

Analyzing Language of Depression: A Corpus-Assisted Discourse Study of Online Health Communication

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Abstract

This study develops a Depression Corpus with over 4.4 million tokens sourced from 5,167 threads and 20,783 posts in an online depression forum, utilizing R and RStudio for data collection. It investigates how individuals express emotions and construct narratives about depression in digital health communication. By employing a methodological framework combining corpus linguistics and critical discourse analysis, the research utilizes tools such as Wmatrix4, Sketch Engine, and Wordsmith to explore semantic patterns within depression discourse. The analysis reveals key emotional constructs, enhancing understanding of both negative and positive sentiments related to mental health. This research contributes to improved recognition and support strategies for individuals experiencing depression, fostering a deeper comprehension of their experiences through linguistic analysis. Ultimately, it underscores the value of linguistic approaches in addressing complex psychological health issues.

Keywords: depression, Corpus Linguistics, Critical Discourse Analysis

1. Introduction

Depression has emerged as a pressing global health crisis, impacting an estimated 280 million individuals worldwide, as reported by the World Health Organization (WHO). This mental health condition can develop into serious condition, which might significantly affect people's physical and mental health. Narrative has long served as a fundamental modality for exploring and expressing the intricacies of human experience, particularly within the disciplines of humanities and social sciences, providing valuable insights into the lived experiences of those affected by depression. In this research, we use critical discourse analysis

Received 15 January 2026; revised 20 February 2026; accepted 5 March 2026; available online 25 March 2026; Version of Record 30 March 2026.

Citation: Zhang, P. W. (2026). Analyzing language of depression: A corpus-assisted discourse study of online health communication. *Journal of Language*, 2(1), 148-167. <https://doi.org/10.64699/26CFUA3982>

and corpus linguistics as methodological tools to investigate the construction and representation of depression in communication.

By describing and analyzing linguistic features of expressing concerns about depression in an online health communication forum, we aim to study how people express emotions, construct discourse of depression, and negotiate their identities in online health communication. By analyzing the linguistic features and patterns that emerge in these online interactions, we aim to explore the ways in which language shapes the understanding of depression and influences social perceptions. We use critical discourse analysis and corpus linguistics to analyze digital health communication and investigate how corpus-assisted linguistic study can help understand complex psychological health concerns of depression. The study aims to contribute to a broader understanding of how depression is communicated in online health communication forum, fostering greater awareness and empathy while informing future interventions and support mechanisms for those grappling with this debilitating condition.

2. Literature Review

Depression is the recurrent and intense fluctuation of emotions. It is more than feeling sad or moody from time to time, and is a health problem that may cause serious health conditions that affect the way people feel, think and act. Depression causes people to lose interest or pleasure in things they once enjoyed, and sometimes for no reasons. It may cause various physical and mental problems and affect people's ability with work and life. Among the possible consequences of depression, suicide is the most serious (American Psychiatric Association, 2013).

There are different types of depression. Major depression may include symptoms of sad or depressed emotions, interest or pleasure loss, significant weight loss/gain, insomnia/hypersomnia, increased fatigue and loss of energy, psychomotor agitation or retardation, guilty or worthless feelings, difficulty with thinking, concentrating or making

decision, tendency of death or suicide (American Psychiatric Association, 2013). The symptoms vary with different degrees of severity. For most people, the nature and cause of depression are largely unknown. To make things worse, the treatment process, response, and result vary significantly for different patients.

Studies of depression in the disciplines of humanity and social sciences are mainly focused on narrative as mode of expression, such as stories recorded by writing, journaling, or speaking. Among them, “The Wounded Storyteller” (1997) by Arthur Frank has been the most influential. In the book, postmodern illness narratives are categorized into restitution, chaos, and quest narratives. Restitution narrative is about how a healthy person falls sick and later recovers. Chaos narrative is antinarrative, without causality and closure of the story. Quest narrative is about the spiritual journey of the person. Although narratives are helpful with the understanding of depression, they have limitations, too. The descriptions of the experience are mainly retrospective and remissive, therefore less helpful to the ongoing experience of depression. Often, linguistic resources are too limited to communicate people’s feelings and experience.

The online forums and blogs are resourceful for the study of depression. van de Ven & van Nuenen (2022) studied depression discourses on online forums, blog websites, and mental health discussion boards. They compiled corpus from the three websites of time-to-change.org.uk, sane.org.uk, and subreddit ‘r/ depression’ on reddit, and have got significant findings. It is found that the way people express experiences of illness online depends on what the online platforms offer, and “narrativity” is closely correlated to authorship and identity markers, with limited interaction on platforms. They called for the need for increasing cooperation between digital and medical humanities to achieve “Digital Medical Humanities”. The study highlights the significance of context in influencing how people construct their experience of depression, emphasizing that platforms provide different degrees of anonymity

and social support. It shows further interdisciplinary research is needed to examine the language of depression.

Corpus linguistics has been applied in health communication to analyze eating disorder discourse online. Hunt and Harvey (2015) used corpus tools of keyword, collocation and concordance to describe and identify salient linguistic features in online health communication. Their research provided insight into the personal experience of people with eating disorders, and demonstrated how corpus-based linguistic studies can contribute to the analysis complex psychological health concerns. Coupland and Coupland (2009) studied how stance is attributed in discourse of body shape and weight loss. By analyzing the authoritative and institutional voices attributing stances to people relating their body weight, they revealed the ideologies of personal autonomy, body management, and obligation in health and medical discourse.

