What is depression and what can I do about it?* Medical News Today. Retrieved from www.medicalnewstoday.com/articles/8933 on June 18, 2021.
- Lewis, S.E. (1995). A search for meaning: Making sense of depression. *Journal of Mental Health*, 4(4), pp. 369-382. doi:10.1080/09638239550037424.
- Martinez, A., Co, M., Lau, J., & Brown, J. (2020). Filipino help-seeking for mental health problems and associated barriers and facilitators: A systematic review. *Social Psychiatry and Psychiatric Epidemiology*, 55, pp. 1397-1413. doi:10.1007/s00127-020-01937-2.
- Mayo Clinic (2017). *Mental health: Overcoming the stigma of mental illness*. Retrieved from <https://www.mayoclinic.org/diseases-conditions/mental-illness/in-depth/-health/art-20046477> on January 22, 2022.
- Miller, W. R. & Seligman, M. E. (1975). Depression and learned helplessness in man. *Journal of Abnormal Psychology*, 84(3), pp. 228-238. doi:10.1037/h0076720.
- Moreno, M., Jelenchick, L., Egan, K., Cox, E. et al. (2011). Feeling bad on Facebook: Depression disclosures by college students on a social networking site. *Depression and Anxiety*, 28(6), pp. 447-455. doi: 10.1002/da.20805.
- MyStory (2019). *The importance of language in personal empowerment*. Retrieved from <https://your-story.com/mystory/the-importance-of-language-in-personal-empowerment-1q0z84pcxv/amp> on January 22, 2022.
- Newell, E., McCoy, S., Newman, M., Wellman, J., & Gardner, S. (2018). You sound so down: Capturing depressed affect through depressed language. *Journal of Language and Social Psychology*, 37(4), pp. 451-474. doi: 10.1177/0261927X17731123.
- Pan, J., Liu, B., & Kreps, G. (2018). A content analysis of depression-related discourses on Sina Weibo: Attribution, efficacy, and information sources. *BMC Public Health*, 18(772), 1-10. doi: 10.1186/s12889-018-5701-5.
- Park, M., Cha, C., & Cha, M. (2012). Depressive moods of users captured in Twitter. *Proc. ACM SIGKDD Workshop on Healthcare Informatics (HI-KDD)*, pp. 1-8. NYU Scholars. Retrieved from <https://nyuscholars.nyu.edu/en/publications/depressive-moods-of-users-portrayed-in-twitter>.
- Paul, M. & Dredze, M. (2011). You are what you tweet: Analyzing Twitter for public health. *Proc. ICWSM '11*, 5(1), pp. 265-272. Retrieved from ojs.aaai.org/index.php/ICWSM/article/view/14137.
- Pavlova, A. & Berkers, P. (2020). Mental health discourse and social media: Which mechanisms of cultural power drive discourse on Twitter. *Social Science & Medicine*, 263. doi: 10.1016/j.socscimed.2020.113250.
- Pelt, J.V. (2021). *Is 'Facebook Depression' for real?* Social Work Today. Retrieved from www.social-worktoday.com/archive/exc_080811.shtml on June 18, 2021.
- Pennebaker, J., Mehl, M., & Niederhoffer, K. (2003). Psychological aspects of natural language use: Our words, our selves. *Annual Review Psychology*, 54, pp. 547-577. doi:10.1146/annurev.psych.54.101601.145041.
- Puyat, J., Conaco, M.C., Natividad, J., & Banal, M.A. (2021). Depressive symptoms among young adults in the Philippines: Results from a nationwide cross-sectional survey. *Journal of Affective Disorders Reports*, 3, pp. 1-8. doi: 10.1016/j.jadr.2020.100073.
- Rahimi, F. & Riasati, M.J. (2011). Critical discourse analysis: Scrutinizing ideologically-driven discourses. *International Journal of Humanities and Social Sciences*, 1(6), pp. 107-112. doi:10.30845/ijhss.
- Rainey, J. (2020). *Suicide warning signs: What to watch for and do*. Retrieved from <https://www.webmd.com/depression/guide/depression-recognizing-signs-of-suicide> on January 23, 2022.
- Rashidi, N. & Souzandehfar, M. (2010). A critical discourse analysis of the debates between Republicans and Democrats over the continuation of war in Iraq. *Journal of Linguistic and Intercultural Education*, 3, pp. 55-82. doi: 10.29302/jolie.2010.3.4.
- Rivas, R. (2021). *Suicide cases rise in PH as pandemic drags on*. Rappler. Retrieved from www.rappler.com/nation/suicide-rises-philippines-pandemic-drags-on2021 on June 18, 2021.
- Rude, S.S., Gortner, E.M., & Pennebaker, J.W. (2004). Language use of depressed and depression-vulnerable college student. *Cognition & Emotion*, 18(8), pp. 1121-1133. doi:10.1080/02699930441000030.
- Shaikh, A., Shaikh, F., Ramzan, S., & Patil, M.M. (2018). Clinical depression detection using speech feature with machine learning approach. *International Journal of Trend in Scientific Research and Development*, 2(4), pp. 1437-1440. doi: 10.31142/ijtsrd14363.