The discourse studies of health discourse show the potential of applying corpus linguistics in studying health communication. By utilizing corpus tools to study online discussions about depression, we can gain a deeper understanding of how people express their experiences of depression. The study can facilitate the analysis of the language used to describe symptoms of depression and reveal patterns underlying causes of the illness. Furthermore, insights gained from this analysis can be instrumental in facilitating treatment strategies and enhancing mental health interventions. Overall, incorporating corpus linguistics into the study of depression discourse offers a tentative framework to understand the complexities of mental health communication and provide insights for both research and practice.

3. Theoretical Framework

The present study is a combination of corpus linguistics (Baker, 2006; Baker, et al., 2008; Baker, et al., 2019) and critical discourse analysis (Fairclough, 1995; Wodak & Ludwig, 1999). It uses corpus-assisted discourse studies method (Partington, 2004) to achieve balance between the quantitative study of CL and the qualitative study of CDA.

Corpus linguistics (CL), as methods to analyze large volume of language in use which can be linguistic data of different modes (spoken, written, multimodal, etc.) and genres (conversation, books, online communication, etc.), enables us to collect, process and analyze a variety of language variations and produce more reliable and generalisable findings (Baker, 2006; McEnery and Wilson, 2001). Corpus consists of natural occurring language produced by people in real contexts and gives us the opportunity to study authentic language use. Due to the large quantity of data collected, stored, and processed by computer, corpus linguistics provides us the chance to carry out research which would be impossible to be done manually (Baker, 2006). Corpus linguistics enhances our understanding of linguistic patterns and allows for exploring how language evolves over time and in different contexts. The insights gained from corpus linguistics can inform language education, technology development, and further linguistic research, making it an invaluable tool.

CDA is an interdisciplinary approach which studies the relationships between language and society (Fairclough, 1989, 1992, 1995, 2003, 2015; van Dijk, 1993, 1997, 1998; Wodak & Meyer, 2001). Discourse is both discursive and social. It constructs social identity and social relationship. Language use as social practice implies discourse is a mode of action as well as a mode of representation, and the relationship between discourse and social structure is dialectic (Fairclough, 1992, 2009). Discourse is influenced and restricted by social structure, and on the other hand, discourse shapes and constitutes society.

The aim of CDA is to study social problems and reveal the relationship between language and construction of power and ideology (Fairclough, 1989, 1992, 1995, 2009, 2015). It focuses on the function of language and discourse to achieve social goals and the roles they play in the maintenance and change of the society (Bloor & Bloor, 2007). Bloor & Bloor (2007) propose three main purposes of CDA as (1) to identify and explain how people use language

for communication, (2) to develop analytical methods to categorize discourse and describe their features; and (3) to construct theories to describe the process of communication.

CDA was drawn from a variety of academic disciplines. Its analytical models and approaches are based on the Systemic Functional Grammar from MAK Halliday, Discourse Theory from Foucault (Foucault 1972, 1980), Critical Theory from Frankfurt School (Wodak, 2001, 2006), and Sociopsychological Theory (van Dijk, 1993, 1997, 1998). There are three main approaches for CDA, which are social-dialectical approach (Fairclough, 2003, 2009), social-cognitive approach (van Dijk, 1998, 2006), and discourse-historical approach (Wodak, 2001; Wodak & Ludwig, 1999; Wodak & Meyer, 2001). Different approaches in CDA have their specific concerns, but they agree about major principles of CDA and share similar objectives and theoretical aims. The present study will be anchored in the theoretical framework of discourse-historical approach to study the language of depression by using corpus tools to analyze online health communication.

Computer-assisted discourse study (CADS) is a research approach which can balance the two fields of corpus linguistics and critical discourse analysis. It combines the merits of the quantitative study of corpus linguistics and the qualitative study of critical discourse analysis to expose discursive structure and strategies (Partington, 2004; Baker et al., 2008; Liu, 2017; Liu & Jiang, 2019; Liu & Zhong, 2020). Computer-assisted discourse study enables the movement of researchers from general corpus analysis to close analysis of discourse in contexts. Corpus-assisted discourse studies can be used to contribute to the existing approaches in studying health communication.

Stance is defined as the “lexical and grammatical expression of attitudes, feelings, judgments, or commitment concerning the propositional content of a message” (Biber & Finegan, 1989, p. 93). It is “a public act by a social actor, achieved dialogically through overt communicative means” (Du Bois, 2007, p. 163). Jaffe (2009) regards stance as a basic form of

contextualization, which indicates the position, identity, or role the speaker wishes to be associated with discourse, either spoken or written. One of the main operators of stance is keying, a set of conventions or frames and participant roles being introduced and laminated (Goffman, 1974; Jaffe, 2009). It shows the complexity and heterogeneity of stances and identities (Jaffe, 2009). Stance can be achieved simultaneously by the “stance triangle”: evaluating objects, positioning subjects (self and others), and aligning with other subjects (Du Bois, 2007). The affective stance represents the emotional states of the speaker, while epistemic stance shows speakers’ commitment to their propositions (Du Bois, 2007).

Evaluation is the “the broad cover term for the expression of the speaker or writer’s attitude or stance towards, viewpoint on, or feelings about the entities or propositions that he or she is talking about” (Thompson & Hunston, 2000, p. 5). Evaluation performs the functions of expressing opinions, maintaining relations and organizing the discourse, which are related respectively to the ideational, interpersonal, and textual metafunctions in Systemic Functional Linguistics (Martin 1992, 2000; Martin & White, 2005; Martin & Rose, 2007). Attitudes expressed in evaluation (Yuan & Lei, 2025) are related to values such as certainty, obligation or desirability. Since evaluation reveals the “communal value system”, a major component of ideology, the analysis of evaluation can expose stances and ideologies in texts. The concept of evaluation can be applied to different levels of language, such as lexis, grammar, and discourse. There are four parameters of evaluation, which are good-bad, certainty, expectedness and importance. Among the four of them, good-bad is the most basic parameter. (Thompson & Hunston, 2000)

In this study, we will use Thompson and Hunston’s (2000) evaluation theory to analyze the language of depression. The following research questions will be addressed:

- 1.What are the emotions involved with depression in online health communication?
- 2.How is depression constructed in online health communication?

To answer the research questions, we will adopt corpus-assisted discourse studies approach to combine the research methods of corpus linguistics and critical discourse analysis to investigate the discursive strategies employed for the expression and construction of depression in health communication.

4. Data and Methodology

a) Data Collection and Corpus Building

The study focuses on the construction of depression discourse in online health communication. Data are collected from Beyond Blue, a website for people in Australia who have possible mental health concerns to seek information and support whenever they need. The website focuses on issues of anxiety, depression, and suicide. The online forum on depression was collected and examined to investigate how depression is constructed in online health communication.

Online communication of health concerns has several advantages over the offline communication. The collection, management and storage of digital data online give us the possibility and convenience of collecting and processing large amount of data. Online health communication is no exception. For the patients, online forums offer convenient ways of communication. The anonymity of online forums makes people feel free and secure to express their concerns and seek help.

The present study confines the data to the online forum on depression. The depression forum of Beyond Blue is a space for people to discuss major depression, bipolar disorder, cyclothymic and dysthymic disorders, and borderline personality disorder (BPD). We used R and RStudio to collect data and compiled a Depression Corpus which includes 4,446,550 tokens from 5,167 threads, and 20,783 posts in Beyond Blue depression forum. Table 1 shows the general information of the corpus.

Table 1. General Information of Depression Corpus

Tokens	Lexis	Threads	Posts
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Depression Corpus	4,446,550	46,753	5,167	20,783
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b) Methodology

To analyze the construction of depression in online health communication, we used the corpus tools of Wmatrix4, Sketch Engine, and Wordsmith. The automatic semantic functions of Wmatrix4 enable us to categorize the semantic fields of the corpus, and identify the key emotions expressed in depression discourse, which will be further investigated by critical discourse analysis. Sketch Engine and Wordsmith are used as supplementary tools for keyness, concordance and collocate analysis. British English 2006 (BE06) is used as reference corpus to produce keywords and themes for further analysis. The study endeavors to enhance our understanding of how depression is articulated and enable us to reveal underlying patterns and trends that may influence public perceptions of mental health.

The present study has adopted the research methods of both corpus linguistics and critical discourse analysis to enrich our understanding of the language of depression. Corpus linguistics enables us to process and analyze large quantities of data, revealing patterns that might otherwise remain hidden (Lin, 2025). Critical discourse analysis offers the framework to analyze and explain the discursive strategies and features within that data, offering deeper insights into understanding the language of depression. By combining these two approaches, corpus-assisted discourse analysis reveals linguistic features and patterns, as well as enhances our ability to critically engage with the ways in which depression is communicated and understood in online health contexts. This holistic approach ultimately contributes to a more comprehensive understanding of depression and its representation in digital discourse.

5. Findings

By using corpus analysis tools of Wmatrix4, Sketch Engine, and Wordsmith, it is found there are 4,446,550 tokens being identified in the Depression Corpus. However, the total lexis in the corpus is 46,753 words. The large corpus with limited use of vocabulary shows the corpus

is highly focused in terms of language use. It reveals at the same time the discussion in the online depression forum is quite focused in terms of discussion content and language use.

5.1 Keyness Analysis

Keyness analysis of Depression Corpus with reference corpus – British English 2006 (BE06) as the reference corpus shows the top 50 keywords in Depression Corpus can be grouped into several categories. The first category is pronoun, which includes “I”, “you”, “my”, “your”, “me”, “myself” “he”, “she”, “their”. The frequent use of first-person pronouns shows the discussion in the forum is quite personal and the frequent use of second-person pronouns shows the interactive nature of the forum where some people post threads, and some other people reply to the posts. The second category is noun, which include (“depression”, “feeling”, “gp”, “medication”, “thoughts”), showing the themes of the forum: depression, feelings, and treatment. The third category is verb, which is about existence (“am”, “’m”, “m”, “were”, “was”), possession (“have”, “get”), behavior (“help”, “post”), and mental activities (“feel”, “know”, “try”, “think”, “want”, “like”), and verbal behavior (“talk”, “thanks”, “thank-you”).

Table 2 shows the top keywords in Depression Corpus.

Table 2. Top 50 Keywords in Depression Corpus

	Categories of Keywords	Keywords
1	pronoun	I my me myself you your he she their
2	noun	depression feeling though anxiety gp medication
3	verb	am ’m m were was have get help post feel know try want think like talk thanks thank-you
4	other	the of do hi in so can just it by really to if but here what

The following part will investigate how emotions are expressed in the discourse and how depression is constructed in English language.

5.2 Analysis of Negative and Positive Emotions

To identify the emotions expressed in Depression Corpus, Wmatrix4 has been used to produce the key semantic categories in the corpus. By comparing with reference corpus – British English 2006 (BE06), we found the main negative semantic categories of emotions are “Sad”, “Worry”, “Fear/Shock”, “Violent/Angry”, “Discontent”, the main positive semantic categories of emotions are “Like”, “Content”, “Happy”, and the neutral semantic category is Emotional Actions, States and Processes General.