- Singapore International Foundation (2019). *Mental health in Asia: The numbers*. Our Better World. Retrieved from www.ourbetterworld.org/series/mental-health/facts/mental-health-asia-numbers?type=re

- source&gclid=CjwKCAjw_JuGBhB-kEiwA1xmbRe4NjmN4bpN1NhYr_IF4v5lpVmeJqM2ffIE2cmqMCnrm7QkUiPrV2xoCr9UQAvD_BwE on June 18, 2021.
- Smirnova, D.A. (2011). Clinical linguistics as the basic element of methodological knowledge in psychotherapy. *Asian Journal of Psychiatry*, 4, pp. 27. doi: 10.1016/S1876-2018(11)60107-X.
- Stasak, B. (2018). *An investigation of acoustic, linguistic, and affect based methods for speech depression assessment*. University of New South Wales. Retrieved from handle.unsw.edu.au/1959.4/61278.
- Stassen, H. H., Bomben, G., & Günther, E. (1991). Speech characteristics in depression. *Psychopathology*, 24(2), pp. 88–105. doi:10.1159/000284700.
- Stirman, S.W. & Pennebaker, J.W. (2001). Word use in the poetry of suicidal and non-suicidal poets. *Psychosomatic Medicine*, 63(4), pp. 517-522. doi: 10.1097/00006842-200107000-00001
- Tanaka, C., Tulioa, M.T., Tanaka, E., Yamashita, T., & Matsuo, H. (2018). A qualitative study on the stigma experienced by people with mental health problems and epilepsy in the Philippines. *BMC Psychiatry*, 18(325), pp. 1-13. doi:10.1186/s12888-018-1902-9.
- Tausczik, Y. & Pennebaker, J. (2010). The psychological meaning of words. LIWC and computerized text analysis methods. *Journal of Language and Social Psychology*, 29(1), pp. 24-54. doi: 10.1177/0261927X09351676.
- Tølbøll, K.B. (2019). Linguistic features in depression: A meta-analysis. *Journal of Language Works*, 4(2), pp. 39-59. Journal of Language Works. Retrieved from tidsskrift.dk/lwo/article/view/117798/165815.
- Trew, T. (1979). *Theory and ideology at work*. Routledge.
- Trifu, R.N., Nemes, B., Bodea-Hategan, C., & Cozman, D. (2017). Linguistic indicators of language in major depressive disorder (MDD). An evidence based research. *Journal of Evidence-Based Psychotherapies*, 17(1), pp. 105-128. APA PsycNet. Retrieved from psycnet.apa.org/record/2017-23992-007.
- van Dijk, T. (1998). *Discourse and ideology*. Discourse Studies: A Multidisciplinary Introduction. Retrieved from www.discourses.org/OldArticles/Discourse%20and%20Ideology.pdf.
- Walter, M. (2015). *Language effects on mental health stigma*. Washburn University. Retrieved from https://wuir.washburn.edu/bitstream/handle/10425/1775/11.pdf?sequence=1&isAllowed=y on January 22, 2022.
- Wang, J. (2010). A critical discourse analysis of Barack Obama's speeches. *Journal of Language Teaching and Research*, 1(3), pp. 254-261. doi:10.4304/jltr.1.3.254-261.
- Weiss, G. & Wodak, R. (2003). *Critical discourse analysis: Theory and interdisciplinarity*. Palgrave Macmillan.
- Welch, C. (2019). *Exploring the discourse of mental illness and employment*. University of Canterbury Research Repository. Retrieved from ir.canterbury.ac.nz/handle/10092/16752.
- Wolohan, J., Hiraga, M., Mukherjee, A., & Sayyed, Z.A. (2018). Detecting linguistic traces of depression in topic-restricted text: Attending to self-stigmatized depression with NLP. *Proceedings of the 1st International Workshop on Language Cognition and Computational Models*, pp. 11-21. doi:10.18653/v1/P17.
- Wongkoblaph, A., Vadillo, M., & Curcin, V. (2017). Researching mental health disorder in the era of social media: Systematic review. *J Med Internet Res*, 19(6). doi:10.2196/jmir.7215.
- World Health Organization (2018). *Mental health: Strengthening our response*. World Health Organization. Retrieved from www.who.int/news-room/fact-sheets/detail/mental-health-strengthening-our-response.
- World Health Organization (2017). *Depression and other common mental disorders. Global health estimates*. World Health Organization. Retrieved from apps.who.int/iris/handle/10665/254610.
- World Health Organization (2017). *Data and statistics. Prevalence of mental disorder*. World Health Organization. Retrieved from www.who.int/health-topics/mental-health#tab=tab_1.
- Yadav, S., Chauhan, J., Sain, J.P., Thirunarayan, K., Sheth, A., & Schumm, J. (2020). *Identifying depressive symptoms from tweets: Figurative language enabled multitask learning framework*. Cornell University. Retrieved from arxiv.org/abs/2011.06149.