Table 3. Emotions in Depression Corpus (DC) Compared with British English 2006 (BE06)

Rank	Tag	DC		BE06		LL	Semantic categories
		freq.	%	freq.	%		
1	E4.1-	4104	0.62	918	0.10+	3429.03	Sad
2	E2+	2703	0.41	1402	0.15+	988.02	Like
3	E6-	2187	0.33	1189	0.13+	742.26	Worry
4	E1	829	0.13	458	0.05+	274.02	Emotional Actions, States, Processes General
5	E5-	1024	0.16	827	0.09+	143.29	Fear/shock
6	E4.2+	528	0.08	372	0.04+	107.35	Content
7	E3-	1099	0.17	2063	0.22-	60.07	Violent/Angry
8	E4.2-	236	0.04	156	0.02+	55.51	Discontent
9	E4.1+	1333	0.20	1489	0.16+	38.06	Happy
10	E2++	53	0.01	177	0.02-	34.65	Like

5.2.1 Negative Emotions

In this part, we will investigate the negative emotions in online health communication of depression by examining semantic categories in Depression Corpus. Our focus will be the categories of “Sad”, “Worry”, and “Fear/Shock”.

A closer look of the Semantic Tag (E4.1-) displays more details of the **sad** emotions. The words in the category include different forms of the lemma “depress”, which shows depression is the major sad emotions in the corpus. It discloses different kinds of sadness, from minor degrees of being upset, embarrassed, jealous, unhappy, grief, depressed, miserable, sad, to more serious ones like hurtful, desperate, and traumatic, and different reactions to sadness, such as crying, regret, and suffer.

Analysis of the semantic category of worry (E6-) shows the different types of **worry**: anxiety, stress, worry, disturb, trouble, concern, distress, desperation, malaise, anguish. Some of them are quite serious such as desperation and anguish, while some are minor such as

concern and worry. It involves emotions of being worried, anxious, stressful, nervous, distressing, and troubling. All these words represent the negative emotions of worry.

It is surprising to find the category of **fear and shock** in depression discourse. Analysis shows in Depression Corpus, the top category of fear is “psych”. A closer look at the concordance lines reveals that seeing a psychiatrist is helpful to people in the forum. However, finding a good psychiatrist, paying for a psychiatrist, and sometimes seeing a psychiatrist can cause fear to some people. The corpus analysis reveals that psychiatrists can be a major source of fear for some of the patients.

Other description of fear can be different kinds, states, and degrees of fear (fear, scared, afraid, scary, panic, terrified, shy, daunting, frightened, dread, shocked, freaked out, etc.). To examine the semantic meaning of **fear**, collocate analysis shows the reasons for fear are judgment, abandonment, failure, rejection, death, danger, change, and fear itself. Sometimes, the reasons for fear are unknown, which means some people fear for no definite reason. The word “fear” is usually accompanied by doubt, worry, shame, guilt, panic, dread, uncertainty, and problem. The adjectives which modify the word “fear” are ungrounded, unfounded, indicative, intense, real, overwhelming, and true. The analysis of fear shows the complexity of problem. People with depression fear have fears for many things. We might know the fear of failure, danger, change, and even death. However, it involves other things such as rejection, abandonment, guilt, and even shame.

The examination of the lives and mental states of individuals living with depression reveals the intense negative emotions they endure, including sadness, worry, and fear. By investigating how these emotions are described in discourse related to depression, insights can be gleaned that may assist not only patients but also their family members, friends, and healthcare providers in diagnosing, supporting, treating, and ultimately helping individuals with depression to find relief.

By applying the evaluation theory (Thompson & Hunston, 2000) and the stance triangle (Du Bois, 2007), the analysis of depression discourse reveals the complex and varied emotional states individuals experience, focusing on sadness, worry, and fear. Sadness is primarily marked by depression and manifests in various forms, from mild discomfort to severe feelings of trauma and despair. Worry encompasses a range of emotions, from minor concerns to intense states of anxiety and distress, with more serious expressions like desperation and anguish. Fear plays a surprising yet significant role, often tied to anxiety about seeking psychiatric help, as well as fears related to judgment, failure, and rejection. This complex mix of emotions highlights the depth of the challenges faced by individuals with depression and provides valuable insights for healthcare providers. Through analyzing discourse employing Thompson and Hunston's evaluation theory (2000) and Du Bois' stance triangle (2007), we can better understand the language of mental distress, which can aid in diagnosis and relief efforts.

5.2.2 Positive Emotions

In this part, we will investigate the positive emotions in online health communication of depression by examining semantic categories in Depression Corpus. Our focus will be the categories of "Like" "Content" and "Happy".

Analysis of semantic categories of **like** shows the vocabulary employed are verbs (like, love, enjoy, appreciate), adjectives (dear, loved, loving, caring, enjoying), and nouns (love, enjoyment, affection, appreciation). A closer look at the concordance of the word "like" shows it is used more as a preposition than a verb, therefore carries little emotional connotation. The concordance analysis of "love" as a verb shows the most frequent collocates of love is "love to hear", which shows Beyond Blue is the platform that people come for opinions and advice (See Table 4). In addition, the objects of "love" are mainly people. The word "him" was identified, which shows the bloggers as a group are mainly female. The concordance analysis of "dear" tells us it is used to address different people, which shows the online forum of Beyond Blue is

interactive. It is interesting to look at the concordance of “enjoy”, whose prominent objects are “sex”, “reading”, “life”, and “people” (yourself, them, myself). To summarize, although some of the words in this category does not tell us much about emotions, the word enjoy does show people’s enjoyment in life.

Table 4. Concordance for “love”

his dark place and I ’m beginning to wonder if there is an end . I ’d love
 so hopefully I can get through the rest of my work day ... Id dearly love
 han I can write ! ☺ Music is my oxygen ! It is like my metronome so I love
 will manage when I finish : -RRB- ☺ Of course I have more but I would love
 ever contacted me when they wanted something . They often say they ’d love
 but just wanted to say that I can understand and sympathise . I would love
 ot always be possible , but it never hurts to ask questions . ☺ Would love
 d hearted person . ☺ Sorry , I ’ve got a bit carried away , but would love
 . I ’m just so flat and unmotivated to do any of the things I really love
 to try and do some light exercise today as I am normally someone who loves
 very good signs . ☺ Again , thank for coming back and please , would love
 you ’re comfortable in sharing , how are you doing this ☺ week ? I ’d love
 the book recommendation , it sounds interesting and something I would love
 l ☺ Hi Geoff , ☺ Im not sure how it all works on the day but i would love
 all you need to do is pace what you have done over to them . ☺ Would love
 er where someone important has backed off from doing what they always loved
 al and I get a relief after ive lightened my emtional baggage . ☺ - I love
 joy , because you feel like you ’ll be miserable forever . ☺ I would love
 ’m in my imagination I can easily see the kind of house I ’d actually love
 Hi all , ☺ I know I tend to ask similar questions on here , but I ’d love
 by a coffee at one of the great cafes nearby was one of the things I loved
 the forums can relate in similar ways ; many work full-time but would love
 s on visiting your GP to talk about how you ’ve been feeling ? ☺ I ’d love
 t have any motivation or joy in anything I do , not even the things I love
 someone who has been demoralised for a long period of time and would love
 r cat called ? ☺ I hope I have n’t asked too many questions ! I would love
 forum . Hope I can give some useful advice . Most importantly , I ’d love
 here is a great start , and knowing you have love is fantastic . I ’d love
 even if it ’s just a little bit . ☺ I ’ll send this off now and would love
 nited , though maybe some fish would something to think about . I would love
 t ’s not pop Pyschology . I wonder if your library would have it- I ’d love
 logy about there being a depression tree . You know if there was I ’d love
 CD and anxiety , which both go hand in hand always . ☺ I would really love
 anise and let me know how you go with getting an appointment ? ☺ I ’d love
 you ’re not the only person struggling with this . ☺ Would certainly love
 with similar interests ... like minded interest activities . ☺ Would love
 e to tell us more about yourself and what ’s happening for you . I ’d love
 spite from the ` heavier ’ stuff contained in the MH threads . ☺ I ’d love

to hear from anyone that has made it out and managed to stay out . Th
 to just call up and say Im not coming back ... feel like Im in a bit
 to listen to music while doing everything !! ☺ I always feel a bit di
 to see if anyone else relates !! -LRB- 3 -LRB- 3 ☺ Hello Tony and ev
 to catch up but are conveniently indisposed -LRB- or did n’t see my ;
 to hear from you in the future and hopefully you are doing well so ir
 to hear back from you on this . ☺ Kind regards ☺ Neil ☺ Hi Neil , ☺
 to hear back from you . ☺ Neil ☺ Hi there tony , thanks for your ins
 to do -LRB- like photography ! -RRB- . I resent work and the intrusiv
 to keep fit . I know it helps to lift the cloud but it does n’t do it
 to hear from you here again or check out other people ’s posts - you
 to hear how you ’re going so please feel free to check in and ☺ updat
 to read . ☺ I ’m so glad that I joined this forum , it is so much dif
 to give it to her , but i dont want to break any rules and make it we
 to hear back from you , when possible . ☺ Take care . ☺ Geoff . ☺ Th
 to do , say a footballer who has taken time off because they ’re stru
 to shut off all technology and paint . I buy paint by numbers sets of
 to know if anyone else has experienced this and what you do to deal
 to live in . I can see a lap pool , a home gym , split level flooring
 to know if anyone knows how to stem the tide of depression , self lo
 to do too . ☺ Glad you steer clear of the media , I made a decision t
 to work part-time , or have days when they struggle to go to work at
 to hear from you . ☺ Hello Idkhh , and welcome to the forums , and r
 to do . I have a hard time convincing myself that I ’m important eno
 to hear back from you , when ever you can . Geoff . ☺ Dear Ifallintc
 to hear from you if you feel comfortable speaking more . I ’m always
 to hear more about yourself , if you ’re comfortable sharing . ☺ For
 to know more about him and yourself . ☺ What may help is seeing a psy
 to hear back from you . ☺ Kind regards ☺ Neil ☺ Hi MrsCam ☺ Somehow
 to get a dog someday . ☺ As for my place it is a 2 bedroom apartment
 to know what you thought of it . I usually have an intense dislike of
 to take to it with : an axe , a chainsaw or even just drive copper n
 to talk you further on this , as would other people , but I want to l
 to stay in touch and help you through this . ☺ Paul ☺ Hi ☺ i used to
 to hear back from you . Geoff . ☺ Hi there Jezz ☺ Like others have p
 to hear back from you . ☺ Neil ☺ I feel empty , like there is nothir
 to hear about your babies - how old are they ? ☺ Also hum - I underst
 to see you around the many forums on offer here over the coming days

Analysis of semantic category of **content** provides vocabulary such as adjectives (glad, pleased, proud, satisfied, pleasing, rewarding, fulfilling, satisfying, etc.) and nouns (pleasure, satisfaction, pride, etc.). Detailed analysis of the word “glad” shows it is not really description of emotions, with its following words being verbs (hear, read, know, get, see, say, etc.). It is more like an auxiliary verb in this context. The analysis of the semantic category of “Content” do not show us much about the emotions in people’s life (see Table 5).

Table 5. Concordance for “glad”

n see that you are putting in so much effort . These are such trying times . I 'm so glad that you reached out to the forums though . I hope that we can support you and give you comfort . Here lined to seek help or let people in usually . Thanks for responding . I 'm really glad to hear that you were able to go for a long jog in the sunshine with your dog and that it helped your n o -LRB- and I hang my head in shame for suggesting you do the letter thing - I 'm so glad you set me straight with that -RRB- . You 've crossed the t 's and dotted the i 's for this whole entry happens and it scares me , i've never been so scared in my life . Hi Matty , I 'm glad the first day went well . I have never been on a cargo ship , it sounds exciting . -RRB- In regards 2 4636 , or use the webchat or email options listed on our website . We 're really glad you could share here with our community . Please know that our community are here to listen and offer t h sorry its n'r these circumstances are you still in contact with your psych ? in glad things are working out with your gf too , the last we spoke you had only met her once . how things wit rred a lovely welcome and some suggestions . What are your thoughts on those ? I 'm glad you were able to get your license and move in with cat . And a caravan sounds like a great start . I u k you pepper and sane to you . Math . Hey star . that's ok i hope your ok ? I 'm glad to hear your doing ok . And that your Mum and sisters moved out I know that was really hard on you , it had a good feeling about it . One friend ran off with some money I lent him but i 'm glad they are not involved in my life in any way . I 've managed to have 22 cars in 14 years , part of hesitate to write back when you feel up to it . P.S. that poem is beautiful - I 'm glad that it brings you some consolation in how you feel . Do you ever write poems or stories of your own ? hance/happened recently that might have affected your moods more intensely ? I 'm glad that you are linked into a psych . It would good to discuss this with your GP and psych to see if they will always be there . You are getting closer . Mary . Hi again Riako . I 'm glad you got back to us . I agree with everything Mary has written . With regard to antidepressant medication too who knows marriage and kids are probably on the cards for you never say never . I 'm glad you are seeing your gp dont label yourself as being a sook you are suffering with depression an illness h well i will just wait for that year to roll around and see what happens again . I 'm glad to hear you are comfortable with your talking . Medication can help a great deal when we are depressed t . It 's always good to know there is a solution even if it is a little way ahead . I 'm glad you feel you are making new friends . Many people find it hard to make their first post but it does get on the bus . You will probably never see that person again . Mary . Hi depress8 . I 'm glad to hear the meds have given you a new lease on life . Going back a number of years here , back to the onship forum if you were interested in reading my story there ? No worries , I 'm glad I could help . A psychiatrist told me about it when I was younger and I 've never forgotten what she petent medical support - plus that of my partner - that I improved , and an now very glad to be alive . The other thing is if talk of suicide gains an adverse reaction do n't try - at least f Hi Mrs Can . I did n't know you were in WA . I 'm in Perth myself . I 'm glad to hear you have professional supports on hand , and that they are monitoring you . It may seem like a very good relief for you . But it is sounding troubling times for you - and I 'm glad that there are wheels in motion for you - and I hope they continue to turn for you even though the week r story and reflecting in a detailed way on various influences in your life . I 'm glad you have decided to seek help . Let us know how you go . If you browse the other threads here you fin s and we do understand , because we 're all battling our own issues as well . I 'm glad you 've come here and I do hope that you 'll post again . Kind regards Neil . Hi Vanilla , I ' res ??? would love some advice please !! Dear Sarah0209 . Welcome here , I 'm glad you came as you are going through a very tough time , not only having to worry about finances but also h hen sometimes I do n't write for months . A few times its been a year or so . I 'm glad you have been able to have accomplishments in your life . I wish I could say the same for myself but I ow long I had actually been feeling that way . A lot longer than I thought , so I 'm glad that I reached out for help when I did . It 's good that you have got yourself a good GP and a psycho the positives which is fantastic . You will definitely find someone , and you 'll be glad that you were able to wait for then when you finally do . I 'd suggest broadening your platforms in ter aily I would end it now . Hi Cf . You sound really hopeless , but we 're really glad that you have turned to this website for help . There are so many people on this forum who have been wh e bed and make some lunch . I hope you have a good day too . Hey Peacock . I 'm glad Lifeline helped and you were able to eat . Hey Peacock . Just wanted to tell you that I had a Looking forward to hearing back from you when you 're ready . Hi Mares . I 'm so glad to read that you have support coming to see you today . I was worried when I read your post but being ed to post ... big time . I also felt like I was exposing my heart and soul ... I 'm glad I did though because the forums are rock solid secure ... to ensure our privacy Your spelling is fine ces . There 's always somewhere to turn to in dark periods of your life , and I 'm glad that you have come here to talk to us . I hope you 'll keep posting here , about anything you like . Ch said to me over the years ... Hang in there , I know how awful it can be , but I 'm glad that you have some days the anxiety is less intense for you -RRB- Yes , having struggled with anxiety for njoys being a parent with his partner and wants to stay in the relationship . I 'm glad you 're here to talk about this and I 'm sure there are plenty of others out there who will benefit fro urn . Thanks again everyone , much appreciated . Glen . Hey Glen ! I 'm really glad that you posted back to the site , as I only just read your initial post . It was heart breaking to say e to say and provide feedback . I like that . Anyway , back on track , I 'm really glad that you sought help and are feeling better . Perspective and insight are everything , never lose them circumstances . There was a reason i had this injury and the timing of it , i 'm almost glad it happened when it did and not in the middle on a placement for my degree later in the year recommendation . It sounds interesting and something I would love to read . I 'm so glad that I joined this forum , it is so much different than what I expected . I only wish I joined sooner . s all a firms . People were exactly the same , spent half a moment saying they were glad I was better than dived straight into work problems that had been piling up . It is true some might s . beginnings of this journey . I think I have a lot to learn . Dear IPley . I 'm glad my story helped , as you can imagine I was terrified at the time . Now , I can understand what you ar what we can at the moment as job market isnt great . Particularly in rural vic so in glad to get out of house and away from home , but i feel puma be alot of change at once and my depression d seasons and doc wanted me to get off meds , now im here . Hey dx4 . We 're so glad that you decided to reach out to keep our community updated on how you 've been feeling . It sounds lik) someone else 's post too ! James . Hi Liina . Welcome to our community , we are glad you found us . It 's great that the meds help you with your mood stabilisation and allow you to live) computer , so I will try and come on quickly every day . Jo xxx . Hi Jo . I 'm glad to hear from you and that you are keeping us up to date . I 'm also glad that they could find a bed Jo . I 'm glad to hear from you and that you are keeping us up to date . I 'm also glad that they could find a bed for you . I hope you can make the best out of your time there . and that . . . My son is loving it so good to see him he 's really growing into a little man ! Glad your daughter enjoys 2nd grade do you have any other kids ? Is your ocd a new diagnosis or something 9 month old . Reasonably new with the Ocd diagnosis previous it was GAD ! But I 'm glad of the diagnosis , so basically a variation of anxiety is how I think of it ! We can beat this toget 1 Regards , Arche . Hi Wittnall . That 's a dark and scary place to be in . I 'm glad you 've been to your GP , but I wonder if he/she has given you a treatment plan and not just a diagnosi a brave step to start posting on here . So whatever brought you to these forums I 'm glad you 're here . You do n't need to feel so desperately alone because we will help you . I know that 's n

In order to find out the happiness in people life, we examined the semantic category of **happy**. It consists of adjectives (happy, funny, smiling, laughing, enjoyable, cheerful, etc.), nouns (happiness, smile, fun, joy, relief, laughter, joke, sense of humor, etc.), and verbs (smile, lol, laugh, joking, chuckle, jiggle, etc.). Concordance analysis of the word “happy” shows it modifies nouns such as face, life, birthday, person, memory, place, mask, thoughts, times, things, self, family, people, pills. What is striking is the collocates with mask, which indicates patients wear happy mask to hide their true emotions. The collocation with pills shows the unhealthy choice of taking happy pills for temporary happiness. Although the word entry is “happy”, we found “unhappiness” in it.

By applying the evaluation theory (Thompson & Hunston, 2000) and the stance triangle (Du Bois, 2007), we analyzed the positive emotions of depression language. The discourse on Beyond Blue reveals a complex stance. Evaluation shows that words like “love” and “enjoy” express appreciation and connection, but terms such as “happy” also expose hidden unhappiness through “happy masks” and “happy pills.” Positioning presents users as both

interactive and seeking enjoyment while managing emotional struggles, highlighting the tension between expression and feelings. Alignment is with a community negotiating pleasure, social support, and coping strategies, reflecting the nuanced interplay between displayed happiness and private emotional reality in discussions of well-being.

5.3 Analysis of Construction of Depression

To understand how the discourse of depression is constructed in online health communication, we choose to analyze some themes of depression discourse in more depth. Wmatrix4 is used as the tool for corpus analysis. Depression Corpus is compared and analyzed with the reference corpus – British English 2006 (BE06), and the key semantic categories are identified. To investigate the discourse in more depth, the nouns are singled out for scrutinization. The first three categories of nouns are singular proper pronouns (people's names, Australia, PTSD, BPD, God, Melbourne, WeChat, etc.), singular common nouns (depression, life, way, family, support, help, thing, post, work, person, gp, anxiety, job, medication, psychiatrist, advice, husband, feeling, friend, doctor, partner, etc.), plural common nouns (things, friends, thoughts, thanks, others, feelings, issues, forums, kids, meds, parents, problems, words, children, questions, ways, symptoms, emotions, lives, strategies, jobs, etc.).

6. Conclusion

In this study, we used data from the online depression forum, and adopted corpus-assisted discourse study method to combine approaches from corpus linguistics and critical discourse analysis. We analyzed keyness, negative emotions, and positive emotions in depression discourse, and studied how depression are construction in online health communication.

It is found online health communication about depression involves a complex mix of negative emotions - such as sadness, worry, anxiety, and fear - and positive emotions like happiness, love, and hope. While negative emotions reveal vulnerability and the need for

support, positive emotions reflect coping, connection, and resilience, showing how individuals balance inner struggles with outward expressions in a supportive online community. The construction of depression language in the category of nouns can be classified into three major semantic groups, which are singular proper nouns (such as people's names, Australia, PTSD, BPD, God, Melbourne, and WeChat), singular common nouns (including terms like depression, life, family, support, anxiety, medication, friends, feelings, and others), and plural common nouns (such as things, emotions, problems, symptoms, children, strategies, jobs, and so on).

The study will provide insight into the personal experiences of people suffering depression, help patients, family and friends, and doctors to identify, diagnose, support, and cure depression. The study of depression from the perspective of linguistics shows the potential of using linguistic theory and corpus tools to analyze and resolve complex psychological health concerns.

References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.).
- Baker, P. (2006). *Using corpora in discourse analysis*. Continuum.
- Baker, P., Brookes, G., & Evans, C. (2019). *The language of patient feedback: A corpus linguistic study of online health communication*. Routledge.
- Baker, P., Gabrielatos, C., KhosraviNik, M., Krzyzanowski, M., McEnery, T., & Wodak, R. (2008). A useful methodological synergy? Combining critical discourse analysis and corpus linguistics to examine discourses of refugees and asylum seekers in the UK press. *Discourse and Society*, 19(3): 273–306.
<https://doi.org/10.1177/09579265080888962>
- Biber, D., & Finegan, E. (1989). Styles of stance in English: Lexical and grammatical marking of evidentiality and affect. *Text & Talk*, 9(1), 93–124.
<https://doi.org/10.1515/text.1.1989.9.1.93>
- Bloor, M. & Bloor, T. (2007). *The practice of critical discourse analysis: An introduction*. Hodder Arnold.

- Coupland, J., and Coupland, N. (2009). Attributing stance in discourses of body shape and weight loss. In A. Jaffe (Ed.), *The sociolinguistics of stance* (pp. 227–249). Oxford University Press.
- Du Bois, J. W. (2007). The stance triangle. In R. Eaglebreson (Ed.), *Stancetaking in discourse: Subjectivity, evaluation, interaction* (pp. 139–182). John Benjamins.
- Fairclough, N. (1989). *Language and power*. Longman.
- Fairclough, N. (1992). *Discourse and social change*. Polity Press.
- Fairclough, N. (1995). *Critical discourse analysis: The critical study of language*. Longman.
- Fairclough, N. (2003). *Analysing discourse: Textual analysis for social research*. Routledge
- Fairclough, N. (2009). A dialectical-relational approach to critical discourse analysis in social research. In R. Wodak & M. Meyer (Eds.). *Methods of critical discourse analysis* (2nd ed.) (pp. 162–186). Sage.
- Fairclough, N. (2015). *Language and power*. (3rd ed.). Routledge.
- Foucault, M. (1972). *The archaeology of knowledge*. Tavistock Publications.
- Foucault, M. (1980). *Power/Knowledge: Selected interviews and other writings 1972–1977*. Pantheon Books.
- Frank, A. (1997). *The wounded storyteller: Body, illness, and ethics*. University of Chicago Press.
- Goffman, E. (1974). *Frame analysis*. Harper and Row.
- Hunt, D., & Harvey, K. (2015). Health communication and corpus linguistics: Using corpus tools to analyze eating disorder discourse online. In P. Baker, & T. McEnery (Eds.), *Corpora and discourse studies: Integrating discourse and corpora* (pp. 134–154). Palgrave Macmillan.
- Jaffe, A. (2009). *Stance: Sociolinguistic perspectives*. Oxford University Press.
- Lin, M. S. (2025). Towards cognitive intelligence in financial document analysis: A multimodal LLM framework for risk reasoning and due diligence. *Journal of Language*, 1(2), 189–207. <https://doi.org/10.64699/25CMHF7434>
- Liu, M. (2017). Contesting the Cynicism of Neoliberalism: A corpus-assisted discourse study of press representations of the Sino-US currency dispute. *Journal of Language and Politics*, 16 (2): 242–263. <https://doi.org/10.1075/jlp.15010.liu>
- Liu, M., & Jiang, C. (2019). Constant fear, but lingering nostalgia: British press representations of post-colonial Hong Kong 20 years on. *Discourse & Communication*, 13 (6):630–646. <https://doi.org/10.1177/1750481319868852>
- Liu, M., & Zhong, J. (2020). Between national and local: Identity representations of post-

- colonial Hong Kong in a local English newspaper. *Discourse, Context & Media*, 36: 100401. <https://doi.org/10.1016/j.dcm.2020.100401>
- Martin, J. (1992). *English text: System and structure*. John Benjamins Publishing Company.
- Martin, J. (2000). Beyond exchange: Appraisal systems in English. In S. Hunston & G. Thompson (Eds.), *Evaluation in text: Authorial stance and the construction of discourse* (pp. 142–175). Oxford University Press.
- Martin, J. R., & Rose, D. (2007). *Working with discourse: Meaning beyond the clause* (2nd ed.). Continuum.
- Martin, J. R. & White, P.R.R. (2005). *The language of evaluation: Appraisal in English*. Palgrave/Macmillan.
- McEnery, T., & Wilson, A. (2001). *Corpus linguistics: An introduction* (2nd ed.). Edinburgh University Press.
- Partington, A. (2004). Corpora and discourse, a most congruous beast. In A. Partington, J. Morley & L. Haarman (Eds.), *Corpora and discourse* (pp. 11–20). Peter Lang.
- Thompson, G., & Hunston, S. (2000). Evaluation: An introduction. In S. Hunston & G. Thompson (Eds.), *Evaluation in text: Authorial stance and the construction of discourse* (pp. 1–27). Oxford University Press.
- van de Ven, I., & van Nuenen, T. (2022). Digital hermeneutics: scaled readings of online depression discourses. *Medical Humanities*, 48(3), 335–346.
<https://doi.org/10.1136/medhum-2020-012104>
- van Dijk, T. A. (1993). Principles of critical discourse analysis. *Discourse and Society*, 4(2), 249–283. <https://doi.org/10.1177/0957926593004002006>
- van Dijk, T. A. (Ed.). (1997). *Discourse as structure and process* (Vol. 1). Sage.
- van Dijk, T. A. (1998). *Ideology: A multidisciplinary approach*. Thousand Oaks.
- van Dijk, T. A. (2006). Discourse, context and cognition. *Discourse Studies*, 8(1): 159–177.
<https://doi.org/10.1177/1461445606059565>
- Wodak, R. (2001). What CDA is about—a summary of its history, important concepts and its developments. In R. Wodak & M. Meyer. *Methods of critical discourse analysis* (pp. 1–13). Sage.
- Wodak, R. (2006). Mediation between discourse and society: Assessing cognitive approaches in CDA. *Discourse Studies*, 8 (1), 179–190.
<https://doi.org/10.1177/1461445606059566>
- Wodak, R., & Meyer, M. (2001). *Methods of critical discourse analysis*. Sage.
- Wodak, R., & Ludwig, C. (1999). Introduction. In R. Wodak & C. Ludwig (Eds.), *Challenges*

in a changing world: Issues in critical discourse analysis (pp. 11–19). Passagen
Verlag.

Yuan, L., & Lei, Y. N. Accuracy, pleasure, and musicality: Poe's influence on Elizabeth
Bishop as shown in "Edgar Allan Poe & The Juke-Box". *Journal of Language*, 1(1),
54–81. <https://doi.org/10.64699/25UGZN4721>